

Bristol City Council

Concord Lodge

Inspection report

Kellaway Avenue
Horfield
Bristol
BS7 8SU

Tel: 01173532385

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11 February 2017

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

Concord is registered to provide accommodation and personal care for people with learning disabilities and complex needs. The service is a residential assessment unit and provides self-contained flats for people. The aim of the service is to assess people and find them suitable long term care and accommodation. At the time of our inspection the service was providing support to four people.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. People told us they felt safe living at the service.

The provider ensured that new staff completed an induction training programme which prepared them for their role. Training was completed in essential matters to ensure staff and people at the service were safe. Staff were supported through a supervision programme.

People were supported to maintain good health and had access to external health care professionals when required.

Staff were caring towards people and there was a good relationship between people and staff. Staff demonstrated an in-depth understanding of the needs and preferences of the people they cared for.

Support provided to people met their needs. Supporting records highlighted personalised information about what was important to people and how to support them. People were involved in activities of their choice.

There were systems in place to assess, monitor and improve the quality and safety of the service. Staff described the registered manager as supportive and approachable. Comments from people confirmed they were happy with the service and the support received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Concord Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 11 February 2017. The inspection was announced, which meant the provider knew we would be visiting. This is because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection. This inspection was carried out by one inspector.

On the day of the inspection we spoke with two people, five members of staff and the registered manager.

We looked at three people's care and support records. We also looked at records relating to the management of the service such as the daily records, incident reports, audits, supervision and training records.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us; "I feel safe. I have a call bell if I need help." Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was manageable. Staffing rotas demonstrated that the staffing levels were maintained in accordance with the dependency needs of the people who lived at the service. We observed that there were sufficient staff to help people when needed, such as meal times, personal care and taking people out.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. Staff told us they felt confident to speak directly with a senior member of staff and that they would be listened to. All members of staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission.

Risks to people were assessed and where required a risk management plan was in place to manage an identified risk and keep the person safe. These included assessments for the person's specific needs such as accessing the community, using the oven, keeping safe and smoking at the service. Assessments were reviewed regularly and updated, when required.

People were receiving their medicines in line with their prescriptions. Staff had received training in medicines management. Staff administering the medicines were knowledgeable about the medicines they were giving and knew people's medical needs well. All medicines administered were signed for by two members of staff. Stock balances were checked daily. We observed that medication was discussed at staff handover. This ensured that staff were aware of any arising issues, such as 'as required' medicines that had been administered for people.

People were cared for in a safe, clean and hygienic environment. In the main, the rooms throughout the service were well-maintained. It was the person's choice how they looked after their own flats. One flat was currently being refurbished for the next person joining the service. Regular maintenance checks were undertaken to ensure equipment and the building remained in good repair.

Is the service effective?

Our findings

People's rights were being upheld in line with the Mental Capacity Act (MCA) 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. Where appropriate people's support plans held information about their mental capacity and Deprivation of Liberty Safeguards (DoLS) being applied for. These safeguards aim to protect people living in a service from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. One DoLS application had been authorised.

People also had access to an Independent Mental Health Advocate (IMHA). An IMHA is an independent advocate who is trained to work within the framework of the Mental Health Act 1983 to support people to understand their rights under the Act and participate in decisions about their care and treatment.

Staff understood the importance of promoting choice and empowerment to people when supporting them. Where possible the service enabled people to make their own decisions and assist them to understand the decision making process. Support plans held decision making agreements and advised staff how to assist a person to make day-to-day decisions. Best interest decision making agreements involved the appropriate health professionals, staff and family members.

The provider ensured that new staff completed an induction training programme which prepared them for their role. A new induction training programme has been introduced in line with the Care Certificate guidelines. These are recognised training and care standards expected of care staff. Staff received on-going training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed in key aspects of care to ensure staff and people at the service were safe. Additional training specific to the needs of people who used the service had been provided for staff, such as positive behaviour management training.

Staff were supported through a supervision programme. Supervision is where staff meet one to one with their line manager. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon.

People's nutrition and hydration needs were met. People were encouraged to eat a healthy balanced diet. If people wanted alternatives to the menu choice their decision would be respected. Where required the service sought dietary advice from health professionals. We observed people selecting foods of their choice for their weekend takeaway. Both people we spoke with told us they liked the food and had access to homemade cakes and snacks, if required.

People were supported to maintain good health and had access to external health care professionals when required. People's care records demonstrated that their healthcare needs had been assessed and were kept under review. We saw people had received input from the community learning disabilities team, psychiatric nurse, social worker, brain injury rehabilitation service and speech and language therapist team.

Is the service caring?

Our findings

One person told us; "The staff are very kind. They help me with every day chores." People were supported by a small committed experienced team. Enabling relationships had been established between staff and the people they supported. Support plans to enhance people's independence were promoted by the service and staff members. Each care plan held personal care needs which specified the help required by the individual.

To ensure their needs were met people had access to their own key worker. This provided one-to-one time with the person to discuss their needs and formulate action plans in accordance with their long-term goals and their future placements to a new service. One person told us; "A lot of the staff I get on really well with. I can leave when I want to. I'm trying to find somewhere else to live. I would like to move on. We have meetings."

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. One member of staff provided examples of how people preferred their personal care routine to be conducted and told us they encouraged people to be independent, as far as possible. For one person this included supporting a person to shave and wash their hair. Staff told us that they would offer hands on support when requested or required. Staff enabled people to undertake tasks themselves. One member of staff told us that one person had asked them to make them a cup of tea. Knowing their capabilities they encouraged the person to make a cup of tea themselves.

Our observations showed that good relationships had been established between staff and the people they provided care for. Staff spoke about people in a meaningful way and took an active interest in what people were doing. Staff continually offered support to people with their plans. One person was being taken out to buy new clothes. Another person loved playing cards and socialising with their friends. Staff ensured that the person could use the training room for a monthly poker night with their friends. One person told us how they helped the service with gritting the outside of the premises in the morning.

Staff respected people's privacy. We observed people knocking on the person's door seeking permission to enter. People were able to have time alone and their personal space was respected. We spoke with one person and they told us liked spending time in their room and particularly liked listening to music, having friends to visit and spending time on their tablet. Their room was decorated with their personal items of their choice.

Is the service responsive?

Our findings

The service was responsive to a person's needs. People's needs were met by a small staff team who worked together to offer the best care they could. People received good care that was personal to them and staff assisted them with the things they made the choices to do. We observed that people appeared content living in the service and they received the support they required.

Each person had their needs assessed before they joined the service. When they started living at the service, staff conducted a 12 week assessment with the person. This involved getting to know the person, establishing their likes and dislikes and building a trusting relationship. Staff worked with the person to draw up a timetable of activities and routines to support their daily care. People were encouraged to learn new skills and enhance their development. Supports plan were written and agreed with individuals and other interested parties, as appropriate.

Support plans were reviewed regularly and if people's care needs changed. Reviews included comments regarding; personal care, making decisions, being part of the community and maintaining their home. Staff responded to any issues identified by the person by amending support plans, changing programmes and consulting external health and care specialists, as necessary. An example of a recent referral included seeking advice from a health specialist regarding the effective management of the person's challenging behaviour.

People's individual needs were recorded and specific personalised information was documented. Each person's care plan included person centred profiles which included what was important to the person and how best to support them. People undertook activities personal to them. There was a planner for each person that showed the activities people liked to do.

People in the service were supported in what they wanted to do. The activities recorded varied for people according to their chosen preferences. This included attending a day centre, engaging in sports, arts, socialising and going out with staff. Where people were independent they also went out on their own accord. Where appropriate people were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them.

The provider had systems in place to receive and monitor any complaints that were made. During 2016 the service had received two formal complaints. They were investigated by a senior member of staff and were processed in accordance with their complaints policy. Where appropriate actions had been taken to resolve issues of concern. People told us they would speak to staff if they were unhappy.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Staff described the registered manager as supportive and approachable. The registered manager encouraged an open line of communication with their team. Staff members confirmed that they would approach the registered manager if they had any concerns. Staff we spoke with felt supported with their training and supervision programme. Staff all had an in-depth knowledge of the people they supported and had the confidence to enable the people they support, such as trying new techniques with dealing with challenging behaviour. These actions were actively supported by the registered manager.

People and their representatives were encouraged to provide their views and were actively involved in the decision-making process, such as the choice of their supports needs whilst at the service and when moving-on. Once a future provider is identified there is a further 12 weeks transition period where staff continue to support the person to move on. A family member recently thanked staff for their continued support of their relative and how they had made a positive impact on their life.

When people transferred to a new service they completed a discharge questionnaire. This enabled the service to monitor the quality of support provided. One person recently commented they enjoyed their stay. The particularly liked the community trips, gardening, housework and the lovely staff. The provider's assessment process captured how the person had progressed during their stay. Any continuing identified needs were referred to the new service.

To ensure continuous improvement the provider and senior staff conducted regular compliance audits. They reviewed issues such as; public and staff welfare, premises safety, maintenance and health and safety. The observations identified good practice and areas where improvements were required. The service is also currently developing their quality assurance surveys for professionals and associates and accessible pictorial feedback forms for people.