

Bristol City Council

Concord Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Concord Lodge is a residential care home providing personal care for up to seven people. Concord Lodge 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 six people.

People's experience of using this service and what we found

The service had maintained the same positive outcomes for people as was the case at our last inspection. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Risks were minimised and to support people to be safe risks to people were identified and when needed a risk plan was in place. Staffing numbers were sufficient to meet people's needs. This meant people were supported safely. People told us they felt safe living at the service.

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

Staff were well supported and well trained. New staff did a full 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 formally supported through supervision meetings.

People were supported to maintain good health and went to see 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. Care records contained clear and detailed 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 and other senior staff as supportive and approachable.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was rated Good at our last Inspection in 2017.

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Concord Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one Inspector.

Service and service type

Concord Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on sick leave at the time of our inspection. The service was being supported by a senior manager until the registered managers return.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection.

We sought feedback from the local authority and professionals who work with the service.

We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided.

We spoke with seven members of staff including a senior manager, deputy managers, and senior care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision.

A range of records relating to the management of the service, including policies and procedures were reviewed. We also inspected a number of quality monitoring audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff continued to show a very good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk.
- Staff had been trained to understand the subject of safeguarding adults.
- Staff told us they felt confident to speak directly with a senior member of staff and they would be listened to if they had any concerns.
- The staff were fully aware they could report their concerns to external authorities, such as the local authority and the Commission.

Assessing risk, safety monitoring and management

- Risks to people were identified and where needed actions were put in place to manage an identified risk and keep people safe. For example, there were assessments for people's individual needs including their mental health, going into the community, using a cooker keeping safe and smoking. Assessments were reviewed regularly and updated, when required.

Staffing and recruitment

- People were still well protected from the risks from unsuitable staff because safe recruitment procedures were still in place and followed.
- In depth and satisfactory references were taken up before any new staff could begin working at the home. There was a Disclosure and Barring Service (DBS) check undertaken for each staff member. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.
- Staff records also included proof of the employees address and identity. This helped protect people from the risk of unsuitable staff being employed at the service.

Using medicines safely

- People continued to be safely supported with their medicines.
- Staff were trained to know how to safely support people with their medicines.
- Staff who gave people their medicines were competent in understanding the medicines they were giving and knew people's health needs.
- Medicines given to people were signed for by two members of staff.
- Stock balances were checked daily. This meant there were systems in place, so people's supply of medicines was managed safely.

Preventing and controlling infection

- People were cared for in a safe, clean and hygienic environment.
- The rooms throughout the service were well-maintained. It was the person's choice how they looked after their own flats.
- Regular maintenance checks were completed to ensure equipment and the building remained in good repair.

Learning lessons when things go wrong

- Staff communicated information about incidents daily. This was so learning could happen and risks to people further reduced. For example, people's day to day well-being was discussed and reviewed daily. If further support was needed this was implemented.
- Also, better ways to support and assist people were discussed on a regular basis. Care records and risk assessments were then updated if needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were supported with their needs in ways that were effective. Staff were calm and sensitive to people and they talked through what they were doing with the person and asked for consent. This was to reassure the person when they supported them.
- Staff discreetly supported people with personal care and communicated with them in a calm and clear way. They also used an open body posture to try and make people feel safe and relaxed.
- Staff checked on people regularly to ensure people were safe.
- Staff were following what was written in each person's care plan. For example, when people needed support staff provided the support they required.
- Staff also gave people emotional support by spending time with them. This was to talk to with people and listen to them, giving them an opportunity to say how they were feeling.

Staff support: induction, training, skills and experience

- People were supported by well trained and well supported staff.
- The registered manager and other senior staff gave effective support to the team. The staff told us they felt well supported by the registered manager and other senior staff. They met with them regularly for one to one meetings. This was a time to review their performance and to discuss the needs of the people they supported.
- Staff approached the deputy managers for guidance and support.
- Staff said meetings were useful because they helped them to understand people's needs.
- Staff were also well supported to gain the skills and knowledge to fulfil their roles and responsibilities. Staff told us they had been on regular training courses. They said this helped them to support people effectively. Staff were positive about the training and learning opportunities.
- Training records confirmed staff attended training about a range of relevant subjects. Courses and learning opportunities attended included learning disability matters, mental health issues, medicines management, safeguarding people from abuse, health and safety topics, safe food handling safety, first aid, and infection control.

Supporting people to eat and drink enough to maintain a balanced diet

- The service supported people's individual dietary needs. Staff talked with people and told them what the food was at meal times.

- There were menus available to help people make a choice from the meals to be served. We observed a choice of water or other soft drinks were being served with lunch. People made tea, coffee, and other drinks throughout the day. Snacks such as fruit and biscuits were also freely available for people.
- Some people planned their menus and cooked their own meals. Some other people required support to eat and drink enough. There was detailed, and clear guidance set out in their care records.

Staff working with other agencies to provide consistent, effective, timely care

- People's healthcare needs were recorded and met. The staff liaised closely with healthcare professionals who provided care to people. These included physiotherapists, GPs, nurses and speech and language therapists.
- There were instructions from professionals to provide guidance to staff about how to support people's individual needs in their care plans and these were followed appropriately.

Adapting service, design, decoration to meet people's needs

- The home was clean and flats and communal rooms were large and light.
- The back-garden area was well maintained and attractive and included an area where people could be involved in growing vegetables and plants.
- The premises were tailored to help meet the needs of people with a physical disability. Bathrooms and toilets were large enough to accommodate wheelchairs and hoists and were equipped with specialist baths and handrails for people to use. When needed there were ceiling hoists to facilitate the moving and handling of people who needed this support.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff so they received care that was consistent and well planned.
- People were well supported with their complex physical healthcare care needs. They were supported by staff to use health services when they needed.
- Staff completed daily health checks and kept an update of the support provided to people. Information recorded included observations about the general health of people. This helped them identify any health needs or concerns they had.
- If staff were concerned about a person's health they took swift action to ensure they received the support needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were clear about how to support people to make decisions in line with the MCA. They had told us how they supported people to make decisions in their best interests and in ways that least restricted their liberty.
- Care records included examples of where people's capacity had been assessed and found situation specific assessments had been completed. People's care records also included detailed references to mental capacity and ability to make decisions.
- When a person lacked capacity to make certain decisions in their life, there was clear guidance in care records. This set out how to support the person. For two people who were being restricted of their liberty, correct legal procedures were in place. This was to ensure this process was lawfully carried out and regularly reviewed for each person.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us all very positive comments about the staff. Examples of comments made included "I like the staff", "The staff are friendly and chivvy me along" and "I like living here this is a 5 out of 5 care home". Further comments were "It is very, very good, very caring they are supportive, they have an attitude that's respectful and when I feel down the staff will talk to me."
- People also told us how much they liked the staff team. Examples of comments made included, "Its ok to live here I've been busy I get to go out by myself. I tell the staff when I'm going to be back" and "The aim of me being here is to be able to move out I have several keyworkers, they are all good fun. No one is bossy".
- People also confirmed for us that staff were always respectful about their privacy.
- Staff supported people in ways that also confirmed they were caring and supportive. For example, staff used a calm approach with people who were anxious and or angry in mood. They also used gentle warm humour and encouragement to motivate people to do daily tasks. People responded positively to staff when they used this approach.
- Staff were able to tell us how they provided personalised care. They said this meant they cared for people in a way that respected them as unique individuals because they got to know people very well. They said information in care records helped ensure they put people at the center of all decisions made.
- Staff cared for people in small teams and they had got to know people very well. The staff said that because of knowing people in depth they knew how to meet their full range of needs. The staff also said they had close trusting relationships with the people they supported.

Supporting people to express their views and be involved in making decisions about their care

- Care plans confirmed people were involved in planning and deciding what sort of care and support they were receiving. Care plans were in place to support people to be as independent as possible. For example, we saw people making hot drinks for themselves and we were told by a member of staff that some people were supported to cook meals. We spoke with one person who had become a volunteer at a local city farm. They told us it had helped them with their confidence and that they enjoyed being part of the community.

Respecting and promoting people's privacy, dignity and independence

- There was a courtyard where people could walk safely as well as a dedicated activities room and quiet rooms. People sat in the different shared areas in the home. This showed that they could have privacy and 'space' when they wanted it.
- Each person lived in their own separate and secure flat and this gave people privacy. Rooms were personalised with people's own possessions, photographs, artwork and personal mementoes. This helped

to make each flat personal and homely. There was a kitchen in each flat for people to use. This showed how the environment supported people to be independent.

- People told us they met their keyworkers regularly and spoke with them about what sort of care and support they felt they needed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us about the range of social and therapeutic activities they enjoyed doing at the home. Examples of comments included "I go to the beach a lot with my keyworker and I am going there in a minute", "When I feel well I go out all the time" and "I'm learning to crochet".
- Staff engaged with people with a calm positive approach. People responded very positively to the way the staff were supporting them.
- Care records showed positive actions had been implemented to deal with difficult situations that could arise due to the nature of some of the behaviors that people displayed.
- Assessments and care records showed people's needs were identified. Assessments were based on personal needs such as general and mental health, mobility, pain, nutrition, continence and medicine management. Assessments regarding mental health were comprehensive and covered capacity, communication, behavior, memory, emotional and social ability.
- Information in care records also showed people were actively encouraged to plan and decide what sort of care and support they felt they wanted.
- Staff attended handover meetings at the start of each shift throughout the day where the plan for the day was discussed alongside any changes to people's needs. These meetings were an effective way to ensure that key information about people's wellbeing and care needs were handed over to the team coming on duty.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported with their communication needs and one person's communication had really improved since they moved to the home. They were now able to have conversations with people.
- Care review meeting minutes and other information documents were available to people in different formats, including easy-read.
- Some people were supported to use mobile phones to communicate and Skype to speak with relatives.
- One person was benefiting from the use of photos and symbols to help with their care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain friendships with work colleagues and peers from outside the home

and in the local community.

- People were supported to follow interests and to take part in activities socially and culturally relevant to them. For example, one person told us they were going to see an exhibition of patchwork quilts the next day. They said they had always wanted to do this and were now going with staff support.
- We saw how people were busy. For example, one person went out for a day trip and another went out to have lunch.
- People told us they enjoyed regular trips and more were planned.

Improving care quality in response to complaints or concerns

- People told us if they had a complaint they could easily raise the matter with the staff and the deputy managers or the registered manager. One person told us, "I'd see the management". Another person told us, "I'd go to the office."
- Throughout the day we saw people approach managers who spent time listening to people and trying to resolve matters they wanted to talk to them about.
- There was a copy of the complaint's procedure in each person's flat. This was set out in an easy to understand format. It clearly explained how people could make complaints if they had them.

End of life care and support

- The service does not support people at the end of their life and was not supporting anyone with end of life care at the time of the inspection,
- Care records showed staff had explored people's preferences and choices in relation to end of life care in case of a sudden death. Records also included preferences relating to each person's protected characteristics, culture and spiritual needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager has worked at the service for many years. They were on sick leave at the time of our visit. However, they have had a long and very positive impact at the service. People and visitors told us the registered manager was accessible and supportive and listened to them. Staff told us they felt well supported and motivated by the senior manager and deputy managers.
- The deputy managers were often out in communal areas chatting to people, visitors and staff. They knew people well and what was important to them. Their interactions with people were friendly and warm.
- The deputy managers made sure all staff were clear about their responsibilities for providing high quality care and support to people. They used creative ways to highlight poor practice to help staff learn and develop. For example, they worked closely with staff daily.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager has a long history of working in a way that was transparent and they clearly understood how important it was to be honest and open when mistakes were made or incidents happened. The service ensured they shared this information as necessary and apologised where required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a long history of clearly understanding their responsibility for meeting regulatory requirements.
- They notified us promptly of events or incidents involving people. This helped us to check that the provider took appropriate action to ensure people's safety and welfare in these instances.
- They had made sure the rating awarded from the last CQC inspection was displayed. This is key information as it tells people about the quality and safety of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were provided opportunities to have their say about the service and how it could improve. People's views were sought through reviews of their care and support needs.

- One staff member told us, "We engage people and involve them in their own care by using positive communications to motivate people to start their day. Staff also said they 'try and get to find out what people like to engage with them'. For example, one person had always wanted to learn sewing and they are now doing this. Another a person wanted to go to a local horse stables and they really enjoy this.
- Staff's views about the service were sought through supervision and team meetings.
- There were good links with the local community and people were regularly visited, for example, by local faith groups who engaged with people in a range of activities and events.

Working in partnership with others

- The provider worked proactively with other agencies to make improvements to the quality and safety of the service. There had been recent quality monitoring visits in the last 12 months. The recommendations to the provider about how the service could improve had been acted on. For example, medicines management systems had been reviewed and updated.