

Bristol City Council

Redfield Lodge

Inspection report

Avonvale Road
Redfield
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Date of inspection visit:
15 February 2016

Date of publication:
07 April 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 15 February and was unannounced. The last comprehensive inspection took place on 15 January 2015 and at that time one breach of the Health and Social Care Act 2008 was found in relation to respecting and involving people who use services. This breach was followed up as part of our inspection.

Redfield Lodge is a care home operated by Bristol City Council and is registered to provide personal care and accommodation for up to 40 people living with dementia. There were 29 people living in the home on the day of the inspection.

In January 2015 we found people who used the service were not always treated in a manner that was dignified or respectful. At this inspection the provider had made sufficient improvements.

The provider had quality monitoring systems in place which were used to identify required improvements to the service. Some improvements had yet to be embedded by the service.

Staff demonstrated a detailed knowledge of people's needs and had received training to support people to be safe and respond to their care needs. However bank staff training had not been effectively monitored and recorded.

There were not suitable arrangements in place for the safe administration of people's medicines.

Care provided to people met their needs. However some care records provided basic information and did not provide personalised information about how to support people.

People were involved in regular activities.

The staff had a clear knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. These safeguards aim to protect people living in care homes 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. Meetings had been arranged in order to enable people's best interest to be assessed when it had been identified that they lacked the capacity to consent to their care and treatment.

There was a robust staff recruitment process in operation designed to employ staff that would have or be able to develop the skills to keep people safe and support individuals to meet their needs.

People had their physical and mental health needs monitored. The service maintained daily records of how people's needs were met and this included information about medical appointments with GP's and dentists for example.

There were positive and caring relationships between staff and people at the service. People praised the staff that provided their care. We received positive feedback from people's relatives and visitors to the service. Staff respected people's privacy and we saw staff working with people in a kind and compassionate way when responding to their needs.

There was a complaints procedure for people, families and friends to use and compliments were also recorded.

We found two breaches of regulations at this inspection. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risk assessments were not always reviewed and amended appropriately when the risk to a person altered.

Improvement was required in relation to processes for medicine PRN protocols and the administration of medicines.

People were protected from the risk of abuse. The service had provided staff with safeguarding training. They also had a policy and procedure which advised staff what to do in the event of any concerns.

The service had safe and effective recruitment systems in place.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Bank staff had not received regular refresher training.

Records monitoring food and fluid intake were not always completed as required.

People were supported to make informed choices about the meals and activities on offer.

DoLS applications had been made for those people that required them. The service had carried out capacity assessments and best interest meetings.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring. Relatives said they were happy with the care and support provided.

People were supported to maintain relationships with their family.

Relatives spoke positively about the support provided by staff.
Staff understood people's needs and preferences.

Is the service responsive?

The service was not always responsive

Care plans did not always provide staff with the information needed to provide person centred care.

Staff communicated effectively with people and involved them to make decisions about the support they wanted.

The service had involved other professionals to support people and they were supported to access health care services.

The service had a robust complaints procedure.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Although the provider and manager had put quality assurance systems in place these were not yet fully embedded and effective.

People told us staff were approachable and relatives said they could speak with the manager or staff at any time.

The provider sought the views of people, families and staff about the standard of care provided.

Requires Improvement ●

Redfield 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 was planned to check 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.

The inspection took place on 15 February 2016. This was an unannounced inspection, and was carried out by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

Prior to the inspection, we viewed all information we held about the service including statutory notifications. Statutory notifications are information about specific important events the service is legally required to send to us.

As part of our inspection, we spoke to five people who used the service, two visiting friends or family, the registered manager and four members of staff including the care staff. We tracked the care and support provided to people and reviewed five support plans relating to this. We also looked at records relating to the management of the home, such as the staffing rota, policies, recruitment and training records, meeting minutes and audit reports. We also made observations of the care that people received.

We observed how people were supported and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

The service did not have suitable arrangements in place for the safe storage and administration of people's medicines. Topical medicine administration records (MAR) charts did not always provide enough information for staff on why they needed to be applied, or the frequency. Body maps had sometimes been coloured in to indicate where creams should be applied but this was not consistent. Charts had not always been signed by staff to indicate creams and lotions had been applied as prescribed. For example, one chart informed staff to apply a cream "regularly". There was no explanation of what regularly meant and the chart had not been signed since 09/02/2016. Another person's chart listed a cream but gave no directions on where it should be applied or the frequency. Some of the creams had been prescribed in order to protect people's skin from damage caused by incontinence and so there was a risk that when creams were not applied as prescribed that people's skin might break down.

People's medicines and creams were mainly stored in locked cupboards in their own rooms. The creams we saw had not been dated when they had been opened which meant there was a risk that expired creams could be applied because staff would not know when they had been opened. In one person's cupboard there was a tube of gel that had been opened. The dispensing label was dated 16/03/2015, but the topical MAR chart did not list the gel as being required.

Monthly medicine audits were carried out by the registered manager and a pharmacist had undertaken a support visit on 01/10/2015. The pharmacist visit had highlighted the need for PRN (as required) protocols but these were not in place during our inspection. PRN protocols assist staff by providing clear guidance on when PRN medicines should be administered, and provides clear evidence of how often people require additional medicines such as pain relief. They can be a useful tool during medicines reviews for example. Although people's care plans provided guidance, the information was not available with the MAR charts. For example, one person was prescribed an antipsychotic medicine, but the instructions on the MAR chart were "as required" and made no reference to behaviour that might indicate its use was required. Because the PRN protocols were not available with the MAR charts it meant that staff who were unfamiliar with people's needs would not have the information required when they were doing the medicine round.

The British National Formula (BNF) is a book which provides up to date information and advice on medicines, including for example side effects and contraindications and staff administering medicines should have access to one in order to access information when required. The BNF available for staff was published in 2011 and so was not the latest guidance.

These failings amounted to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had completed an assessment of people's risks and had recorded guidance on how to manage identified risks. The risk assessments showed that assessments had been completed for areas such as mobility, continence, food and diet. We found however that some risk assessments had not been changed

to suit the person when their needs had altered. For example, in one person's plan it was documented that they walked independently. They were at risk of falling due to a degenerative eye condition and the plan informed staff to ensure they were wearing their glasses. However, the daily record showed the person had fallen on four occasions during previous weeks. The care plan had not been updated to reflect the person's changing needs and there was no information to staff on how they should prevent further falls occurring. On speaking with staff it was clear that they knew when people's needs had changed and that these issues were often discussed at staff handover meetings. We did however raise concerns with the senior staff that some risk assessments and associated plans had not been updated to reflect the care people required. We were assured that all risk assessments and care plans were being reviewed to ensure they clearly reflected measures to keep people safe.

We found that although the home was generally clean there were however some practices undertaken by staff which were unsafe and unhygienic. This included the storage of people's personal toiletries and mobility equipment in bathrooms. This increased the risk of infection cross contamination. We also observed that plastic gloves used for personal care were stored in bathrooms; these items can pose a risk to people living with dementia. We raised these issues with the registered manager who arranged for the toiletries, equipment and gloves to be removed and to highlight these issues to all staff.

Incidents and accidents were recorded and cross referenced to the care files of people involved in the incidents. We saw that preventative measures were also identified by staff wherever possible and that some of the risk assessments were updated, if required.

The service had a policy and procedure regarding the safeguarding of people and guidance was available for staff to follow. Staff told us they had received training in safeguarding adults and the prevention of abuse. Staff we spoke with knew what constituted abuse and how to report it.

There were sufficient numbers of staff to support people safely. People told us that care appointments were met by staff when they needed them and the care they needed was given. We found that the staff rota was planned and took into account when additional support was needed for planned appointments outside of the home. All of the visitors we spoke with and people using the service confirmed they felt there were enough staff and when they needed staff assistance staff came quickly. One visitor said "There always seems to be enough staff on duty". Visitors said they felt people were safe. They said "There is always a member of staff around, people are never left alone. We never have cause to worry". Staff on duty also confirmed they felt there were enough staff to keep people safe.

There was a robust selection procedure in place. Staff recruitment files showed us that the service operated a safe and effective recruitment system. 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. We saw that the recruitment process included completion of an application form, an interview and previous employer references to assess the candidate's suitability for the role.

Is the service effective?

Our findings

Permanent staff received training provided by the service when they joined as part of their induction programme. On completion of their induction they also received refresher training. Training subjects included first aid, infection control and food hygiene. All of the permanent staff we spoke with told us they had been given training relevant to care for the people they supported.

We found that although the bank staff on duty were experienced, not all had completed effective training. A bank member of staff who had been working at the home for over a year had not received any training since they had started working at the service. They had completed training during previous employment. Another bank member of staff said they had completed some training; they said they had attended safeguarding and dementia training from the provider but had nothing else. They said they had also completed other training during previous employment. Records we saw confirmed that bank staff training records were incomplete and did not provide a clear picture of the training that had been undertaken or was required by the bank staff. This meant there was a risk that some staff might not have the necessary skills and knowledge to undertake their roles safely. We spoke with the registered manager about this and they confirmed there had been a shortfall in ensuring that bank staff had received adequate training and that this would be followed up as part of a training review.

All of the staff, permanent and bank, said they received regular supervisions and felt able to speak to their line manager with any concerns between supervision sessions. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. Staff told us they were given opportunities to speak with the management about any concerns they had or any development they needed and that they felt well supported.

People were supported to have sufficient to eat and drink and there were systems in place to monitor people's weight. We were told by staff that when a person lost weight their intake would be monitored. However monitoring systems were not followed or monitored effectively. Food charts were not always completed in full and although there was a process in place for checking the content of charts and reviewing people's intake this was not being followed. We raised this concern with the senior staff and were told that this had been noted during record checks and that the service was looking at ways to improve their record keeping. Staff we spoke with were familiar with people's nutritional needs however there was a risk that people's nutrition and hydration needs were not being met.

We saw people were offered choice at meal times and meal times were not rushed. We saw staff offering people a choice of the main meal, encouraging those who needed prompting to eat their meal. We observed that staff monitored people's dietary intake. Staff were talking with people at mealtime and through the interaction with staff we observed people's mood improve and become more alert as mealtime progressed. People who were able to express themselves said the food was "Nice" and "Lovely". Relatives said "The meal times here are very good. The table is laid properly, there is nice crockery, and condiments available". One person using the service said "I get a choice of what I want to eat and where I want to eat it. I can eat in my room or the dining room". We saw staff asking one person if they wanted to have lunch in the dining room or

if they would prefer to stay in the lounge. Hot and cold drinks were provided to people throughout the day of our inspection and we observed staff encouraging people to drink. Snacks were also provided between meals.

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. We found that people's mental capacity to make decisions had been assessed and appropriate DoLS applications had been made.

Staff we spoke with were knowledgeable about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff understood how a diagnosis of dementia might affect a person's ability to consent and make decisions. Staff were able to explain how they supported people when care was refused. We also observed staff trying different methods when encouraging people to eat or wash for example.

The service had followed the MCA and invited appropriate people such as social workers and family members to be involved with best interest meetings which had been documented. For example some people were receiving their medicines covertly. This is when medicines are disguised within food or drink. MCA legislation and guidance had been followed and there was supporting documentation in place that showed how the decision to administer medicines in this way had been reached through the best interest decision process. The person's, GP, pharmacist and relatives had all been involved in the decision making process.

We made observations of people being offered choices during the inspection, for example where in the home they wanted to spend their day and what activities they wanted to undertake during the day.

Is the service caring?

Our findings

Staff treated people with kindness and compassion. They spoke to people by name and there was a generally relaxed atmosphere. Staff spent time with people, and we frequently observed staff sitting with people, talking, singing or looking at books. Visitors spoke highly of the staff. They said "The atmosphere here is so good" and "The staff are lovely, they sit with people, hug them, hold their hand; they're amazing". One visitor said "My relative has been here for two years and has never been happier". However, one relative said they felt the quality of staff was "variable". They said "Sometimes its things like the staff haven't reminded my relative to put their glasses on, or to put socks on. I don't understand why there is a gap in the care sometimes; nobody seems to be responsible for checking everything has been done for my relative". People using the service said "The staff are very good and I do feel as though I am treated with dignity".

The provider had recently had a "Dignity day" and some visitors said they had attended. Staff said they knew how to protect people's privacy and dignity and gave examples such as knocking on people's doors before entering. However, one member of staff said "We had a dignity day the other week. But it shouldn't be about one day; every day should be dignity day". There were mixed responses from visitors in relation to dignity. One said "Occasionally my relative isn't wearing their own clothes when I visit, because people do tend to go into each other's rooms and pick things up". Another visitor said "The dressing gown on the back of my relative's bathroom door is not theirs, but I'm not too worried about that. I know their own dressing gown will turn up; its' because people wander into other people's rooms so things can get mislaid for a while". One visitor said "I do feel that staff need more training on how to respect people's dignity. Staff don't always knock before they come into the bedroom".

We observed that practical action was taken by staff to relieve people's distress. Occasionally people using the service would call out or shout. When this happened staff were quick to reassure them and offer help if needed. Staff knew which distraction techniques worked for different people. One visitor said "When my relative came here they were angry and aggressive, but now they're settled and relaxed".

Is the service responsive?

Our findings

Each person had an individual care plan which contained information about the support people needed. We found that people and their relatives also had input into the care plans and choice in the care and support they received. Care plans contained information such as people's medical history, mobility, communication and care needs including areas such as: continence, diet and nutrition. Although the majority of the care plans we looked at were detailed, regularly reviewed and person centred, this was not consistent. The quality of the content of the plans was variable.

Some plans contained lots of information about people's lives before moving to Redfield Lodge and about their personal preferences, and some did not contain as much detail. For example, one person's mobility plan provided in depth information to staff on what to observe in their gait as it may indicate ill health. Other plans were not so detailed. Another person's mobility plan informed staff to monitor their mobility and monitor their footwear; this person had fallen several times in recent weeks but the plan had not been reviewed to reflect this. This meant that the information provided did not instruct staff to provide care in a way that was personalised to be safe. This information is of particular relevance when new staff are employed at the service to aid these staff in knowing and understanding people's needs.

Care plans provided guidance for staff on how to support people when they were distressed. Behaviour charts were completed in full and showed the steps staff had taken to alleviate distress or anxious behaviour. The plans were clear that medicines should not be administered as a means to relieve behaviour that might cause distress, but that other techniques should be used first.

People received their care in a person centred way. Staff recognised and responded to people's needs. Staff said that if people wanted to sleep late they could and we observed that some people chose to do this. In one person's plan it was documented that they preferred to sit in a specific area of the building rather than in one of the lounges, and we saw that they were sat there for most of the day. A member of staff said "They like to watch what's going on". The same person's plan provided person centred detail on how staff should support them with their choice of clothing; it was documented that the person might chose to wear nightwear during the day, and informed staff how to ensure that their dignity was maintained alongside respecting their wishes. When we asked a member of staff about this person's care, they knew the content of the care plan and understood their role. They said "I am a key worker so I know the person really well. At Christmas I bought nightwear for them that maintained their dignity, but was also comfortable".

There were activities available for people which were provided by staff. On the day of our inspection there was a knitting and natter session taking place. The member of staff running this was engaging with all of the people present, and ensured they were all involved even if they weren't actually knitting. They demonstrated a calm and friendly manner, and people involved were smiling and laughing. Other activities included a gardening club, board games, gentle exercise and cooking. One person using the service said "There are activities, but it depends if I bother to go. I don't enjoy group things so much". There was also plenty of outdoor space available for people to access during better weather. The communal garden had seating areas and planting areas. The service kept rabbits and there was also a house cat.

People and their relatives felt able to complain or raise issues within the home. The home had a complaints procedure available for people and their relatives. Everybody we spoke with said they knew how to complain, and all said they had never had cause to. We checked records for the last year and found that when complaints had been made they were dealt with as per the service's complaints procedure.

People were supported to maintain their well-being and good health. We saw from records that people had regularly accessed health care services. When a person required additional regular clinical support this was provided. There was also evidence of input from the community psychiatric team and GPs in people's records. We saw within everyone's care plan that regular visits or appointments with dentists, opticians and dentists had happened when required and that staff had then acted upon the actions agreed at the respective appointments.

Is the service well-led?

Our findings

To ensure continuous improvement the registered manager conducted regular audits to monitor and check the quality and safety of the service. They reviewed issues such as; medicines, care plans and training. The observations identified good practice and areas where improvements were required. We saw that staff training and daily records for people had already been recognised as requiring improvement through the provider's own quality checks. The senior staff were working towards improving these areas. There were however areas which had not been picked up by the audit reviews into care plans such as incorrect dates on paperwork and failures to update risk assessments. This meant the quality monitoring systems in place were not always effective.

There also were systems in place to ensure regular maintenance was completed and audits to ensure that the premises, equipment and health and safety related areas such as fire risk were monitored and that equipment tests were also completed. We saw that where actions were required to improve the service there were action plans in place. We did however note that not all risk assessments for the environment were within date. For example the last legionella risk assessment had expired in April 2013.

While we saw that improvements were being made to the home's systems and processes for maintaining standards and improving the service many of the changes were still a work in progress and were not yet embedded in practice. For example the designated lead for nutrition and told us how they were trying to improve the quality of record keeping in relation to what people ate and drank. They showed us how staff had been informed about the lack of information that had been documented on intake charts. However, the standard of charts that we saw demonstrated that this method of informing and educating staff on why and how their documentation needed to improve had not been successful. We also found that the governance systems in place for medicines and infection control had been ineffective in rectifying the issues found at this inspection.

These failings amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the manager and staff were very approachable and they could talk with them at any time. The senior staff also told us they operated an open door policy and welcomed feedback on any aspect of the service. Senior staff said they felt confident relatives and staff would talk with them if they had any concerns. We also saw records that demonstrated that relatives and other people important to people living in the home were communicated with through planned meetings and also on the phone if there was anything urgent that they needed to know.

People were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. People who used the service and their relatives were given questionnaires for their views about the quality of the service they had received. We saw the results of surveys had been analysed and comments were positive. Relatives said they had been invited and had attended relatives meetings. Those who had not attended said they had seen minutes from the meetings. One person using the service said

they had attended resident meetings in the past, but these had not taken place for some time.

Staff told us they were regularly consulted and involved in making plans to improve the service. All of the staff we spoke with said they felt well supported by the registered manager. They said they attended regular staff meetings and that there was an open culture. Staff said that staff meetings were supportive in discussing and resolving staff issues.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. We found that the registered manager had made appropriate notifications.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed in a safe way.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality and safety of the service and mitigate the risks relating to people's safety and health.