Bristol City Council

Redfield 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

We carried out this inspection on 9 March 2017. When the service was last inspected in February 2016 there were two breaches of the legal requirements in relation to safe care and treatment and good governance. Following the inspection in February 2016 the provider wrote to us to say what they would do to meet the legal requirements. At this inspection we checked that the provider had made sufficient improvements; we found that they were meeting the legal requirements.

The service is a care home without nursing and provides care and support for up to 40 older people who are living with dementia. On the day of our inspection there were 35 people living at the service.

The service has a registered manager. 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.

The provider had quality monitoring systems in place which were used to bring about improvements to the service.

The staff had received training regarding how to keep people safe and they were aware of the service safeguarding and whistle-blowing policy and procedures. Staffing was arranged in a flexible way to respond to people's individual needs.

People's needs were regularly assessed and care plans provided guidance to staff on how people were to be supported. People's care, treatment and support was personalised to reflect people's preferences.

The staff had a clear knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). 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 people to meet their needs.

Staff demonstrated a detailed knowledge of people's needs and had received training to support people to be safe and respond to their support needs.
The service maintained daily records of how peoples support needs were meet and this included information about medical appointments for example with GP's and dentists.

Staff respected people's privacy and we saw staff working with people in a kind and compassionate way responding to their needs. There was a complaints procedure for people, families and friends to use and compliments could also be recorded.

We saw that the service took time to work with and understand people's individual way of communicating in order that the service staff could respond appropriately to the person.

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 was safe.

There were sufficient staff to meet people's needs.

Risk assessments were reviewed and amended appropriately when the risk to a person altered.

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

Medicines were managed and administered safely.

The service had safe and effective recruitment systems in place.

Is the service effective?

Good

The service was effective.

Staff had received training which enabled them to have the skills to undertake their role. Staff received regular supervisions.

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

People had enough to eat and drink and were supported to make informed choices about the meals on offer.

People were supported to access health care services.

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's privacy and dignity was respected. People and staff got on well together and the atmosphere in the home was

caring,warm and friendly.

People were supported to maintain relationships with their family.

Is the service responsive?

Good

The service was responsive.

Care plans provided 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.

The service had a robust complaints procedure.

Is the service well-led?

Good

The service was well-led.

The manager promoted a positive culture to ensure that the service was person centred.

The provider and manager had quality assurance systems in place to ensure continuous improvement to the service.

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.

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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 9 March 2017. 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 reviewed 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.

Some people at the home were not able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us. We also spoke to six people who used the service, the registered manager, four relatives and six members of staff.

We tracked the care and support provided to people and reviewed four care 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.

Good

Is the service safe?

Our findings

At the last inspection we found that 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.

Since our last inspection, improvements had been made to the documentation in relation to topical medicine administration. The registered manager said that there were now "Cream Champions" who were responsible for carrying out weekly checks. These checks included confirming that the date of opening was written on tubs or tubes of creams and that application information sheets were in place. However, although the checks had been undertaken, they had failed to identify that staff had not always signed administration records to indicate they had applied the creams and lotions as applied. Other charts we looked at had been signed in full, but this was not seen consistently. We spoke with the registered manager about these issues and immediate action was taken to ensure staff were made aware of the requirement for records to be completed properly.

People's medicines were managed safely. The service was using an electronic medicine recording system. The system promoted safe medicine administration, minimised the risk of errors in relation to time and method of administration and provided a clear audit trail of when all medicines had been administered. We observed part of a medicines round and the staff member administering the medicines spoke highly of the system. They showed us how the system worked, and how notes from the GP for example were shared within the system.

During the medicines round we saw that people were offered pain relief and that the staff member waited with people to ensure they had swallowed their medicines. They took their time with people and did not rush them.

PRN (as required) protocols were in place and these were detailed and person centred. For example, one person had been prescribed PRN pain relief and the protocol detailed where the person might experience pain and the type of pain. Another person had been prescribed a medicine for episodes of anxiety and the protocol detailed other ways staff should try and alleviate the anxiety before resorting to medicines.

Medicines were stored safely. Fridge items were stored in fridges and we saw that the temperature was regularly monitored. When medicines were no longer required they were disposed of safely.

People were protected from avoidable harm and abuse. Staff knew how to report concerns and the majority felt able to raise concerns. Staff confirmed they had received training on how to identify abuse and knew the reporting process.

All of the care plans we looked at contained risk assessments for areas such as falls and mobility. Where risks had been identified, the care plans contained clear guidance for staff on how to reduce and manage the risks. For example, one person had been assessed as being at risk of falling. The plan detailed the

walking aid the person should use, but that they frequently forgot to use it. Staff were informed to regularly remind the person to use it so that they were able to mobilise safely and independently.

Care plans for two people with diabetes also contained risk assessments in relation to people experiencing hypo or hyperglycaemia. The care plans detailed the signs and symptoms staff should be aware of and the relevant actions that should be taken should they occur.

Staff and visitors gave mixed views on the staffing levels. One member of staff said "Today we're a bit short, but generally it's ok". Visitors to the service commented "Sometimes at the weekend they seem a bit short staffed but it doesn't seem to impact on care" and "The staff are always on the go, but I don't think the residents get as much 1:1 time as they need". However, all visitors said they felt their relative was safe using the service. Comments included "I was so concerned about my relative's safety before they came here, but now I know they're safe" and "If I didn't feel my relative was safe I wouldn't leave them here". In addition, one person using the service said "I know I'm safe here".

Accidents and incidents were recorded, they were analysed by the registered manager or senior staff. The analysis was discussed with staff and subsequent action plans were put in place to reduce the likelihood of reoccurrence and to keep people safe. The records we viewed showed a system which recorded timescales for response to concerns, outcomes and actions taken

The service had emergency procedures in place which included the actions to be taken in the case of fire. People also had personal evacuation plans which clearly identified their needs if evacuation was required.

There was a robust selection procedure in place. 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 also included completion of an application form, an interview and previous employer references to assess the candidate's suitability for the role.

The building was clean. One visitor said "Every time I come in they're cleaning. It's spotless here". One person using the service said "I like it here because it's so clean."

Good

Is the service effective?

Our findings

Staff received training provided by the service when they joined as part of their induction programme. On completion of their induction they also received regular refresher training. Training subjects included first aid, infection control and food hygiene. Staff told us they had been given training relevant to support the people they supported. Training included specific training to support staff to recognise and meet the needs of people. Staff said they had access to training and development and attended regular training and updates. One said the training for the medicines system was robust; they said "We have to score 100%". Another said "I'm not a permanent member of staff but I still have access to training. The manager always puts me forward".

Staff demonstrated the necessary skills and knowledge to undertake their roles. They spoke knowledgably about people using the service and the skills they used to care for people. One said "I treat everybody differently depending on their personal needs".

Staff said they had been supported with regular one to one supervisions throughout the year; the records we saw demonstrated this. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. One member of staff said "I'm doing supervision today" and another said "I have supervision sessions regularly."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We saw that people's care plans held decision making agreements and advised staff how to assist a person to make day-to-day decisions wherever possible. In one care plan it had been documented that the person often declined personal care. The plan detailed how staff should interact with the person, "build up trust" and "say good morning and open the curtains as this will support my orientation from night to day". Daily notes in relation to this person showed that staff offered personal hygiene but also respected their choice to decline, although after several refusals the person usually agreed. In addition, there was guidance for staff that the person wanted to be given a choice of clothes to wear each day. We found that people's mental capacity to make decisions had been assessed and best interest meetings were undertaken when required.

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. Appropriate DoLS applications had been made specifically around people's constant supervision by the service. We spoke with staff and found that they were knowledgeable about the MCA and DoLS.

Staff knew how to gain people's consent and how to offer them choice. One said "I always ask people what

they want or what they would like".
Throughout our inspection we observed staff asking people's consent prior to assisting them. For example, "Would you like to sit here, next to (person's name)?" and "Are you comfortable, or would you like to sit somewhere else?"

People were supported to eat and drink enough. Where people had complex nutritional needs, external advice and support was sought. For example, in one of the care plans we looked at it had been documented that a speech and language therapist referral had been made due to the person's swallowing difficulties. The plan detailed the outcome of the review with the SALT team. In addition, it had been documented that the person "liked generous portions". People's weight was monitored and records showed that when weight loss was recorded, that this was referred to the GP for advice.

We observed lunch during our inspection. People were able to choose to eat in one of two dining rooms or in their rooms or the lounges. The tables were laid and people sat where they wanted to. When people needed assistance, staff provided this; they sat alongside people and we overheard them asking "Is it nice?" and "Would you like some more?" People using the service said "Everything they give me I eat, it's all very nice" and "The food is very good, the kitchen staff are the tops". One visitor said "The food really is excellent, they don't cut corners." We saw that people were offered second portions, which some accepted.

During the day people were offered regular drinks. There were trays of juice around the building for people to help themselves to if able. We observed one person say mid-morning "I really fancy a piece of cake" and a staff member said "That's ok, I can go and get you some", which they did. We later saw the person eating their cake.
People were supported to maintain their well-being and good health. We saw from records that people had regularly accessed health care services. Daily records were maintained so that the staff could monitor changes in people's health conditions. We saw that the service had supported people to maintain set appointments with healthcare professionals and effectively arranged emergency appointments. The staff had then acted upon the actions agreed at the respective appointments

Good

Is the service caring?

Our findings

We observed positive interactions between staff and people throughout our inspection. There was lots of laughter and talking between staff and people using the service and the atmosphere was pleasant and friendly. On one occasion we saw a member of staff showing people old kitchen utensils and asking them if they could remember using them or remember their mother's using them. On another occasion a member of staff was sitting with people asking them about the jobs they used to do.

Visitors spoke highly of the staff. Comments included "I felt at home when I came to look around. The staff are charming and helpful" and "Most of the staff are excellent. They interact with my relative and really go the extra mile." Staff said they enjoyed their jobs. One said "I just love coming to work. I love having 1:1 interaction with people, and really getting to know them".

People's privacy and dignity was maintained. When we asked a member of staff if we could check some equipment in one person's bedroom, they asked the person for their permission and then invited them to join us. People were encouraged to be as independent as they wanted to be. People were able to move freely around the building and there were smaller seating areas available aside from the lounges where people could go if they wanted to. We saw people sitting in the garden too and heard one member of staff ask a person "Shall we go out in the sunshine a bit later so that you can stretch your legs?" Visitors said they were welcome to visit whenever they wished. One visitor said "It can be so stressful moving your relative to a home, but I really feel like the staff have looked after me too."

People's preferences in relation to their end of life wishes had been partially documented; however there was no information recorded about their choices for treatment if they became unwell; for example, did they want to go to hospital or stay at the home.

Good

Is the service responsive?

Our findings

Care plans had been written in conjunction with people where able and with their advocates. Visitors said they were invited to care plan reviews and we saw that these took place regularly and had been documented. One visitor said "The staff rang me last night to ask about my relative's life history and their preferences."

All of the care plans we looked at contained completed "This is Me" documents. This is a tool for people living with dementia that lets health and social care professionals know about their needs, interests, preferences, likes and dislikes. It had also been documented what people preferred to be called, including any terms of endearment. For example, in one plan staff had written "I may address others as my darling which I do not find offensive as it's what I'm used to."

All of the care plans had been regularly reviewed. When people's needs had changed the plans had been amended accordingly. For example, one person had been reviewed by the district nurse who had recommended the use of a pressure relieving cushion. The plan had been updated to reflect this guidance. Other people had SSKIN bundles in place. This is a five step model for pressure ulcer prevention and where these had been recommended by the district nurse we saw that the documentation had been completed in full and that the care plans had been updated.

Plans were person centred, particularly in relation to people's emotional needs. Due to their dementia, some people experienced episodes of anxiety or restlessness. In these instances, the care plans gave guidance for staff that was clear and detailed and based on people's individual needs. For example, in one person's plan it was documented how staff could reassure the person if they became disorientated and in another plan the triggers that might lead to one person becoming agitated were listed, such as "if it gets too noisy" or "If people give me too much information".

Whilst the majority of plans gave clear and detailed guidance for staff that reflected people's needs, not all did. We looked at the care plan for one person with a urinary catheter in situ. Although the plan stated "I am not able to keep the catheter clean myself" and "I need staff to ensure my catheter is flowing freely", it did not detail how staff should keep the catheter clean or how they should aim to keep the catheter flowing freely. We spoke with the senior staff and were reassured that action would be taken to ensure that guidance was available for staff to follow.

Visitors to the service said they felt their relative had improved since using the service. Comments included "My relative is better now than when they first came here" and "Although my relative deteriorated when they first came here they are now doing really well". Other comments included "I wouldn't change a thing here" and "Everything here is really good, I can't complain."

People had access to activities and the local community. The activities programme included light exercise, dancing, hymns, cooking and board games. On the day of our inspection several people enjoyed visiting ballroom dancers. We saw people dancing with staff and they were laughing and smiling. Staff also said they

took people out for walks into the local community. One said "I take people out to the shops or to the park. We sit on the bench and have an ice cream and watch the ducks and people walking their dogs." During our inspection another member of staff returned after taking one person to the shops. One visitor said "There are lots of different activities. The outside entertainers are very good."

The home had a complaints procedure available for people and their relatives. The service had a complaints log and a policy and procedure for people to use. The complaint records demonstrated that people were supported to make complaints when they needed to and that the registered manager responded quickly and appropriately to any concerns identified to resolve the complaint. People and visitors said they knew how to complain. One said "Any issues, I'm happy to raise it, they always listen."

Good

Is the service well-led?

Our findings

At the last inspection of the service we found that quality assurance audits conducted by the registered persons had not identified areas where the service was failing to maintain a good standard. The quality monitoring systems in place were not always effective.

At this inspection we found that the registered manager and provider conducted regular audits to monitor and check the quality and safety of the service. They reviewed issues such as; infection control, care plans, training and staffing. The provider had also introduced additional quality monitoring systems which were aligned to the Commissions' key lines of enquiry for inspections. We saw evidence of these checks and some of the actions taken to improve standards. The observations identified good practice and areas where improvements were required. They were addressed with the staff to ensure current practice was improved such as ensuring that records were completed within the appropriate time limits.

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 with a timescale for completion or a recorded review to ensure the actions had been carried out.

People who used the service, their relatives and staff were given questionnaires for their views about the quality of the service. We saw the results of surveys had been analysed and there was an action plan in place to improve on areas identified as needing further work.

The registered manager and staff were committed to continuous improvement of the service by use of its quality assurance processes and the management support provided to staff. Staff told us they were regularly consulted and involved in making plans to improve the service with the focus always on the needs of people who lived there. We found that people were also involved in decisions about the home and the way in which it was managed. For example we saw that people's views had been sought around the food menu and activities.

Staff told us that a culture was promoted by the registered manager to put people's needs at the centre of the service and that they felt well supported by the registered manager in doing this.

We saw there were effective communication systems in place regarding staff meetings and handovers. Staff said they were able to contribute to decision making in their key worker roles. Staff also said that supervision and staff meetings were supportive in discussing and resolving staff issues. Staff said they felt well supported and involved in improvements to the service. One said "Things have changed since you were last here, changed for the better".

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.