

# Plymouth City Council

# Colwill Lodge

## Inspection report

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25 July 2017

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## Ratings

Overall rating for this service

Good ●

Is the service responsive?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 19 February 2016. A breach of a legal requirement was found so we issued a requirement notice. This was because the provider had not ensured people's care plans were effectively reviewed, met their needs and preferences and were reflective of the care being delivered. After the comprehensive inspection the provider submitted an action plan to tell us what they would do to meet the legal requirement in relation to the breach.

We undertook this focused inspection on 25 July 2017 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Colwill Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Colwill Lodge is a respite service providing care and support for up to 15 people who have a learning disability. The service is owned and operated by Plymouth City Council and at the time of our inspection 75 people accessed the respite service.

The service had 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.

Some people had care plans in place which helped provide guidance and direction to staff about how to meet their individual needs. Since our last inspection, some care plans had been re-created. Staff had worked alongside each person to draw up new documents called 'personal planning booklets' which helped provide staff with up to date information about each person's needs. People's care plans were devised in a format that they could easily understand. However, there were still a large number of care plans outstanding which meant staff did not always have up to date information about the people staying at the service.

The local authority service improvement team told us they had a good relationship with the registered manager, and that they had carried out a quality review of the service in 2015.

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 responsive?

The service continued to not always be responsive.

Some people did not always have care plans in place to help provide guidance and direction to staff about how to meet their needs.

**Requires Improvement** ●

# Colwill Lodge

## **Detailed findings**

### Background to this inspection

We undertook an announced focused inspection of Colwill Lodge on 25 July 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 15 February 2016 had been made. We inspected the service against one of the five questions we ask about services: is the service responsive. This is because the service was not meeting a legal requirement relating to this area.

The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law. We also contacted Healthwatch Plymouth, and the local authority service improvement team to obtain feedback about the service. Whilst Healthwatch Plymouth did not have any information to share with us, we have recorded the local authority's feedback in the summary of this report.

During our inspection we spoke with the registered manager.

We looked at three records which related to how people's individual care needs were met.

# Is the service responsive?

## Our findings

At our last inspection on 19 February 2016 we asked the provider to make sure people's care plans were effectively reviewed to help ensure they accurately detailed how people's individual needs should be met. During this inspection we looked to see if improvements had been made and found that some action had been taken but improvements were still required.

Since our last inspection people's care plans had been re-created. Information from people's initial pre-assessment of their needs had been used to collate new documents called 'personal planning booklets'. These booklets helped provide staff with up to date information enabling them to be informed about how to correctly meet people's needs. The design of the booklet had been sourced from a learning disability organisation, this made sure people's care plans were devised in a format that they could easily understand.

People's personal planning booklets detailed important information about how they liked their personal care needs to be met and how they needed to be supported to maintain their safety. They also contained information about their medical history, social interests, aspirations for the future and their likes and dislikes. However, only five out of 75 of these booklets had been completed with 23 still in the process of being finalised. The registered manager told us the task for creating the booklets with people and their families had been delegated to their assistant managers and that the timeframe for completion had recently been extended because of the realisation of how big a task it was.

The registered manager also explained that because they had been busy with other administrative work it had impacted on their ability to maintain a robust overview of the progress and quality of each care plan being created. The registered manager told us they recognised that this was not acceptable and told us they would be revaluating the action which was required. In the meantime the registered manager told us they were confident that staff did have up to date information about how to meet people's current needs, as they were discussed when a person was admitted and at regular handovers.

Some people's care records were not an accurate, complete and contemporaneous record in respect of their care and support. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were going to be involved in the review of their personal planning booklet every six months or sooner if required. These reviews would include the person's key worker (a staff member who knew them well), their family and external professionals, to help ensure their plan of care was reflective of their needs and met with their wishes.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Some people's care records were not an accurate, complete and contemporaneous record in respect of their care and support.</p>