

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	

Overall summary

This inspection took place on 15 February 2015 and was unannounced. The previous inspection was carried out on 3 July 2013 and there had been no breaches of legal requirements at that time.

Concord Lodge is registered to provide accommodation and personal care and is a residential assessment unit. The service comprises of seven self-contained flats for adults who have learning difficulties and/or complex needs. People stay at Concord Lodge for around three

months. However this may be longer as people stay until their assessment is completed and suitable long term care and accommodation can be found. At the time of our inspection there were six people using the service.

A registered manager was in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff received training to help them understand their obligations under the Mental Capacity Act 2005 and how it had an impact on their work. Staff we spoke with confirmed they had a good understanding. Within people's support plans we found the service had acted in accordance with legal requirements when decisions had been made when people lacked capacity to make that decision themselves.

Staff had attended Deprivation of Liberty Safeguards training (DoLS). This is legislation to protect people who lack mental capacity and need to have their freedom restricted to keep them safe. One person using the service was subject to a DoLS authorisation. All documentation was appropriately completed that safeguarded the person's human rights.

We found the provider had systems in place that safeguarded people. People we spoke with told us "Yes it is safe here. I would need to use the buzzer to go out the gate but I suppose it's needed".

There were sufficient staff numbers to enable them to perform their roles effectively. People who used the service told us they had no concerns with the numbers of staff on duty and felt they had sufficient one to one time and staff took them out when they needed support.

The provider had ensured that staff had the knowledge and skills they needed to carry out their roles effectively.

Relevant training was undertaken and staff we spoke with were knowledgeable of people's needs. One member of staff told us how they were supported to undertake further development training that enhanced their skills.

Systems were in place to safely manage people's medicines. A policy was in place to guide staff through the process of ordering, stock control and the disposal of any unused medicines. One person told us how they were given their medicines by staff each day at the time expected in line with their prescription.

People were involved in reviews of their care needs to ensure that staff had up to date information about how to meet people's needs.

People's records demonstrated their involvement in their support planning and decision making processes. People we spoke with confirmed their involvement in the process and how staff respected their wishes.

Staff meetings and registered manager meetings took place with the service manager on a regular basis. Minutes were taken and any actions required were recorded.

Quality and safety in the home was monitored to support the registered manager in identifying any issues of concern. There were systems in place to obtain the views of people who used the service and their relatives. Satisfaction surveys were used when people left when they were asked to complete a questionnaire about the service they received.

The registered manager and senior staff were well respected was spoken of positively by staff and the people who used the service. Staff felt supported and guided in their role.

Summary of findings

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.

People felt safe and gave positive feedback about the staff.

Staff were aware of how to identify and report potential abuse in line with the provider's policy and told us they would report concerns.

There were sufficient numbers of staff to keep people safe and appropriate recruitment procedures were undertaken.

People were supported with taking their medicines. Medicines were stored correctly and accurate records were maintained.

Good



Is the service effective?

The service was effective.

People's care records were maintained accurately and completely to ensure full information was available to guide staff.

Systems were in place to support staff to deal with their health needs as detailed assessments were undertaken before people used the service. All staff received training to support people's needs.

Staff were supported with regular training and supervision to maintain their skills and knowledge.

Staff received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards training (DoLS) and had a good understanding of the protection of people's human rights.

Good



Is the service caring?

The service was caring.

People were treated with dignity and respect by staff.

Staff were aware of people's preferences and offered people choices.

People's privacy was respected and they were able to entertain their visitors.

Good



Is the service responsive?

The service was responsive.

People and their relatives made choices about all aspects of their daily lives. Support plans were representative of people's current needs and gave detailed guidance for staff to follow.

Activities were arranged on an individual basis to meet people's assessed needs.

The provider had a complaints procedure and people felt able to complain. This information was provided in an understandable format that met the needs of people that used the service.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

Staff told us they felt supported by the management team and could gain support at any time.

There were systems in place to monitor people's health and welfare.

There were quality assurance systems in place and people's views and opinions were listened to.

Concord Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 15 February 2015 and was unannounced. The inspection was undertaken by one inspector.

We reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

We spoke with two people and all had the opportunity to speak with us if they wanted to.

We also spoke with six members of staff that included senior members of staff and the service manager. Two relatives were visiting at the time of our inspection and we were able to speak with them.

We reviewed the support plans of three people who used the service and reviewed documents in relation to the quality and safety of the service, staff training and supervision.

Is the service safe?

Our findings

People we spoke with felt safe living in Concord Lodge. Comments included: “Yes it is safe here better than my flat. Staff are ok here” and “Yes I am safe and warm”.

The provider had arrangements to respond to suspected abuse. Staff received training in safeguarding adults and a clear policy was in place for staff to follow. Staff we spoke with had a good understanding of constituted abuse and who to report concerns to. Comments included “we all have a good understanding here as people are vulnerable. I know who to report to and would have no hesitation to do so”. Information was also available on the notice board for staff to follow.

A missing person’s protocol was in place to ensure people’s safety. This protocol gave clear guidance for staff to follow and information was available in people’s care files that would be used in such an incidence.

Staff understood whistleblowing and the provider had a policy in place to support staff who wished to raise concerns in this way. One member of staff said “Oh most definitely I would report anything that wasn’t quite right”. This is a process for staff to raise concerns about potential malpractice in the workplace.

Risks to people’s safety were assessed before they came into the service. People’s risk assessments were clear and detailed to guide staff. They ensured the least restrictive option for people and enabled people to be as independent as possible. We saw risk assessments for people around necessary support if they became anxious or upset. Documentation gave staff clear guidance to follow which clearly identified staff would leave the room and allow the person to have time and space to reduce their anxiety.

Safe recruitment processes were in place. Appropriate checks were undertaken. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS ensured that people barred from working with certain

groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks were undertaken. Staff we spoke with and the staff files that we viewed confirmed this.

The staffing levels were sufficient to support people safely. People we spoke with felt there were sufficient staff to support their daily needs. Staff were assigned to people they were supporting that day and were available to provide the one to one support people required that was in line with their assessed needs. Staff told us; “staffing numbers are always safe here. If any person needs two to one support it’s always provided. If we need extra support the management team would help as well”.

Staff who administered medicines were given training and medicines were given to people safely. Staff we spoke with had a good understanding of the medicines systems in place. A policy was in place to guide staff from the point of ordering, administering, storing and disposal of any unwanted medicines. Medicines were stored appropriate in a locked cabinet in a locked room. Medicines were administered by two members of staff and records were always checked by a third staff member at the end of the day. This was to ensure all records had been completed correctly and people had received their medicines at the correct times.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents. The registered manager audited all incidents to identify any particular trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly.

Maintenance, electrical and property checks were undertaken to ensure they were safe for people that used the service. Emergency contingency plans were also in place and regular fire alarm testing took place to ensure all equipment was fit for its purpose and staff were aware of the procedure in place.

Is the service effective?

Our findings

People's care records were maintained accurately and completely to ensure full information was available to guide staff in meeting people's needs. These were person centred and written in the first person together with pictures that enabled people to be fully involved in the process. One person told us; "yes I am involved. I like [name] I talk to [name]". A visiting relative told us; "yes we are asked if we want to attend meetings but we like to send letters with our views instead".

People's on-going health needs were managed as people were supported to see a local GP or hospital, should they require it, during their assessment period. Staff told us how they supported a person with their long term health condition that had not been diagnosed before they came into the home. The person was now receiving treatment and they confirmed staff had helped them to manage this effectively.

Advice and guidance was sought from external health professionals. For example, we saw a person at risk of choking was referred to the speech and language therapist for guidance and support to meet their needs.

The service maintained close links with people's social workers to help with people's on-going support. This included joint assessments to ensure a consistent approach to the person's care and assessment. Staff described how the service worked with other health and social care professionals to ensure the service could meet people's needs

Staff said they had received training that enabled them to carry out their roles. The training record showed this included: fire training, first aid, food hygiene, safe moving and handling, food hygiene, medication and health and safety. Training was also provided that was relevant to the individual needs of people living in the home and provided staff with the most up to date information and knowledge. For example, training included the management of complex behaviours, this supported staff to manage people's behavioural needs in a positive and least restrictive way. Records confirmed staff were up to date with all their training with the exception of staff that were

off on long term sickness. One member of staff told us how they had been supported to undertake further personal development training to enhance the care they provided to people with autism.

The provider ensured that new staff employed at the home completed an induction programme that included training, supervision and competency checks. Induction training included: person centred planning, code of conduct, MCA and DoLS. Then a 'shadowing' week was undertaken to enable the new member of staff work closely with more experienced members of staff and get to know people. On-going support and supervision was provided and the staff member was able to feedback on how they felt their progress was going.

The provider had a system in place that ensured staff were supported and were given opportunities to develop their skills. Staff received yearly appraisals. This is a process whereby staff performance and personal development is reviewed to enhance the skills of the member of staff.

Staff told us they had completed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards training (DoLS). This is legislation to protect people who may not be able to make certain decisions for themselves. Staff were able to tell us why this legislation was important. We saw information in people's support plans about mental capacity assessments and staff told us people were supported to use independent mental health advocates (IMCAs) when required. IMCAs are people who support people to make important decisions which could include long term accommodation decisions. This demonstrated the provider gave people the information they required and had acted in accordance with legal requirements to protected people's human rights.

Consent to care and treatment was recorded within people's care records and documentation gave details of who was involved in their care and treatment planning. Pictorial information was available to involve and help people to express their likes and dislikes. People had signed in agreement wherever possible. For example we saw documentation called 'I wish to stay at Concord Lodge'. This agreement was signed by the person if possible to demonstrate their agreement to undertake the assessment process. Staff told us they also involved family representatives whenever this was required and relatives confirmed this.

Is the service effective?

People's nutrition and hydration needs were met. People were supported to independently cook meals in their flats if safe to do so and one person confirmed this. Also a cook was employed at the service to provide meals for people each day. People's preferences were taken into account

when they first came into the service and staff gave examples of the choices that were available. People were also able to purchase snacks and keep them in their own flats and could also ask staff for snacks at any time.

Is the service caring?

Our findings

Staff promoted people's independence and supported them to maintain this. For example one person told us "[name] helps me to cook sometimes which is nice as I want to live in a place where I have my own key instead of buttons to press". "Staff are caring and do try to help me". Another person said "oh yes [name] really cares and helps me".

People and their relatives were involved in decisions about their care and support. This was clearly demonstrated within people's care records and support planning documents that were signed wherever possible by the individual and documentation was in a format to meet their individual needs. Care plans had a section called 'service user opinion'. This section detailed the persons view and demonstrated their involvement.

Staff had a good knowledge of people's likes and dislikes. Staff were able to tell us what each person would like to achieve and what was realistically able to be achieved. Staff were available to support one appropriately to enable them to give us their views. The member of staff supported the person in a caring and sensitive manner and the person was relaxed in the company of the member of staff.

People were able to make comments about the service, which were documented. Comments included "Thanks to all the staff who were all patient caring and considerate" and "I am happy with the service at Concord Lodge".

People's privacy and dignity was respected. People told us they were respected by the staff at Concord Lodge and told us they felt their privacy was respected. One person said; "staff knock on my door and call into the room to check if I'm up. I do like to lie in on the weekends and that's ok".

People could be visited by their friends and relatives at any time of day. Visitors confirmed they were able to visit when they liked and were also able to take their relative home for visits should the person wish to go. People's relatives and friends were welcomed into the home by the staff and spent time with people in their own flats.

People's opinions were sought when they left the service. We were told Concord Lodge used discharge forms to collect information from people after their stay. These forms were checked when received and put in the compliments, comment and complaints book. We were told compliments were sent to the organisations' Fair Comment Team' and was used as part of the overall organisation's yearly report.

Is the service responsive?

Our findings

One relative told us they didn't think all staff were caring. They told us "I am happy with some of the care staff here but not everyone and everything". We listened to this person's comments and gained their consent to discuss their comments with staff. Their consent was agreed and the staff agreed to ring and discuss their concerns and reassured us this took place regularly which records confirmed.

Person centred care and choice was delivered to all people that used the service. People's support needs were assessed and personalised support plans were put in place that covered a three month assessment period. Following the assessment period a final assessment document was compiled that was detailed and comprehensive to identify what long term care and support the person required. People's files recorded that people were involved in their compilation. Support plans written in the first person together with pictures that enabled people to be fully involved in the process in making choices around their likes and dislikes. One person told us how they were involved and said; "I have lots of meetings with [name] and we talk about how things are going".

People's support needs were assessed before they came into the service. Assessments were undertaken by people's social workers and wider professional teams such as a psychiatrist and other medical professionals. Support plans held additional information about people to help staff to know and understand the person and detailed things the person may like to achieve. Individualised activities plans were arranged in accordance with what the person liked and wanted to undertake. For example one person's timetable of activities included: housework, shopping cooking a meal with staff one to one support and attending college. One person confirmed how they were involved in their support plans and where they wanted to live longer term.

Staff told us that occasionally people would sit together in a shared lounge to watch a DVD or to celebrate a particular event. Other than these occasions, people activities were arranged in line with their assessment and promoted their independence.

People's care was provided in line with their assessed need and was delivered in a personalised way. Staff told us when different people used the service with higher support needs, extra staff would be on duty to ensure everyone had sufficient staff one to one time as detailed in their support plans. This ensured all people received the time they needed to receive person centred care. Rotas that we viewed confirmed this.

Staff told us people's care needs were reviewed monthly and as and when required if their need changed. All the care plans that we viewed confirmed this. A keyworker system was in place that enabled people to have a named person involved with their support and care planning. People were given reassurance who would be entering their flat to support them during each day. This was because people were assigned a member of staff each shift to support them to reassure them.

The service had a complaints procedure. The policy gave clear guidance for people and staff to follow. This was provided to people living in the home in a pictorial format to support them. Not everyone knew how to make a complaint. Although people's care files recorded that the process was explained to them when they came into the service and complaints forms were available in the reception area. No formal complaints had been made since our last inspection and staff told us people would approach them anytime if they were not happy with the service. Staff confirmed if anyone raised any concerns it would be addressed immediately and recorded in their care documentation.

The service manager informed us they would introduce a more formal system to record and review complaints received and staff agreed to make complaints forms readily available in people's rooms and remind people about the process

Is the service well-led?

Our findings

Staff said the service was well-led and the registered manager had a visible presence in the home, they were approachable and they felt listened to by the registered manager and senior staff. People who lived in Concord Lodge also confirmed this. Staff told us they felt valued and supported by the registered manager and senior members of staff that provided the daily support. Comments included; “We have a fantastic and dedicated staff team”. “We support each other but we can always go to the management anytime for support”.

The management team communicated with staff about the service to involve them in decisions and improvements that could be made. Staff meetings took place three monthly and discussions were recorded that noted any actions that were required. A detailed daily handover took place that senior staff told us staff ideas were sought. Minutes showed discussions were held around care updates, changes to policies and procedures, new information and risk assessment changes. Staff told us they were involved and informed about service changes. One member of staff told us how they were fully involved in the service design when the building was being purpose built. They said this helped to ensure the building was suitable for the people they supported and they felt involved in the whole project.

The provider had a system in place to monitor and audit the quality of the service. The provider undertook visits to the home. This was used as an opportunity for the service manager and registered manager to discuss issues related to the quality of the service and welfare of people that used the service. This visit included; care delivery, staffing and

discussions around the care provided to individuals, safeguarding, health and safety, catering and premises. Minutes were kept that highlighted what was audited and any actions that were required.

A health and safety audit took place and was comprehensive and detailed. This audit included legionella, asbestos, health and safety training and the control of substances hazardous to health (COSHH). An action plan was compiled and reviewed on regular basis as part of the provider visits that were undertaken.

People who used the service and their representatives were asked for their views about their care and support. We saw that when people were discharged from the service they were supported to complete a survey regarding their views on the service they received during their stay. Senior staff told us that the surveys were reviewed and any negative comments were discussed with the team and changes were made if appropriate.

Systems were in place to ensure that incidents and accidents were reviewed and monitored. We saw that the registered manager was required to review incident and accident forms and put in place actions where appropriate which reduced the risks of these occurring again. We saw where actions were recommended people's care plans were updated to reflect this.

The registered manager was aware of when notifications had to be sent to CQC and had submitted these as required. These notifications would tell us about any events that had happened in the home. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.