

Bristol City Council

Redfield Lodge

Inspection report

Avonvale Road
Redfield
Bristol
BS5 9RG

Tel: 01173534320

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Redfield Lodge is a care home that provides personal care for up to 40 people who are living with dementia. The service is provided in accommodation over two floors. At the time of the inspection, 37 people were living at the home.

People's experience of using this service

The service was safe and risks to people were managed well. Staff knew how to protect people from harm and had received safeguarding training. There were enough staff employed to help keep people safe and to meet their needs. Recruitment practices were safe and relevant checks were completed before staff started work at the service. There were systems in place to ensure medicines were managed safely. Staff followed the providers infection control policy and procedure to limit the risks of cross infection.

The service was effective in meeting people's needs. Staff received regular supervision and support. The annual training programme equipped staff with essential skills and knowledge. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People were supported to have maximum choice and control of the support they required. People received a healthy, balanced diet and their preferences were respected.

People were treated with kindness and respect. Staff were caring and spoke about people kindly and positively. They took an interest in the people they supported, including their life histories, the things they liked and didn't like and people who were important to them. Independence was always encouraged and supported.

A responsive service was provided to meet people's health and social needs. They received person-centred care and support. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals. The service supported people with end of life care with the support of other community health professionals. People were encouraged to make their views known and the service responded by making changes.

The service was well led. People received a good standard of care because the management team led by example and had expectations about the standards of care people should receive. Staff were enthusiastic and happy in their work. They felt supported within their roles. Staff described working together as a team, they provided person-centred care and helped people to achieve their potential. Systems were in place to monitor the quality and safety of the service and the care people received.

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

Rating at the last inspection

The last rating for this service was Good (published April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was effective.

Details are in our well led findings below.

Good ●

Redfield Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with four relatives. We spent a period observing how people were spending their time and the

interactions between them and the staff team. We did this to assess what the quality of care was for those people who could not describe this for themselves. This was because some people had a degree of cognitive impairment or were living with dementia. We spoke with four members of staff, as well as the registered manager and deputy. We looked at three people's care records, together with other records relating to their care and the running of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- Relatives felt their loved ones were safe, happy and secure. Comments included, "I feel reassured every time I say goodbye, knowing dad is in safe hands has been a great comfort" and "Staff look after mum and keep her safe and happy".
- CCTV surveillance cameras were installed around parts of the home to help keep people safe from harm. Staff and relatives at the home told us about the positive impact the cameras had. The registered manager gave us examples of how the cameras had helped to reduce the number of safeguarding incidents and referrals to the local authority. The number of falls had also reduced.
- Staff understood the processes to follow to safeguard people in their care. The registered manager and staff recognised their responsibilities to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies notified included the local authority, CQC and the police.
- People were supported by enough staff with the skills, experience and knowledge to meet their needs. Staff rotas were well managed and were planned in advance.
- During the inspection, the atmosphere in the home was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. Relatives and staff confirmed there were enough staff on duty. One relative told us, "You don't have to look for staff they are all around you". The whole management team assisted and helped care for and support people each day.
- The service continued to ensure staff employed had suitable skills, experience and competence to fulfil their roles. Pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Assessing risk, safety monitoring and management

- Staff managed risks relating to people's health and well-being. This included risks associated with weight loss, moving and handling, maintaining skin integrity and difficulty with swallowing and potential choking risks.
- Some people required equipment to keep them safe. This was risk assessed and staff received training on how to use the equipment to reduce risks to people. Specialist equipment included pressure relieving mattresses, profiling beds, mobile hoists and equipment to help people shower and bathe safely.
- There was a programme of daily, weekly and monthly checks in place to keep the premises, people, visitors and staff safe.

Using medicines safely

- Medicines continued to be managed safely. There had been no significant errors involving medicines in the last 12 months. The registered managers audits identified if any improvements were required and this was communicated to staff.
- Staff completed safe medicine administration training before they could support people with their medicines. They were observed on medication rounds until they felt confident and competent to do this alone. Practical competency reviews with staff helped to ensure best practice was being followed.

Preventing and controlling infection

- The home was exceptionally clean and free from any unpleasant odour. One relative told us, "It's very clean, whilst still feeling very homely". It was evident the whole housekeeping team took pride in maintaining a nice place for people to live.
- The provider had infection prevention and control policies in place and staff had received training. They had access to the equipment they needed to prevent and control infection. This included, disposable gloves, aprons, soiled/dirty laundry storage and cleaning materials.

Learning lessons when things go wrong

- Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation detailed the lead up to events, what had happened and, what action had been taken.
- The registered manager completed monthly audits of incidents to help identify any action that could be taken to help prevent reoccurrence.

Is the service effective?

Our findings

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

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

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

- The registered manager continued to complete thorough assessments for those people who were considering moving into the home. In addition to the individual, every effort was made to ensure significant people were also part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was detailed and supported the service and prospective 'resident' to decide as to whether the service was suitable and their needs could be met.
- The registered manager demonstrated a sensible, measured approach before taking any new admissions, ensuring the staff compliment, skills, current dependency levels of people living in the home and the environment were satisfactory.

Staff support: induction, training, skills and experience

- People were supported by staff who felt confident and competent to assist and care for people. There was a good skill mix and experience amongst the staff team.
- Staff confirmed induction and subsequent training they received was effective. New staff worked with senior staff to assist with continued training throughout the induction process. Staff did not work alone until they felt confident.
- Staff felt encouraged and supported to increase their skills and gain professional qualifications.
- The service had a large staff group. They told us they worked well as a team and there was a continuous theme of supporting and supervising each other. Staff received supervisions and told us they were supported by the registered manager, deputy and assistant managers.
- Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore.

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

- People chose where they wished to receive their meals. The meals prepared and served to people were well received. People were clearly enjoying their lunch during our visit.
- Although there were menus, people were supported to choose whatever they wanted on the day. People's choices and preferences were respected and this was always discussed at 'residents' and relative meetings. Drinks and snacks were readily available throughout the day.
- People were supported with any special dietary requirements. This included diets for people with diabetes, cultural preferences, compromised swallow and fortified foods for those at risk of weight loss.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The home ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services.
- Staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected. The dementia wellbeing team had recently commended the staff for their intervention to improve care for people.

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

- People's rooms were comfortable, warm and clean. They had personalised them with ornaments, pictures, soft furnishings and photographs.
- Great thought and care had been given to the corridors, communal areas and various seating areas throughout the home. Throughout these areas there were bright, busy displays, photographs, memorabilia and artefacts. Staff told us these gave great pleasure and were perfect for creating conversations and sharing experiences and memories.
- Several areas of the home had been refurbished since the last inspection and the home was well maintained. There was appropriate signage throughout the home so people could find their way around and where they wanted to be, for example the hairdressers.
- Memory boxes were attached outside of people's bedrooms. The boxes contained their favourite things and important items they could identify with. This included photographs, trinkets and ornaments.

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

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the principles of the MCA, how to implement this and to support best interest decision making.
- There were no restrictive practices. Staff offered choice to people and asked for their consent when offering support.
- Daily routines were equally flexible and centred around personal choices and preferences. People were moving freely around their home and socialising together.
- The service had submitted DoLS applications for people. Some were waiting to be processed by the local authority and others had been authorised. Systems were in place so that the registered manager would know when these expired and when to reapply.

Is the service caring?

Our findings

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

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

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

- People were provided with support from a caring service. Comments we received included, "All staff want the best for people", "I see so much patience and encouragement" and "All the staff are very lovely". People had good relationships with staff and they looked comfortable and relaxed when approached. The atmosphere appeared to be good and we observed a lot of friendly, caring interactions, and smiles. The registered manager told us, "I always tell staff if people living here are not the centre of your universe you are working in the wrong care home".

- Staff were proud about how they looked after people and felt they received support that was caring and kind. They told us strong relationships built on trust and confidence were equally important with families and loved ones. The registered manager and staff told us about a recent celebration they held for two people who were celebrating their 100th birthdays. All the plans were organised by staff in their own time. It was evident from discussions, photographs and thank you cards that this was a wonderful party that everyone thoroughly enjoyed.

The registered manager was proud of the staff and their commitment to people and their families. They shared many examples where staff stayed beyond their working hours in a crisis, and supported people on outings and hospital appointments in their own time.

- During our visit we heard about the small things that gave simple pleasures and further demonstrated the caring, kind philosophy of the whole home. The registered manager told us about one person who took great pleasure caring for toy babies. They would take the babies to bed with them. This could be uncomfortable for the lady and posed a risk of falling out of bed. To resolve this the registered manager purchased a baby's crib so the dolls had their own special place to sleep.

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

- People were supported to choose how they wanted to spend their day. We saw one person eating her main course in the dining room. When the second course arrived, she asked to receive this in the sunroom and this request was respected by staff. All staff were adamant that care and support was planned around choice and preference. They knew people very well and described with us people's preferred routines and personalities. Staff comments included, "This is their day not mine, they tell me what they want to do", "We provide continuous 24 hour care, if someone wants to stay in bed until 11 am I think this is great" and "One lady loves what we call a duvet day and chooses not to get up".

- Care plan review meetings supported people to ensure their care remained effective and meaningful.

- 'Residents' and relative meetings enabled people to express their views and influence things such as the use of the use CCTV, changes to the environment, food and menu choices, activities, trips out and future

events.

Respecting and promoting people's privacy, dignity and independence

- During our visit we saw staff demonstrating acts of patience and kindness. Mealtimes were a good example, where staff promoted an atmosphere that was calm and conducive to dining. People who required assistance with eating and drinking were supported at their own pace and respectfully.
- People were smartly dressed and looked well cared for. One relative told us, "They have always concentrated on things that are important to her and she always looks so lovely when I visit". It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving in to the home. This included preferred style of clothes that were clean and ironed, shaving, manicures, helping people to fasten their jewellery. People enjoyed going to the homes salon to have their hair done.
- Independence and autonomy was always promoted and was at the centre of the care and support people received. It was never assumed that people who moved to the home would stay on a permanent basis.
- Re-enablement and support plans were developed with individuals and relevant professionals to support phased physical progression and health with the aim to live in an alternative independent community setting.
- People had been assessed for walking aids due to restricted mobility. Staff were seen assisting discreetly, keeping an eye on them, but giving them the space and room to move around independently.

Is the service responsive?

Our findings

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

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

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

- People had care plans and where possible they took part in developing these so that staff respected individual wishes. Family also contributed when required.
- Staff were knowledgeable about people they cared for and supported them in accordance with their individual preferences. Staff told us, "This is their home and we respect that" and "The care is person-centred they tell us what they want us to do and how we can help them".
- Changes to people's needs were responded to quickly and appropriately. People had a continuous daily evaluation which helped identify any deterioration or change in people's health.

Meeting people's communication needs

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

- Information was shared with people in formats which met their communication needs in line with the Accessible Information Standard.
- The service had access to interpreter services. The homes brochure informed people about receiving information in other formats for example large print. Their surveys used picture responses for people for example happy or sad faces.
- There was a diverse staff team at Redfield Lodge who were able to support people with various cultural needs and nationalities.
- Care plans identified how people preferred to communicate and where extra support was required. The speech and language team worked alongside staff to help formulate care plans around effective communication where required.
- Picture cards were used to assist people with choices for example food and drink preferences.
- Staff had received training to help understand non-verbal body language to help interpret how people might be feeling. Some people with dementia had difficulty expressing if they were in pain. Staff used the pain scale tool as part of an overall pain management plan.

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

- The service protected people from social isolation and recognised the importance of social contact. The registered manager supported and promoted raising the profile of the home and being part of the community. Local schools, pre-school children, and church members visited the home either to perform or

to spend time with people individually.

- In addition to a range of activities there were busy areas throughout the home to occupy people, provide stimulation, recall memory and relieve anxiety. This included the corridors where people could hang up washing and take it down again. Scarves, hats and handbags were hung all around the home for people to use. The handbags had items one would expect in a handbag and people would rummage around these. There was a large old-fashioned carriage pram, retro typewriters and radios around the home and people enjoyed using these. Many of the items and pictures of memorabilia created conversations and reminiscence.
- A sensory room was popular for relaxation and one to one time. In addition, the room was used for reflexology, foot spas and beauty therapy.
- Trips were planned and enjoyed by people. Outside entertainers visited regularly, we saw photographs where people joined in and enjoyed these events.
- Every effort was made to enhance and maintain family support and existing relationships so that their life experiences were meaningful and relationships remained important.
- Visitors were welcome any time and people saw family and friends in the privacy of their own rooms in addition to lounge/dining rooms in the home. Family and friends were invited to special events throughout the year.

Improving care quality in response to complaints or concerns

- The daily presence of the registered manager and deputy meant people were seen every day and asked how they were. This approach had helped form relationships with people and their relatives where they felt confident to express their views.
- Formal complaints were thoroughly investigated by the registered manager in an open transparent way. Where required lessons were learnt and improvements made. Relatives told us, "I've never had to complain, they are all very good and help with things immediately" and "They know mum so well and whether she was unhappy about anything".
- Things that may have worried people or made them unhappy were documented in the daily records and gave accounts of any concerns, how they were dealt with and communicated to staff. This information was also shared with staff in shift handovers.

End of life care and support

- People were cared for when they required end of life care, with the support of GP, district nurses and palliative care nurses. One lady was receiving end of life care at the time of the inspection. Their relative told us, "I am more than happy with the care. My aunt is peaceful and dignified and that's what matters. All the staff have been wonderful".
- Staff felt privileged to care for people when they were dying and took pride in making sure they respected choices and maintained people's dignity.
- Staff had received some lovely written comments from relatives when they had lost a loved one by way of thank you cards.

Is the service well-led?

Our findings

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

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

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

- People and staff were complimentary about the registered manager who had worked at Redfield Lodge for six years. Her presence had provided and benefited consistency and continuity to everyone who used the service. One relative told us, "I would without doubt recommend the home to others".
- The registered manager and deputy led by example, they were caring, kind and respected. Comments we received included, "All the managers and they do listen", "I feel very valued by them" and "They are firm but fair, they listen and they are very helpful".
- The registered manager, deputy and staff team maintained a clear focus on continually seeking to improve the service people received. They were a good, cohesive group who worked well as a team.
- Systems in place contributed to the smooth, effective operation of the home whilst still retaining its personalisation.
- The ethos of a person-centred approach to care and treating people as individuals was consistent amongst all staff.

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

- The provider and registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service.
- The registered manager was open, honest and transparent when lessons could be learned and improvements in service provision could be improved.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had considered the Key Lines of Enquiry (KLOE) which CQC inspect against and how they will plan to improve and further enhance current good practice they were achieving.
- The management team knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- Systems were in place to monitor and evaluate services provided in the home. Concerns, incidents, accidents and notifications were reviewed. This was to analyse and identify trends and risks to prevent re-occurrences and improve quality.
- Audits were carried out for health and safety, infection control, the environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any

improvements/changes that were required. The provider also conducted quality assurance visits to monitor the service.

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

- The service promoted and encouraged open communication amongst everyone who used the service. There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis. Relatives told us, "I cannot fault the staff for keeping me informed about dad and any changes in his health" and "They are very good in keeping us up to date with news".
- Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included handovers and written daily records.
- Other methods of communication included planned meetings. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. The minutes reflected meetings that were effective and meaningful.

Working in partnership with others

- The service ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLS teams and CQC.
- The registered manager attended local provider and care home forums and linked up with other local home managers.