Plymouth City Council

Colwill 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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Colwill Lodge on 19 February 2016, the inspection was unannounced. The service was last inspected in January 2014, there were no concerns at that time

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.

There was a registered manager in post at the time of this 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 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.

We spent time with people seeing how they spent their day and observing the care and support being provided. Some people were able to talk to us, but most people had limited verbal communication. People were treated with care and respect by the staff team. We observed people laughing and smiling and having friendly conversations with each other and the staff supporting them. Relatives said; "She definitely enjoys going there, she tells us constantly when she's going!" and, "She really likes it and if she likes it, I like it."

Recruitment practices helped ensure staff working in the home were fit and appropriate to work in the care sector. Staff had received training in how to recognise and report abuse, and all were confident any concerns would be taken seriously by the manager and organisation. New employees undertook an induction before starting work to help ensure they had the relevant knowledge and skills to care for people. Training was regularly refreshed so staff had access to the most up to date information. An external healthcare professional told us; "I can only praise the professionalism, care and support provided by Colwill Lodge."

Care plans contained information about a wide range of areas. However, some people's care plans had not been regularly reviewed and did not accurately reflect their current care needs. One person, who had been living in the service for over two months, still only had a draft care plan. You can see what action we told the provider to take at the back of the full version of the report.

The service was well led by the registered manager who was supported by five assistant managers. There was also a keyworker system in place. Keyworkers are members of staff with responsibility for managing and arranging care for a named individual. There were sufficient numbers of staff to meet people's needs.

Staff and relatives told us they considered the service to be well managed. Staff referred to an "open door" policy and told us they were able to approach managers with any concerns. Staff meetings were held regularly and were an opportunity for staff to voice any views or concerns they had.

Staff recognised people's rights to make everyday choices and supported them to do so. People chose what

time they got up and went to bed, when they ate their meals and how they occupied their time. Staff supported people to take part in activities both in the service and in the local community. A relative told us; "They always ask him what he wants to do."

There was a strong stable staff team in place and many had worked at the service for several years. They knew the people they supported well and had a good understanding of their needs and preferences. A relative told us; "He knows them very well and they know him."

Regular audits and quality checks were carried out to monitor the standards of care provided. People were regularly asked for their views on the care and support they received.

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 enough staff to meet people's needs.

Systems were in place to support the safe management of medicines.

Staff had received training in how to recognise and report abuse. They were confident management would take any concerns seriously.

Is the service effective?

Good

The service was effective. Staff were well trained and regularly supervised.

The staff team knew people and their support needs well.

People had access to a healthy and varied menu.

Is the service caring?

Good

The service was caring. People chose where and how they spent their time.

Staff were aware of people's communication preferences and respected them.

Staff had formed positive and trusting relationships with people.

Is the service responsive?

Requires Improvement

The service was not entirely responsive. Information in care plans was sometimes out of date.

People were supported to take part in a range of activities.

People were supported to express their views on the service.

Is the service well-led?

Good

The service was well-led. There were clear lines of responsibility

and accountability within the service.

Staff meetings were held regularly to allow staff to air their views regarding the running of the service.

There was a system of quality checks in place to monitor standards of support provided.

Colwill 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 20 February 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we looked at three people's care plans, three staff records and other records in relation to the running of the home. We spoke with an assistant manager, and ten other members of staff. We spoke with five people who were staying at Colwill Lodge. Following the inspection we spoke with the registered manager. We also contacted three relatives and four external healthcare professionals to ask them about their experience of the care provided at the service.

Good

Is the service safe?

Our findings

People and their relatives told us they considered Colwill Lodge to be a safe environment. A relative said; "[Person's name] really likes it and if she likes it, I like it." External healthcare professionals also told us they considered Colwill Lodge a safe service. Comments included; "I can only praise the professionalism, care and support provided by Colwill Lodge," and, "Colwill Lodge provides a safe, person centred and skilled service."

Staff received training in safeguarding adults when they joined the service. This was refreshed at regular interviews to help ensure staff had access to the most up to date information. Staff told us they had no concerns about any working practices or people's safety. They would be confident to report any worries to the management team and believed they would be dealt with appropriately. "Say no to abuse" and other leaflets were available for people, relatives and staff throughout the building. These contained the number for the safeguarding team at Plymouth City Council.

Care plans included a range of generic risk assessments designed to help protect people. For example, moving and handling, moving around the premises and accessing the community. These were completed for all people and identified the level of risk and whether action was necessary to further protect people. Some people had been identified as being at risk due to their specific needs. For example, it had been identified in one person's care plan that they could be over familiar and tactile with strangers. The care plan noted this meant they might be vulnerable and at risk. However, there was no accompanying risk assessment to guide staff on how they could support the person in this situation. We discussed this with the assistant manager who told us that, due to their health needs, the person was always supported in the community by an experienced member of staff on a one to one basis. This meant they had the support they needed to stay safe.

The registered manager told us they were in the process of reviewing the way in which they completed risk assessments. In future they were intending to engage people in the process along with their families where appropriate and with the person's consent. This would help ensure assessments were more meaningful for people. Staff saw risk assessments as a means of enabling people to take part in activities safely. One commented; "As long as you risk assess it anything's possible."

When people required assistance from staff to move around the building they were supported safely. Staff carried out the correct handling techniques and used equipment such as wheelchairs safely. Equipment including overhead hoists were serviced regularly to help maintain their safety.

When any accident or incident occurred it was recorded in people's daily logs and an incident sheet completed. This allowed management to carry out audits of these events and identify any patterns or trends. Following an incident there was a review of care plans and risk assessments to establish whether these needed updating. Copies of incident sheets were shared with Plymouth City Council's Health, Safety and Wellbeing team who would check to make sure any actions had been carried out to help ensure people's safety.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. People who used the service were supported to be involved in the recruitment process. They had taken part in both interview and selection.

People were supported by sufficient numbers of suitably qualified staff. An external healthcare professional commented; "My impression is that they are adequately and usually well staffed." Staffing was planned in line with people's needs and according to the numbers using the service at any one time. Although this was normally known in advance Colwill Lodge provided emergency respite which meant there could be an unexpected rise in numbers at short notice. There was an on call system to help management provide cover quickly. The assistant manager told us; "The staff team are very good at arranging emergency support. There's a lot of banter here but when your backs up against the wall they'll stand up and do it. They are a flexible staff team who genuinely care about the people we are supporting." Waking night staff were supported by a sleep in member of staff who could be called on for support if necessary. The staff team was stable and some had worked at the service for several years.

We looked at arrangements for the management and administration of medicines. As this was a respite service people brought medicines with them for their short stay. These medicines were signed in and, when people left, their medicines were signed out with them. There were secure and dedicated storage facilities for medicines brought into the service including those requiring stricter controls by law and those requiring refrigeration.

There were safeguards in place to protect people from the risks associated with not receiving their medicines as prescribed. Medicines were administered by an assigned person and the process was witnessed by a second member of staff. While the medicines round was taking place the phone in the medicines room was disabled and the door was shut and a sign used to indicate no-one was to enter. This meant staff doing the medicines were unlikely to be distracted from their task.

There were clear guidelines in place for staff to follow when administering medicines which were used when needed (PRN). This helped ensure staff took a consistent approach when deciding when to administer these medicines. Staff had received training in the administration and management of medicines and this was updated regularly.

Good

Is the service effective?

Our findings

People were cared for by staff who had a good understanding of their needs and were skilled in delivering care. Staff spoke about people knowledgeably demonstrating an understanding of their needs and preferences. One commented; "Staff know each other well and the customers. The customers know us and work with us as much as the other way round." There was sometimes a need to use agency staff in order to ensure there were sufficient numbers of staff on duty at all times. Before any agency worker started a shift they were required to have a short induction. This consisted of familiarising themselves with service practices, staff hierarchy and organisational policies and procedures. Also they read people's one page profiles and any risk assessments in order to gain an understanding of the people they would be supporting. They would work alongside more experienced staff in the first instance.

Newly employed staff were required to complete an induction which included familiarising themselves with the service's policies and procedures and completing the Care Certificate. This replaces the Common Induction Standards and is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. There was a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. In addition new staff were supported to visit other healthcare settings during the induction to gain an understanding of how people were supported in different settings. Regular refresher training took place to help ensure staff skills and knowledge were up to date. Staff told us they believed they had enough training to enable them to do their jobs effectively.

Staff received regular supervisions and annual appraisals. They told us they felt well supported by management and were able to ask for additional support as needed. Supervision records showed they were an opportunity to discuss working practices and identify training needs.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications for DoLS authorisations for some people had been made to the local authority. Training for the MCA and DoLS was included in the induction process and in the list of training requiring updating regularly. We saw evidence that mental capacity assessments and best interest discussions had taken place when necessary and in accordance with the legislation.

On our arrival at Colwill Lodge some people were eating breakfast. Staff told us this was a particularly relaxed occasion at the weekends as there were fewer time pressures on people to leave the service. People

had choices of cereals and spreads and there was fruit and juice available on tables. We observed the lunch time period in the dining room and saw there were plenty of staff available to help people who required assistance. Staff supported people who needed assistance with eating while maintaining their dignity. Interactions between staff and people at this time were friendly. People told us they enjoyed the food and there was always a choice of meals. On the day of the inspection the cook had prepared a meat and potato pie which was served with fresh vegetables. The meal was tasty and well balanced.

We spoke with the cook who told us they were aware of people's dietary needs and preferences. They had records of people's likes and dislikes, any allergies, specialist equipment and how people needed to be supported at meal time. Menus were planned in communal areas to allow people to contribute ideas and suggestions. As some people had regular days when they used the service the menu changed weekly to avoid people always being offered the same choices.

Daily logs recorded what people had eaten and drank during the day. The amounts taken were not recorded and so some of the information had little value. For example, one person's records noted they had eaten "pasties" for lunch and drank "tea." It was not recorded if they had eaten more than one pasty or only a bite of one. We discussed this with the assistant manager who told us the information was largely for the benefit of families so they could see their relative was having a varied diet. They told us they would consider the necessity of recording such information for everyone in the future.

People were supported to access to external healthcare professionals such as dentists, chiropodists and GP's when necessary. An external healthcare professional told us; "I have found them easy to communicate with and they are willing to accept advice and seek multi disciplinary team help when needed."

The building was mainly in a good state of repair. However, a recent leak had resulted in plastering coming away from the walls in one area. The assistant manager told us the problem had been reported and they were waiting for a date when the repairs could be carried out. One shower room was being used to store mobility aids and shower chairs. This meant the equipment would need to be moved before use and left in the corridor. Staff told us there was a shortage of storage space.

Accommodation was a mix of bedrooms and five apartments. The apartments were self-contained and had kitchens, living areas and bathrooms. Two of them had overhead hoists running between the bedroom and bathroom. Four of them had their own front door so people staying in them could enter them without going through the main building if they wished. All had access to an outdoor decked area. Bedrooms were basic but pleasant and light. People were encouraged to bring personal belongings with them to make themselves feel more at home.

Good

Is the service caring?

Our findings

Not everybody was able to verbally communicate with us about their experience of care and support at Colwill Lodge. Those people we did speak with were complimentary about the care they received. One person said: "I love the staff, they can have a laugh with you. If you're down they can make you smile." Relatives were also happy with the care provided. Comments included; "[Person's name] is always eager to go", and "The staff are all very good and know him very well." We spent time in communal areas, observing interactions between staff and people who were using the service that day. The core staff team had worked at the service for a long time and knew people well. It was clear that strong relationships between people and staff had been formed over time. We saw gentle teasing and humorous interactions between people and staff and there was a relaxed and friendly atmosphere. A member of staff told us; "It's important to build trusting relationships." An external professional said; "They [staff] have positive relationships with the service users who stay there and I hear overwhelmingly positive feedback from the people who use their service for respite."

We arrived at Colwill Lodge at approximately 9:00 am on a Saturday morning. Some people were just getting up and preparing their breakfast while others had been up for some time. People told us they chose when they got up and staff said weekends were particularly relaxed. Staff discussed people's plans for the day with them. People made suggestions about what they wanted to do and if they wished to go out.

People were able to make day to day decisions about how and where they spent their time. There were various areas of the building where people could choose to sit watching the television, playing on a games console or having quiet time on their own. A staff member told us; "We go on whatever the customer wants to do." The management team were investigating the possibility of installing wi-fi at the premises to allow people to use their personal tablets to access the internet.

People's preferred styles of communication were recognised and respected. Care plans described how to communicate effectively with people. For example, "When you communicate with me it is important that you stand in front of me." Information in the service was produced in easy read formats in order to make it more accessible for people. Easy read information uses limited text and pictures and can be a starting point for facilitating meaningful communication. Menu boards used photographs and pictures of food.

Care plans contained information about people's personal histories. This is important as it helps staff gain an understanding of the person and enables them to engage with people more effectively. One page profiles had been created to give staff a quick overview of people's support needs. These contained positive information about people and recorded what was important to them.

People were supported and encouraged to develop and use independent living skills. One person told us they were planning to do some baking later in the day. They said: "I didn't do it before coming here but I'm trying it now. I think I'm getting better." In the afternoon we saw the person going through a recipe book with a member of staff and choosing a cake to make. The cook told us people were able to use the kitchen if they wanted to prepare some or all of their meal.

People's wishes about how they were supported were recognised and respected. One person preferred to be supported with personal care by certain members of staff. The assistant manager told us they would facilitate this wherever possible and that no-one would be supported by someone they did not like or trust. They told us; "Sometimes people just don't gel with staff. That's fine, it happens. They might not always get supported by exactly who they want but they wouldn't get someone they definitely didn't want." An external healthcare professional told us: "During all my visits I found staffs interaction and communication with individuals who use the service positive, dignified and respectful."

Requires Improvement

Is the service responsive?

Our findings

People who wished to use the service had their needs assessed to help ensure their needs and expectations could be met. Placements were usually booked in advance unless there was an emergency situation. This meant rotas could be arranged to match staff abilities and skills with people's needs.

There were systems in place to help ensure staff were aware of people's needs at all times. Profile sheets were used to record details about how people had spent the day and these were consistently completed. There was a handover between the day and night shifts which was built into the rota to ensure there was sufficient time to exchange any information. A member of staff told us; "We're a very close staff team and we can discuss anything. The communication is good."

Care plans contained information about a wide range of areas. For example, there were sections on mobility, communication and important routines. Some of the care plans contained old information and there was a lack of evidence to show they had been reviewed or updated regularly. For example, a section outlining the support one person required with personal care was dated 2011. Person centred plans were included in some people's care files. However, these dated back several years. It was difficult to evidence if information was accurate, relevant and up to date. One person had been using the service since the beginning of December 2015. There was only a draft care plan in place. Although staff demonstrated a good knowledge of people's needs it is important the care plans are a true reflection of people's current circumstances.

One care plan described an incident when the person had become distressed resulting in them behaving in a way which was challenging for the staff supporting them. The incident had occurred in 2006. There was no evidence in the care plan that this was indicative of a pattern of behaviour or that similar incidents had occurred since. This meant staff unfamiliar with the person could have developed a negative view of them based on information which was out of date and no longer relevant.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection we spoke with the registered manager about the care plans and the amount of old information they contained. They told us they had identified this and were preparing an overhaul of the system. 'Personal planning books' would be developed for each individual based on a person centred plan model. Person centred planning is in approach to care planning which fully includes the person in the process. Reviews would be held six monthly with the person and their key worker to help ensure information was up to date and relevant.

People had opportunities to take part in activities of their choice. There were books and magazines available and a wide range of games to use on the games console. One person particularly enjoyed military band music and there was a selection available. On the day of the inspection some people chose to go out for coffee and we heard people and staff discuss which café they would visit. Some staff were booked to

have training so they would able to support people to use wheelchair attachments for cycles. Relatives told us their family members were always able to choose how they spent their time. One parent commented; "He always gets the choice. He might go out for a meal or to the pub round the corner. Sometimes he just wants to stay in and watch tele. It's up to him." A member of staff told us; "It's customer led. Usually people get to do what they want."

There was a complaints policy in place which outlined the timescales within which people could expect to have any concerns addressed. There were no complaints on-going at the time of the inspection. We looked at records for complaints and saw these had been dealt with in line with the organisations policy. People and relatives told us they would approach a member of the management team if they had any worries. Information about how to raise a complaint was included in a monthly newsletter circulated to people and their families. The service ran a monthly customer forum where people were able to express their views about how the service was managed and any ideas for improvements. Easy read minutes of the last meeting were displayed on the notice board. These showed people had expressed an interest in having some organised trips out. An action had been made for staff to explore possibilities including supporting people to attend some live music events.

Good

Is the service well-led?

Our findings

There was a positive and upbeat atmosphere within the service. Staff without exception, told us they loved their jobs. Comments included; "It's the best place I've worked for customer care and customer choice, very person centred", "Colwill Lodge is the best respite unit that can be provided" and, "I love it, I go home with a smile on my face." Throughout the day staff displayed good humour and enthusiasm in their approach.

There were clear lines of accountability and responsibility within the service. The registered manager was supported by five assistant managers. There was also a keyworker system in place. Keyworkers are members of staff with responsibility for managing and arranging care for a named individual. Keyworkers were rotated regularly to enable them to get to know everyone well.

Staff told us the management team were approachable and supportive. Several used the term "open door" when describing the management style to us. One said; "Staff are encouraged to speak up if we've got anything to say. We have very open and supportive managers." The registered manager told us; "I make a point of knowing everybody's support needs."

Staff meetings were held fortnightly and these were an opportunity for staff to air any grievances and for management to communicate any developments or changes within the service. The staff meetings were included on staff rotas to ensure they were able to attend. The assistant manager told us; "They are a place to air views." The registered manager told us the next staff meeting would be extended to three hours to discuss objective setting for the next twelve months. They said; "It's important the whole staff team are involved in identifying and setting objectives."

Some members of staff had expressed an interest in furthering their career development. The registered manager was supportive in this and allowed staff the opportunity to gain experience by giving them more responsibilities. The registered manager and one of the assistant managers had attended a management and leadership course in recent months.

The management team worked closely with other agencies in order to improve the service and keep abreast of any developments in the care sector. For example, they had close links with the local DoLS team. An external healthcare professional told us they had worked well with themselves and other professionals when supporting someone recently in an emergency situation.

There were systems in place to monitor the quality of the service provided. Audits were carried out over a range of areas, both internally and by auditors representing Plymouth City Council. The Council's Health and Safety and Well-Being team regularly checked areas such as COSSH and training. The Quality Assurance Investigation Team undertook regular audits which were aligned to the fundamental standards.

Following a stay at Colwill Lodge people were asked for their feedback. Completed forms were analysed and a summary collated on a monthly basis. This allowed the management team to have an overview of people's experiences of the service. We saw the summary for the previous month and noted the feedback

was positive.

The registered manager communicated regularly with families. Monthly booking letters were sent to people and their families to confirm any booked dates. Any additional information could be included with these letters. For example updated safeguarding leaflets from Plymouth City Council had been circulated recently. Other information recently sent to families included advocacy information and contact details for carer support organisations. A monthly newsletter was produced to keep people up to date with any developments in the service or news of social events. Bi-monthly carer meetings were held to offer information and support to families. The registered manager commented; "Being a carer can be isolating."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes to maintain accurate, complete and contemporaneous records in respect of each service user including a record of the care and treatment provided were not robust. Regulation 17(1)(2)(c)