Care Quality Commission

Bristol City Council

Redfield Lodge

Inspection report

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Ratings

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

Overall summary

This inspection took place on 15 January 2015 and was unannounced. The previous inspection of Redfield Lodge was on 04 June 2014 There were three breaches of the legal requirements at that time. These related to;

- Respecting and involving people who use services
- Consent to care and treatment
- Assessing and monitoring the quality of service provision

Improvements had been made in some areas but further improvements were needed to meet the regulations.

Redfield Lodge provides personal care and accommodation for up to 40 people living with dementia.

There was a registered manager for the service. 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.

Medicines people needed for their health and wellbeing were not always being managed safely. This was because

Summary of findings

the system for recording what medicines people were to be given was not always fully safe. Secondly the system for checking the amount of medicines stock people had was not always effective. This meant it was not always clear whether people had been given the right amount of medicines or not. We have made a recommendation about the management of medicines.

People felt safe with the staff who supported them The staff were aware of how to recognise and respond to abuse in a way which would protect them.

Peoples needs were met by enough staff to provide the assistance they needed. The number of staff on duty to meet people's needs was based on how much support and care each person required. However, it was not always clear who was the staff member responsible for meeting individuals care needs. This meant peoples care may be overlooked if there was uncertainty about who among the staff team was responsible for assisting each particular person who needed support with their care.

We found that there were caring relationships between staff and people who lived in the home. However it was also evident that people's dignity was not being maintained at all times by the staff who supported them. People were consistently called terms that may be disrespectful and infantilising such as 'sweet pea', darling and sweetheart. Some of the people who were consistently called these names were not able to say if they wanted to be referred to in this way. Nor was there information in care plans to confirm these endearments were what these people wanted to be called.

The system of staff supervision while they provided care to people was not always effective. There was a risk that senior staff may not be fully aware of how staff were providing people with the care and support they needed. This could lead to people receiving unsafe care if staff are not appropriately supervised.

People were assisted by staff who were trained in their work to improve and develop their skills. Staff went on training courses to help them understand how to provide people with effective care and assistance.

The overall care, and service was monitored and improved where needed. The registered manager was aware of shortfalls in the service and improvements that were required.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which now corresponds to a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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?

Requires Improvement

The service was not always safe.

Systems for managing medicines were not fully safe. Systems to record medicines in stock and the records of when they had been given were not always up to date or accurate.

People were supported by staff who understood how to keep them safe them from abuse and knew how to report any concerns.

Risks to people's health and well-being were being properly managed. Risk assessment records guided staff to be able to support people to take informed risks while maintaining their optimum independence.

Is the service effective?

Requires Improvement

The service was not always effective.

People received care and support from staff who were suitably trained to provide effective care. However, staff were not always properly supervised while they provided care to people.

People were supported to have enough to eat and drink at times of their choosing. When people were at risk of poor nutrition or dehydration, action was taken to monitor and address the risk.

People were supported by staff who understood the Mental Capacity Act 2005 and also knew how to properly assist people who were not able to give informed consent.

Is the service caring?

Requires Improvement

The service was not always caring.

The majority of staff were kind caring and respectful to people. However some people were not always being treated in a manner which maintained their dignity and was not always respectful

People, their relatives and friends were complimentary in their views of staff who supported them. They told us staff were kind and caring.

Is the service responsive?

Good

The service was responsive.

People's preferences, likes and dislikes were written in their care records and were known by the staff team. The staff understood the needs of the people they were assisting. Staff were able to demonstrate how they provided care in line with people's particular wishes.

Summary of findings

People were supported so that their health care needs were met. The staff worked with GPs and healthcare professionals to ensure people had access to the relevant services.

The views of people who used the service and their relatives were sought by the service. This information was used to improve the way the home was run.

Is the service well-led?

Good

The service was well led.

People told us they felt the home was well run. Relatives said the registered manager was well regarded and had high standards.

People and their visitors approached the staff and we observed they felt able to raise matters with them easily.

There were quality-checking systems in place to monitor the service people received. The registered manager had identified concerns and improvements that were needed.

Redfield 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.

The inspection took place on 15 January 2015 and was unannounced. This inspection also followed up the actions the provider had taken to meet the legal requirements following the last inspection in June 2014 where breaches of regulation were found.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events that the service is required to send us by law.

We spoke with 14 people who were living in the home, three relatives or friends who were visiting and six members of staff and the registered manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We read the care records of four people, medicine records, staff training records, staff recruitment files, supervision records, staff duty rotas and a number of other records relating to the way the home was run.

Requires Improvement

Is the service safe?

Our findings

We had found shortfalls in the safety of the service at the previous inspection of the home.

The medicines people required were not always being looked after safely. This meant there was a risk people were not receiving the medicines they required for their health and wellbeing at the times that they were meant to be given. We found the stock check records were not all accurate. We found discrepancies in six of the eight records we viewed. These records did not match the amount of stock of medicines that there was. This meant it was unclear if people had been given the medicines they required at all times.

A medicines fridge was used for medicines needing to be stored in this way. Suitable arrangements were in place for obtaining medicines. Staff recorded each time a medicine had been given however there were two inaccuracies where stock of medicines did not correspond with how much the records said was there. We bought this matter to the attention of the registered manager and a senior member of staff who assisted us while we inspected medicines.

Staff wrote on medicine administration records when they had given the person their medicine or recorded the reason if the person had not taken their medicine. However, staff were not always writing on the charts how many tablets they had given people. This was information that they were required to write for some peoples medicines. This meant it was not clear whether people had been given their medicines as prescribed. Handwritten entries by staff onto the charts for extra medicines were not always written clearly. Staff were not signing when they had handwritten a medication onto a person's medicines chart .Nor was there a second signature of a staff member to verify the chart had been written correctly. This meant the system for administering peoples medicines was not fully safe

People were helped to stay safe in the home because there was a safeguarding reporting system in place to protect them. Staff demonstrated they knew how to keep people safe and were able to tell us how to report concerns. They said they would speak to the registered manager or the senior member of staff in charge. Staff said they had been on training so they knew how to recognise and report abuse. Staff were also guided to keep people safe by safeguarding policies and procedures with the contact details for reporting any issues of concern.

Staff told us what whistleblowing in the work place was and what it meant for them. They knew it meant to report to someone in authority if they thought there was malpractice at work. The whistle blowing procedure had contact information for whom to report concerns to. This information was prominently displayed to ensure it could be seen.

Accidents and incidents, which occurred at the home, were recorded and analysed and learning and improvements took place. Risks assessments were in place that had been written based on the analysis of accidents and occurrences in the home . These explained to staff how to minimise harm to people in relation to a range of areas in their life. These included their mental health, their skin condition, the risk of them falling and their mobility. Staff assisted people with their needs in the ways set out in their particular risk assessment records. For example, staff used hoists safely and people were assisted with their mobility by following safe procedures.

Safe recruitment procedures were in place and these helped to ensure only suitable staff were employed. A number of checks were carried out before potential new staff were employed. These included two written references and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with adults.

We found there was enough staff with suitable experience and training to meet the needs of people living in the home. The registered manager told us staffing levels were based on people's needs and how many people were in the home. Our observations showed there were enough staff on duty to be able to respond to peoples' needs in a safe way. Staff were measured and took their time when they assisted people The staff also told us they felt there were enough of them deployed at any time to meet peoples' needs. The registered manager told us the numbers of staff on duty were increased when people's needs meant this was necessary. For example, when people were physically

Requires Improvement

Is the service safe?

unwell and needed additional staff support .Also when people were particularly agitated in mood. They told us staff rotas could be planned in a flexible way to ensure people needs were fully met.

Maintenance checks of the premises were carried out regularly to ensure the premises was safe for people. These included checks of fire alarms, fire safety equipment, water temperature checks and the hoists. Checks were made of the fridge and freezer temperatures and hot food temperatures to confirm they were safe for food storage.

We recommend that the service consider current guidance on accurate record keeping for medicines and take action to update their practice accordingly.

Requires Improvement

Is the service effective?

Our findings

We found people's needs were met however; there was on some occasion's uncertainty among staff as to who was assisting who with their care. This was evidenced when we were spending time with people in the upstairs lounge. One person needed assistance with personal care. A staff member attempted to assist the person. The person concerned could not directly make their views known. The staff member was unable to persuade the person to receive help. They left the person unattended and still in need of help with intimate care. Another member of staff tried to assist the person using good humour and danced with them to engage them. They were nearly able to successfully help them. A third staff member came over and tried to intervene. None of the staff were able to persuade the person to receive the care they needed. A fourth member of staff then came over. While it was evident, the person had complex needs they were left unattended by one staff member and the staff member did not ask for the help from other staff. If the other staff had not been proactive by offering help the person concerned would not have had their needs met.

We observed one person who needed assistance to get dressed decline assistance from a member of staff. We later saw another staff member persuade the person to go with them to get dressed. When we asked staff how care duties were allocated and how they could be sure people's needs were met. They told us they relied on effective teamwork.

One member of staff said that everyone helps each other. While we saw staff provide care for people in a way that was effective. We also found that people with complex needs due to their dementia type illnesses were left without a senior staff member overseeing the staff who supported them for a significant amount of time, during our observation time of one hour. The senior staff were not aware that people had needed help that staff were not able to successfully give them. For example people needed staff support to assist them to go to the bathroom for support with intimate personal care. Some people were observed to be at risk of falls due to an unsteady gait. There was a risk people's needs may not be fully met if no one is directly responsible for a person's needs being met.

People were observed being assisted with their needs in a safe and suitable way by staff. For example, staff assisted people who needed support with their meals in a slow and measured way. They sat next to them and supervised them through the meal to make sure people did not choke while they were eating. We also saw staff assisted people with their mobility by using hoists and they followed a safe procedure.

Staff told us everyone "worked together as a team" and "help each other out". However, this apparent lack of direct staff supervision while they were trying to provide care meant care staff were not always directly supported by senior staff to ensure they were providing appropriate care and support. The registered manager told us they reminded senior staff that their role meant they were to spend sufficient time on the first floor of the home. The home has two floors and people live on each of them.

The staff demonstrated they were knowledgeable about the needs of people they supported. Each person had their own keyworker and staff told us this role meant getting to know the person particularly well and develop a good knowledge and insight about them. The staff also told us about the system of one to one staff supervision for monitoring their performance and their development through monthly meetings. The staff explained how they met with their named supervisor and other staff regularly to review how they were performing.

People were provided with sufficient food and drink to meet their needs. Lunch was served to people where they preferred to be in the home at that time. A copy of the menu was displayed prominently for people to read. The menu choices looked varied and nutritious. People were encouraged by staff to eat their meals independently if they were able. Staff provided support where needed, they sat next to people and helped them eat their meals discretely. We heard staff explain what the food was and speak with the people they were helping. The staff assisted people in a calm and unhurried manner.

People's nutritional needs were assessed using the Malnutrition Universal Screening Tool (MUST). This is a recognised screening tool to identify people at risk of malnutrition or obesity. Care plans showed how staff should assist people with their particular dietary needs. For example, where people needed a diet of a certain texture it was recorded.

Requires Improvement

Is the service effective?

We read about one person who had become very upset and anxious. Guidance had been sought from other health care professionals to offer the staff and the person specialist advice. The persons care plan was updated with different approaches to use to help them to feel calm.

People's health needs were properly monitored. A GP from the local surgery visited the home on a regular basis and saw people when needed. Arrangements were in place for people to receive the services of opticians, dentists and chiropodists. We read in people's care records when they had seen the dentist and appointments were made for people when required.

People's rights were protected when they were unable to make certain decisions for themselves. Staff had attended training to help them understand the principles of the Mental Capacity Act 2005 (MCA). This is a legal framework to help ensure decisions are made in the best interests of adults who do not have the mental capacity to make decisions for them. Staff were able to tell us the basic principles of the MCA, they knew the importance of assuming people had capacity unless this had been formal assessed otherwise.

There was guidance available about the Deprivation of Liberty Safeguards (DoLS). This information helped staff if needed to protect people in the least restrictive way. This information also helped to inform the registered manager and the staff to know how to make a DoLS application to restrict people's liberty if this was needed.

Staff were able to tell us about consent and how they worked with people who could not give consent. They told us they understood the need to obtain informed consent before care could be given. They knew that relatives or another appropriate person could be involved in decision making if people were not able to give consent. They told us they always clearly communicated with the person concerned and talked to them about what sort of assistance they would like to offer them. This was also written in the care records we viewed.

Staff were provided with an induction programme when they began work. The induction training included learning about different health and safety subjects as well as matters related to the needs of people who lived at the home. Training records showed there was regular training available to help staff have the skills and knowledge to effectively meet people's needs. One recently employed staff said they had completed an induction programme and this had included working alongside other staff and learning directly from them. The staff told us this was a useful way to learn how to do their job effectively and to fully understand their roles and responsibilities.

Requires Improvement

Is the service caring?

Our findings

At the last inspection we found shortfalls at the last inspection in relation to how people's privacy and dignity were respected by staff. While there were warm relationships between staff and people their dignity continued to be compromised and was not being maintained at all times. Some staff continually called people terms that could be seen as lacking respect and. For example people were regularly referred by some staff names such as "sweet pea", "darling" and "sweetheart".

We saw that some staff during lunchtime stood to the side of and behind people while speaking with them. In those instances, the people were not aware that they were being spoken with. We also heard on two separate occasions one member of staff who, when bringing food to people put her arm around their shoulders from behind, leaned over them and address them as "'my love" and not by name. Some of the people who were being consistently called these names were not able to confirm whether they wanted to be referred to in this way due to their dementia. . Nor was there information in care plans to confirm these endearments were how people wanted to be called.

One member of staff responded in a manner which could have been seen as being challenging when a person was angry towards another person sat by them at lunch. This caused the person who was angry to become even more annoyed and did not diffuse the situation. Another staff member was abrupt in manner and did not give sufficient time for each person to answer and then converse when they were showing them photo cards. We bought these matters to the attention of the registered manager on the day of our visit and they agreed to address these concerns with the staff.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On two other separate occasions, we saw two different people become cross with each other. Two different care workers quietly defused both situations. They discreetly intervened and made sure people were safe in a way that was respectful to the people concerned.

A staff member accompanied a person for a walk around the garden. The staff member explained that the person had become very distressed and could not be soothed. The staff member asked the person they would like to see the rabbits in the garden. The distraction worked.

People spoke positively about the staff who assisted them. One person told us when talking about one of the staff, "they are lovely, they are part of the furniture". Another person asked a staff member how they were and was genuinely interested in the staff members welfare. People frequently smiled and laughed with staff and made physical contact with them, such as patting a hand.

We saw people had regular visits from family and friends. They said that they were always made to feel very welcomed by the staff. One relative told us "the staff still discuss my relatives carefully with us and tell us if there are any changes". They also said my relative "seems very happy here". Another relative said "staff keep me updated about my relative they have called a GP in when necessary and told me properly about it and I don't have any worries".

Staff responded when people changed their minds about things. We heard one person ask for a different meal when their lunch had been served. The staff member responded to this and was polite and courteous.

People's privacy was respected. The majority of rooms were for one person to occupy. This meant that people were able to spend time in private if they wished to. The bedrooms we viewed had been personalised with belongings and small items of furniture. People bought photos and small items of furniture in to them to look more homely. There was also a small lounge where some people chose to meet with visitors.

Good

Is the service responsive?

Our findings

Social activities and events took place for people's entertainment and stimulation. Care plans reflected the activities which were put on and included assessments which explained what each person enjoyed doing for entertainment and stimulation. A notice was on display informing people about the range of events and activities planned for the coming month. Social activities and events took place for people's entertainment and stimulation. A list of activities on the ground floor detailed items including 'Knit and natter', an art group, a choir, a gardening club and regular visits from a Pets as Therapy volunteer and her dog. There were examples of people' paintings on some walls. Two people we spoke with referred to a dog coming to visit and seemed to get pleasure from it. Some people said they liked getting their hair and nails done.

We saw a staff member undertook a physical exercise activity with one person. The staff member encouraged the full participation of the person by making it fun and the he person looked fully engaged with the activity.

We saw another member of staff after lunch, encouraged two people at separate times to dance gently with them. Another staff member told us the two people concerned had enjoyed dancing when they were young; this was a form of exercise that stimulated movement and memory.

Information in care records was detailed and informative. We saw guidance showing what to do to support each person with their individual personal and personal care needs. People's likes and dislikes in relation to their daily life were written in the care records. The staff were able to explain in discussions with us that they understood the needs of the people they were assisting. For example staff told us they understood the importance of treating people as unique individuals They said they got to know what mattered to people such as what music they liked, and what interests they had.

Staff told us people were able to choose what time they wanted to get up and go to bed, how they spent their day and whether a male or female member of staff supported them. We saw these preferences were written in peoples care records to help to ensure staff knew how to provide people with the care they preferred.

No one we spoke with had any concerns they wanted to raise with the registered manager. All the relatives we spoke with knew there was a complaints process. One relative said they knew that they could raise any problem and were confident it would be dealt with properly. Another relative said they never felt the need to complain and did not foresee having to; however, they said they would not worry if they did have to complain. A third relative said that they attended 'Family and Friends' meetings and felt that things raised were responded to and acted upon appropriately.

A copy of the complaints procedure was clearly displayed in a format that was intended to be easier to understand. This helped people to easily to make their concerns known. There had been two complaints made since we last visited. The investigations into the complaints had been completed. There was a response with an explanation of what had occurred and how the complaints were resolved. This had been sent to both complainants.

Good

Is the service well-led?

Our findings

We had found shortfalls at the last inspection relating to how the service was managed and monitored.

Throughout our visit people approached the registered manager and senior staff to speak with them. We observed people were relaxed and comfortable to go to the office at any time. Senior staff responded attentively to people who wanted to see them and we observed warm and friendly interactions took place. People's visitors went to the office to speak to staff and were welcomed in.

Relatives knew who the registered manager was and felt that they were approachable. One relative said "the manager is really helpful and kind". Senior staff told us they worked closely with the manager who provided strong and effective leadership.

The staff were aware of the visions and values of the organisation. These included aiming to provide high quality care to people based on the idea of person centred care. This means treating people as unique individuals and putting their needs and wishes first, and the importance of teamwork.

There was confirmation in the care records that the registered manager met with people and their relatives on a regular basis. They used these meetings as an opportunity to find out what people felt about the services they received. The registered manager spent time with people who used the service during our inspection and made plenty of time for them.

There were quality checking systems in place to monitor the service people received. The checking systems had identified concerns and some improvements that had been made in the overall service people received. There were regular audits undertaken looking at the quality of care people received and how the home was run. Areas that were audited included care planning, the overall quality of care, management of medicines, health and safety, and staff training. Where shortfalls had been identified the registered manager devised an action plan to address them. Shortfalls in medicines management had been identified at a recent audit.

The registered manager told us they were aware of the shortfalls we had observed during our visit. They told us they had spoken with staff at staff meetings and at one to one supervision meetings about the use of endearments when they spoke with people. They also told us they regularly discussed with senior staff that their role included directly supervising the care on both floors of the home. We saw confirmation of these discussions with staff in staff meetings records and in one to one supervision records. The manager told us they were reviewing the system of staff supervision to ensure it was suitable and that people received safe and effective care as a result

The management knew people and their families and friends were involved in the monitoring of the quality of care. People were asked to share their experiences of the service. A notice was prominently displayed in the entrance hall with feedback forms for people to complete. This information was analysed and action taken by the provider. For example, feedback about menus had been acted upon.

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 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services People who used the service were not always treated in a manner that was dignified or respectful. This corresponds to Regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.