

# 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Colwill Lodge provides accommodation and personal care for people living with and/or a learning disability/physical disability for up to 15 people on a respite basis. People live at the service usually for short arranged periods on a regular basis or for longer whilst suitable permanent accommodation is sought. People carry on their weekly activities during their stay therefore there are rarely people at the service during the day. The service is owned and operated by Plymouth City Council and at the time of our inspection approximately 75 people accessed the respite service. We looked at records relating to the 62 people who received personal care. There are 10 beds for respite care and 5 independent living flats.

At our last inspection in February 2016, we rated the service good overall with the area of responsive rated as requires improvement. We carried out a focussed responsive inspection in July 2017 and found the area of responsive was still rated as requires improvement. During this inspection in April 2018 we looked at whether the areas noted in responsive had been addressed. We had found in July 2017 that some people still did not always have care plans in place to help provide guidance and direction to staff about how to meet their needs. We found in April 2018 that there had been a lot of work carried out to ensure all care plans had been devised so that staff could follow individualised information and meet people's needs consistently.

At this inspection we found the evidence relating to other areas continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service has improved to Good.

People had care plans in place to help provide guidance and direction to staff about how to meet their individual needs.

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 remains Good.

# 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 was a comprehensive inspection and was unannounced. The inspection took place on 16 April 2018 and was carried out by one adult social care 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. This expert-by-experience had experience of caring for a person with a learning and physical disability. During this inspection there were 62 people accessing the service over varying periods receiving personal care. We do not regulate the care for people who do not receive the regulated activity of personal care. 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 six people's care plans, three staff records and other records in relation to the running of the home. We spoke with two assistant managers, the service manager for Plymouth City Council and five members of staff including a residential support worker and the clerical officer. We also telephoned four parent/carers of people who use the service during the day to ask them about their experience of the care provided at the service. The registered manager was not on duty during our inspection. During our inspection 14 people were out for the day carrying on their usual activities, such as day services in the community. We spent time with the one person who remained in the service during the day. They were non-verbal but we were able to communicate with them using their preferred method with support from their care worker.

## Is the service safe?

### Our findings

The service remained good.

Parents/carers were confident their loved ones were safe at Colwill Lodge. One parent/carer said they were quite happy with the support their relative got. They saw Colwill Lodge as an invaluable service enabling them to have a worry free break. Another parent/carer told us their relative was happy enough to go and stay there for the weekend. The person would say, "When are you going to pack my bags?" Another parent/carer told us, "We're pretty happy, he's happy", and they were comfortable with their relative being there. Another parent told us their relative had a little tune that related to Colwill Lodge saying 'here we go, here we go, here we go', which they sang happily when the time to go was approaching. They also said, "He absolutely loves it there" and "It's good for me to know he's safe and looked after and it is a relief for me to have the respite, although nobody can look after them like yourself." Everyone felt that their relatives who attended Colwill Lodge were safe and there were never any problems in relation to that.

There were enough staff on duty to meet the needs of the people. 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. Many of the staff had been working there for a number of years and knew the people really well, understanding their needs. Many people accessing respite at Colwill Lodge came on a regular basis throughout the year. Depending on people's situations the staff rota could be flexible to enable people to go out or receive the care they needed during their stay. The service sometimes used agency staff but mostly used staff who knew people, which was important as most people had complex needs.

People's risks had been identified and were monitored. For example, best interest processes were in place for any restrictive practice such as the use of discreet monitoring equipment for people at night who may have acute epilepsy. Night checks were discussed with people who may require them and routines were kept as close as possible to those that people had at home. This balanced real risk management with choice and independence. For example, people accessing the independent flats often brought their own staff with them and staff respected their independence whilst being supportive if necessary.

The provider and registered manager had systems in place to make sure people were protected from abuse and avoidable harm. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff were confident that any allegations made would be fully investigated to ensure people were protected. Any safeguarding concerns had been managed well with provider involvement and the service worked openly with the local authority safeguarding team. Relatives said they would speak with staff if they had any concerns and issues would be addressed, and people seemed very happy with staff.

People were protected from the risk of harm or abuse because safe recruitment procedures had been followed. We looked at the recruitment records of three staff who had been recruited since the last

inspection. These showed that risks of abuse to people due to unsuitable staff were minimised because the provider carefully checked prospective new staff to make sure they were suitable to work at the home. These checks included seeking references from previous employers, photo identification and carrying out Disclosure and Barring Service (DBS) checks. These checks made sure the applicant had not been barred from working with vulnerable people, and they did not have a criminal record that indicated they were untrustworthy. Recruitment was supported by the provider's human resources department and recruitment record checks were completed.

Medicines were well managed. As this was a respite service, people brought medicines with them for their 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. Each personal planning booklet had good information about medication management. Staff were competent and confident in discussing people's medications, which could be complex. For example, when booking a person in to receive respite, if they had specific complex needs staff ensured they were all trained in that issue, such as bolus feeding via a gastric tube. The service manager told us there was an assistant manager allocated to only manage medication as at busy times, such as weekends when there were lots of people coming and going home. Medicines were thoroughly audited and any issues noted and addressed. There was good staff knowledge and records showing why and when people should be offered 'as required' medication. Staff had received training in the administration and management of medicines and this was updated regularly.

The provider had systems in place to manage emergency situations such as fire. Each person had a personal evacuation plan (PEEPS) to enable emergency services to know how to manage people. Accidents and incidents were recorded to show they were well managed and appropriate actions taken. 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. 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.

People were able to lock away items in personal safes in their rooms if they chose, as well as their medication. The premises were secure and well maintained. There was lots of space to enable people to move freely and use essential manual handling equipment, such as ceiling hoists and large wheelchairs. Some bedrooms had profiling beds with special mattresses, some had padding on the walls for people that needed a safe place to move in, some rooms were bigger to enable people in wheelchairs to get around easier and for people who like to get on the floor and move about. There were no offensive odours throughout the home and rooms were fresh. Staff had access to personal protection equipment (PPE) when delivering care and told us they changed aprons and gloves between rooms or when dealing with food. Staff had had training in infection control.

## Is the service effective?

### Our findings

The service remained effective.

People were cared for by staff who had a very good understanding of their needs and were skilled in delivering care. Staff spoke about people knowledgeably demonstrating an understanding of their needs and preferences. Parents/carers told us staff had the skills to care and support people.

People had access to healthcare as necessary from Colwill Lodge. Parents/carers said that Colwill Lodge had all the health details and contact numbers for GPs for their relatives. They said staff would refer to their GPs if needed. One parent said that their relative had a health issue recently and was rushed to hospital. They said, "The staff were brilliant". Another parent said, "The staff are so switched on".

Parents/carers said that their relative was supported effectively at mealtimes, a few people were fully dependent and others needed support, but that was being given well. One person was able to give us positive signals that they enjoyed their food. Parents/carers said they knew their loved ones were not losing weight and seemed happy. Another parent/carer said their relative was monitored well and said, "My son never had choking fits or anything".

We asked people if they were involved in planning and making decisions about their relatives. We were told by one parent/carer that staff went through their story with their relative and wanted to know everything about them. Another parent/carer told us they were involved as much as they wanted to be and said, "It's not that I'm not interested, but I sometimes feel really bogged down". We were told that staff would also ring parents/carers if they were doing something special, to ask if their relative would like to do it, and also to ask if they would be able to bring in some money on some occasions.

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 booklets 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 was designed to help ensure care staff had a wide theoretical knowledge of good working practice within the care sector. 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. The assistant manager and clerical manager showed us how they ensured staff were up to date and booked for regular training in a wide range of topics. Staff completed training on topics related to specific people's needs also, this enabled them to be prepared for a person's stay. Staff received regular supervisions and annual appraisals. They felt well supported by management and were able to ask for additional support as needed. Supervision records showed they were opportunities 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 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. Staff were knowledgeable and 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.

During the week few people were at the service during the day. The one person staying at Colwill Lodge during the inspection, went out for lunch with a residential support worker. They returned very happy, having been to the person's favourite pub for lunch. 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 times. This information was kept in the kitchen only, so at the end of the inspection the service manager ensured information as a whole would also be kept in people's personal planning booklets too. 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 so families could have this information rather than for monitoring.

Accommodation was a mix of bedrooms and five apartments with a large dining and lounge areas. 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 pleasant and light. People were encouraged to bring personal belongings with them to make themselves feel more at home.

## Is the service caring?

### Our findings

The service remained caring.

Parents/carers told us that the staff were caring. One parent/carer said, "My daughter is always happy when she comes home". They also said that staff would speak to them when they saw them out in the community, such as at the disco. They knew who their keyworker was. One parent/carer said, "My son loves them, every one of them [staff]". Another parent/carer said their relative came home happy and that staff were cheerful and welcoming.

We saw a residential support worker being very kind and friendly with a person who was non-verbal and had complex needs. They knew the person really well, their likes and dislikes, the way they communicated. They told us that they gave the person choices of what they liked to eat for dinner, they were going to the shop to buy lunch, the person would choose what they wanted. They told us the person didn't used to like white food, and would urge at the sight of it, but this was not happening so much now, and the person had started to eat some white food. They also said that the person would turn away if they didn't like a particular food. They said the person loved salad, so that was a good standby. The person had a choice of staying in the home or going out. Staff knew what the person wanted by knowing their body language. They said, for example, if the person wanted to stay in they would go down to their room and in the mornings would pull the duvet over their head.

This showed staff had meaningful relationships with people and got to know them well. The staff rota matched people with staff depending on personality and interests if possible. 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. For example, one person had previously required two support workers to deliver care but they were now relaxed and happy with one support worker. Staff celebrated people's achievements. One person had used sound snippets to tell their parent of the fun they had pushing a swing. Staff said, "We think about people in our own lives. We are very involved. Staff buy items people may like such as a new puzzle. It's a nice place to work." Another support worker said, "We took one person to Wembley. It was amazing. I order lunch for myself when we are in a café, that I know [person's name] will like because they always like to have mine too."

Staff looked at who was coming to stay in the future. For example, they had ensured there was new equipment for one person for their next stay to ensure they did not have a gap between their bed sides and the mattress. Staff also tried to ensure people could book the same room especially if routine and familiarity was important to them.

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.

The provider ensured people had accessible information in line with the Accessible Information Standard

(AIS). Care reflected people's diverse needs and social situations. Care plans and information were in easy read or large fonts and the registered manager was looking at how the accessible information standards could be further incorporated into people's care (The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.) People's preferred styles of communication were recognised and respected. Care plans described how to communicate effectively with people. For example, "These are the special, individual things I do or need to communicate effectively- [Person's name] likes to hold someone's hand when having medication. [Person's name] can understand most of what you say but too many demands will confuse him." Staff ensured people had the right equipment to help them such as a heated bowl if they took a long time to eat a meal.

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's summary profiles were written in a respectful, individualised way. For example, "[Person's name] has a great smile and gives good eye contact and [Person's name] beats his chest when happy and makes happy vocal sounds." They also enjoyed going out to 'people watch' and staff had ensured they were able to do this.

People were supported and encouraged to develop and use independent living skills. Staff communicated with parents/carers and worked on areas that were reflected in people's home lives. 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.

## Is the service responsive?

### Our findings

The service was now responsive. At our last comprehensive inspection in February 2016, we rated the service good overall with the area of responsive rated as requires improvement. We carried out a focussed inspection in July 2017 and found the area of responsive was still rated as requires improvement. We had found in July 2017 that some people still did not always have care plans in place to help provide guidance and direction to staff about how to meet their needs. During this inspection in April 2018 we looked at whether the areas noted in responsive had been addressed. We found in April 2018 that there had been a lot of work carried out to ensure all 62 care plans had been devised so that staff could follow individualised information and meet people's needs consistently. The situation had occurred as historically the service had not used their own care plans but the initial 'My Plans' as written by social workers employed by Plymouth City Council.

The service now had individualised 'Personal Planning Booklets' for each person who may use the respite service. Information from people's initial pre-assessment of their needs had been used to collate new documents called 'personal planning booklets'. These booklets helped provide staff with up to date information enabling them to be informed about how to correctly meet people's needs. The design of the booklet had been sourced from a learning disability organisation, this made sure people's care plans were devised in a format that they could easily understand.

People's personal planning booklets detailed important information about how they liked their personal care needs to be met and how they needed to be supported to maintain their safety. They also contained information about their medical history, social interests, aspirations for the future and their likes and dislikes. Some aspects of care were complicated to read so the service manager was ensuring risk information was included in the booklet rather than staff having to cross reference to another care file. For example, important dietary information was kept in the kitchen folder with no copy in the booklet. Also very detailed information was included in different areas such as 'Things that are important to me' and 'Help I need to be more independent' which would be easier for staff to access under 'Personal Care' as a whole. For example, photographic information for staff about how to use a person's leg brace was kept in the care file separate from the booklet. This had resulted in the person's carer telling us that the brace was not always being positioned correctly despite them providing staff with these details. Staff immediately put the information in the booklet for that person. The service manager was now ensuring that all individualised tasks and information were recorded in one place.

People who wished to use the service had their needs assessed to help ensure their needs and expectations could be met. Staff were now checking on admission whether people's needs for their care plan booklets had changed since their last visit and ensuring they were reviewed regularly. 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. For example, one person staying at Colwill Lodge had no day services that week so appropriate staff had been booked to support them at the service during their stay. This was important because the person used snippets of songs to communicate their feelings and needs. The support worker with them knew how to interpret these easily. We heard how staff had enabled one

person to access respite care in an emergency following a 3am call. Staff knew the person well and supported them through a personal crisis.

There were systems in place to help ensure staff were aware of people's needs at all times. Profile summary sheets were used to record details about how people had spent the day and these were consistently completed and gave a good overview. For example, staff noted if people had enjoyed a good experience attending activities and wrote in the communication book to update parents/carers. 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.

All the parents/carers we spoke with knew how to make a complaint, they told us they had the relevant information, and that they were sent out information monthly in a newsletter. They said there was always information on there including information on accessing independent advocacy services. One parent/carer said they would go to the manager and ring up, for simple things that were always dealt with but they had not had any major issues. One person said if they had any queries they would speak with the manager and said they felt they could talk to them about anything. Following a formal written complaint, records showed how the registered manager and staff team had all completed training in understanding one particular person's routine. A thorough and informative response was shared with the complainant. This showed the service took concerns seriously and used them to drive improvement.

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. Customer feedback forms showed people had enjoyed going shopping with staff, out for a walk, gardening, cafes of their choice and watched their favourite sports events. People had devised their timetables with parents/carers and staff so they kept up with their usual activity routine, such as day centres and discos. People also helped out with household chores if they were able, such as cleaning the garden table and chairs. People were treated as valued members of the community.

On the day of the inspection 14 of the 15 people using the service had gone out to attend their usual day care activities. One person had gone out for lunch with their support worker and clearly had enjoyed this. Parents/carers told us their family members were always able to choose how they spent their time. One parent said that the communication message book was good and they knew what had gone on whilst their relative was there and what they had done such as trips, meals, their wellbeing and sleep. Another parent said staff didn't always write in the communication book that was sent home with their relative after their stay. Staff said they tried to write something and would look at completing it at a less busier time. For example, as in a hotel, the service had a lot of people going home after a weekend at the same time.

However, we heard from all parents/carers and within the quality assurance survey comments that there was no or limited WiFi. As the people using the service were mainly young people, this was very important to them and we discussed with the service manager the need to seek urgent provision of WiFi for the future with the provider. At the last comprehensive inspection in February 2016, we reported, '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.' This was still not happening despite Colwill Lodge management raising the issue with the provider. Having no efficient WiFi did not support people's use of applications to communicate or help keep people in touch with friends and family whilst on respite, especially if they were non-verbal and/or had complex communication needs.

# Is the service well-led?

## Our findings

The service was well led.

There was a registered manager, although they were not on duty on the day of the 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.

All parents/carers knew who the registered manager was and comments included, "She is always available and very approachable". They found the service invaluable and were very pleased to have been able to access a place for their relative. Staff all said they really enjoyed working at Colwill Lodge, they cared about the people they looked after and they worked well as a team. There was a very low staff turnover. One staff member said, "It's a good unit, the best place I've worked. We are passionate about the people we support. We are always trying to meet the needs of a younger clientele, they need different things these days." For example, they told us how staff had arranged a ladies night out for four people accessing the service. The registered manager was encouraging staff development and some staff were being supported in assistant manager roles.

There were clear lines of accountability and responsibility within the service. The registered manager was supported by 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. They phoned parents/carers every other month so they encouraged relationships with families too.

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 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.

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. The service manager said they were now going to separate care plan reviews and other audit topics from staff supervision as at times when the unit was busy and supervision delayed, this meant audits may not be done in a timely way either. An assistant manager was taking the lead on ensuring audits were completed.

Following a stay at Colwill Lodge people were asked for their feedback. There was a parent/carer forum and

a consultation manager who worked at making information more accessible. 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. Feedback was positive other than about the lack of WiFi. 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. Other information recently sent to families included advocacy information and contact details for carer support organisations. Bi-monthly carer meetings were held to offer information and support to families. This showed the service took into account people's community settings and situations, understanding the importance of good respite care.