Leonard Cheshire Disability

# Godfrey Robinson - Care Home Physical Disabilities

**Inspection report**

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Date of inspection visit: 2 and 22 October 2015
Date of publication: 08/04/2016

## Ratings

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|---|---|
| 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? | Outstanding |
| Is the service well-led? | Good |

## Overall summary

The inspection of Godfrey Robinson took place on 2 and 22 October 2015 and was unannounced. At the last inspection on 15 January 2014 the service met all of the regulations we assessed.

Godfrey Robinson is a residential care home that provides accommodation and support to a maximum of 19 adults aged between 18 and 65 years, who have a physical disability. When people reach the age of 65 they can remain at the service if their assessment identifies that the service continues to meet their care and treatment needs. There were 19 people using the service at the time of our inspection. The service is situated in the village of North Ferriby in East Yorkshire and has bus and rail links to the cities of Kingston Upon Hull, Leeds and beyond.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality

# Summary of findings

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 found that people were approached by staff that were very kind and caring, and with a positive and progressive outlook on life. This encouraged people to be the same and to enjoy their lives to the full. We were given lots of examples where people had been enabled to lead the lives of their choosing, thus fulfilling their ambitions and aims, and staff had been extremely supportive and caring towards people in enabling them to do this. People spoke very highly of the care and support they received and one relative wrote to the organisation with a detailed and touching account of the care and compassion their relative received while in the care of staff at Godfrey Robinson. We found that people were treated as individuals and with the greatest respect by staff when they provided support, as this was always carried out in partnership with them and according to their expressed preferences.

People were able to speak up freely about the service of care they received and they contributed to the running of the service by making their wishes and views known on a daily basis to their key workers and by running and chairing the 'resident' meetings in rotation, so that they had full say in what happened in the service. People's privacy and dignity was upheld extremely well at all times and they experienced a sense that the service was created and tailored by them; such was the enabling abilities of the staff. People's personal details were kept confidential.

People that used the service had key workers to support them in doing that little bit extra, key workers who really got to know people well. There were person-centred plans of care in place, which addressed not only care and health needs, but also needs of achieving ambition and leading a fulfilling life. This area of support was seen by staff as very important in enabling people to experience the best possible things in life. People expressed their complete satisfaction with the very responsive service of care and support they received.

People were fully supported by receptive staff to begin and maintain relationships of their choice and were enabled to access advice on issues of importance in respect of those relationships.

We found that people engaged in activities, always of their choosing and on a regular basis so that they led busy and active lives. We saw that all difficult activities were realised by tenacious staff going that 'extra mile' to ensure people experienced the right kind of opportunity. These were always supported by detailed and very pertinent risk assessments.

People could complain with complete confidence that their issues would be satisfactorily addressed and in the knowledge that there would be no recriminations for speaking up; making suggestions or saying any aspect of their care wasn't good enough. However, people stressed to us that they had absolutely no cause for complaint as the service was very good and all their needs were responded to extremely well.

People that used the service at Godfrey Robinson Care Home were protected from the risks of harm or abuse because the registered provider had ensured staff were appropriately trained in safeguarding adults from abuse and there were systems in place to handle safeguarding referrals appropriately. Anti-discrimination and people's rights were vigorously upheld by everyone that used and worked at the service. We found that staff and volunteers 'lived' the beliefs of the organisation in their support to people that used the service, with regard to people having freedom to live their lives the way they choose.

We found that people were safe because whistle blowing was appropriately addressed and investigated and staff understood their responsibilities to address concerns. All risks for people were identified and reduced by use of risk assessments carried out by people themselves and staff, as part of their general care planning and reviewing. Staff went to enormous lengths to ensure people were able to achieve their goals and ambitions and reduced risk greatly in the process.

We saw that staffing levels were in sufficient numbers to meet people's needs and that staff went 'above and beyond' in providing extra support after working hours, to ensure people received the care they required in times of difficulty or when in hospital and relatives were unable to

# Summary of findings

be there. We saw that staff and volunteer recruitment practices followed the same safe policies and procedures. The management of medicines also followed safe policies, procedures and practices.

People were supported by competent and trained staff that showed a thirst for knowledge and were committed to their personal development and acquiring improved skills. Staff were inducted to their roles and were well supported by the manager who ensured staff were formally supervised and took part in an appraisal and reward system. All learning undertaken by staff was eagerly put into practice.

There were appropriate legislation safeguards in place for people that may not have had the capacity to make specific important decisions about their lives or the care and support they received and every effort was made to ensure people's human rights were fully exercised.

We found that people's nutrition and health care needs were met, because these had been assessed and planned for and staff were aware of the issues and support needs that people had. Staff looked for ways to provide people with the best possible nutrition, but of course respected their personal preferences, choices and decisions.

We saw that people experienced suitable premises that were adapted and fitted with specialist equipment to meet their needs. The plans in place to complete the refurbishment in operation at the time we visited promised to ensure the facilities for people would be of the most modern and appropriate for meeting the needs of people living with a physical disability. The registered manager sent pictures to us of an upgraded bathroom before we completed our inspection report and this showed that improvements were of a very high standard.

We found that people enjoyed the benefit of a service that followed a positive culture, because staff were well aware of the right thing to do in carrying out their responsibilities and genuinely enabled people to lead their own lives. The service was very well run and was regularly checked for quality with regard to the service delivery. Surveying of people's satisfaction was all carried out externally to the organisation, while internal audits were overseen regionally. The registered manager was open, honest and inclusive and genuinely valued everyone's views: people that used the service, relatives, staff and other healthcare professionals. People's information details and all other records held in the service were securely held and kept confidential.

# 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?**

Good

The service was safe.

People that used the service were protected from the risks of harm or abuse because the registered provider had ensured all staff were appropriately trained in safeguarding adults from abuse and staff encouraged people to stand up for their rights. There were systems in place to handle safeguarding referrals appropriately.

Risk management excelled in that people's ambitions and the risks they chose to take were carefully and effectively reduced which meant people achieved their goals.
Anti-discrimination and people's rights were vigorously upheld.

People were safe because whistle blowing was appropriately addressed and investigated, staffing was in sufficient numbers to meet people's needs and staff always ensured people were supported and their needs were met.

Staff and volunteer recruitment followed the same safe policies and practices and the management of medicines followed safe procedures and was safely carried out.

**Is the service effective?**

Good

The service was effective.

People were supported by competent and trained staff that had a thirst for knowledge and information. Training opportunities were very good.

Staff were inducted to their roles and were well supported by the registered manager, through a thorough supervision and appraisal system where commitment and good practice was rewarded. There were appropriate legislation safeguards in place for people that may not have had capacity with certain decisions.

People's nutrition and health care needs were met according to people's choices and preferences and their underlying conditions. People lived in premises that were adapted to meet their needs, but that were being fully refurbished to a higher standard.

**Is the service caring?**

Good

The service was caring.

People were approached by staff that were kind and caring, but with a young outlook on life, which encouraged people to be the same. People were respected by staff and staff always assisted people with their care while being led by people's choices.

The registered manager and staff went 'above and beyond' in their support to people at times of illness or death.

People were able to speak up freely about their care and contributed to the running of the service.

People's privacy and dignity was upheld extremely well at all times. People's personal details were kept confidential.

# Summary of findings

**Is the service responsive?**

Outstanding 

The service was very responsive.

People had key workers to support them and person-centred plans of care in place, which addressed not only care and health needs, but also needs of achieving ambition and leading a fulfilling life.

People were fully supported to maintain relationships of their choice and were able to access advice on issues of importance.

People engaged in activities of their choice on a regular basis and all difficult activities were realised by tenacious staff and supporting risk assessments.

People could complain with confidence that their issues would be satisfactorily addressed and in the knowledge that there would be no recriminations.

**Is the service well-led?**

Good 

The service was well led.

People enjoyed the benefit of a service that followed a positive culture, where staff considered people's needs and care as paramount. The service was well run and people's satisfaction was externally checked to ensure the quality of service delivery was impartially monitored.

The registered manager was open, honest and inclusive and valued everyone's views. They led on encouraging people to exercise their rights to equal and fair consideration within the Leonard Cheshire Disability organisation and especially in society and the community in general.

People's information details were securely held.

# Godfrey Robinson - Care Home Physical Disabilities

**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 of Godfrey Robinson took place on 2 and 22 October 2015 and was unannounced. The time between the two visits was due to the fact that we were informed about a contagious illness among people that used the service and staff on the first day we visited. That day was spent dealing with documentation and interviewing the manager only. We returned to speak with people and staff once they had all recovered from the outbreak.

The inspection was carried out by one Adult Social Care inspector. Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC), from speaking to the East Riding of Yorkshire Council (ERYC) that contracted services with Godfrey Robinson, and from people who had contacted CQC, since the last inspection, to make their views known about the service. The Care Quality Commission did not request a 'provider information return' (PIR) from the registered provider. A PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

ERYC told us they had no concerns about the quality of the service being provided. We received no comments from healthcare professionals.

All people that use the service have a wide range of physical disabilities, but for some their mental capacity is very good in that they are assessed as having full capacity to make decisions at all levels. These people are capable of making all choices and decisions for themselves. There is a small number of people whose capacity has been assessed as impaired and they are therefore in need of support with some daily choices and with all important life decisions.

We spoke with six people that used the service, two staff and the registered manager. We looked at care files belonging to three people that used the service and at recruitment and training files relating to three care staff. We looked at records and documentation relating to the running of the service; including the quality assurance and monitoring, medication management and premises safety systems that were implemented. We looked at staffing records, equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas and we observed the interactions between people that used the service and staff. We looked around the premises and looked at communal areas as well as people's bedrooms, after asking their permission to do so.

Good

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at Godfrey Robinson. They explained to us that they found staff at Godfrey Robinson to be helpful, supportive and empowering. People said, "When staff speak with me I find everything is alright. I have never seen or heard anyone here being spoken to or treated badly. In fact I find everyone is exceptionally considerate" and "I am treated very well, staff are always kind and I go out a lot with my key worker." One person said, "I find that I am 100% safe here, as we speak to each other a lot and no one would get away with treating any of us badly. We all receive excellent care; I am treated with the greatest respect and cared for very well."

Staff we spoke with told us they had completed safeguarding adults training and they demonstrated a good understanding of safeguarding awareness when we asked them to explain their responsibilities. Staff knew the types of abuse, signs and symptoms and knew the procedure for making referrals to the local authority safeguarding teams at East Riding of Yorkshire Council and Hull City Council. We saw from the staff training record and individual training certificates that care staff had completed safeguarding training.

The information we already held about safeguarding incidents at the service told us there had been two incidents in 2014 where the registered manager had made safeguarding referrals, but none had arisen since then. Following these referrals actions taken by the service included introducing new staff behaviour protocols, a dignity and respect policy document for all staff to read and sign and specialist training in behaviour management and supporting people with acquired brain injury. Staff were also involved in producing new behaviour support plans for people at the service.

Both of the incidents in 2014 had been notified to us using the appropriate notification documentation and the registered manager had made it clear to us what action had been taken, who by and when. We judged that the service acted appropriately and quickly in respect of safeguarding adults referrals. The safeguarding records we saw showed that incidents were recorded, properly investigated and learnt from and showed there had been no other incidents since 2014. Systems that were in place to prevent and address safeguarding incidents, and staff having completed appropriate training to manage these issues, meant that people were protected from the risk of abuse.

People and staff told us they could discuss any personal or group issue of safety or concern in private or in a group forum, with or without the registered manager present, and that there would never be any recriminations for doing so. We saw that people had a true 'sense of family/community' when they interacted with each other and were entirely open and easy about sharing this 'sense' with us.

We were told by staff that Leonard Cheshire Disability (LCD) promoted a strong anti-discrimination ethos and code of practice, which considered all staff to be champions of equality for vulnerable people. This was mainly focussed on equality for people with a physical disability, but also included equality for people with other diverse needs.

For many years the service had been promoting people's rights to access community services, work and education, health and social care, transport and entertainment. People had attended college, as one person told us, "I've lived here 23 years and used to go to college when I was younger. I continue to read a lot, mainly English history." Another person said, "I've been going to college some years now, in fact today is my last day, so I really don't want to miss it." One person was supported to attend 'knit and nat' at a local library. They spent time with people having general conversations as well as enjoying knitting and needlework.

The service had around 40 volunteers supporting people to exercise their right to enjoy a huge variety of individual and group occupations and activities in the community, including college and work. For example, one person had recently started a work placement with 'work-link' and other people were attending weekly computer classes, baking / arts and crafts, reading and playing games, music sessions, hydrotherapy and swimming. Wherever possible volunteers were matched up with people that used the service based on shared interests and backgrounds, which was fully assessed as part of people's personal plan. The volunteers helped people to exercise their right to lead a full and active part in society.

One person spoke about their opportunities as an LCD 'CAN' representative, which meant they listened to other people in the service and represented them and their views

Good

# Is the service safe?

at the organisation's equality and advocacy meetings. These meetings also promoted people's rights and assisted people to tackle issues of discrimination they may have experienced in the wider community.

Everyone at Godfrey Robinson faced risks on a personal level because of their wishes to be as physically independent as possible and to exercise their right to make choices and decisions of their own. However, these risks were greatly reduced with the use of individual risk assessments, for example, on the use of mobility aids and sensory equipment: specialist wheelchairs, sensory mats and tele-aids for IT and music. The service used risk management in a proactive and positive way to ensure staff supported people to make positive and informed choices and decisions and to do as much as they could for themselves. A traffic light system within manual handling risk management was used, for example, to support people to use a range of equipment based on their fluctuating ability. We were given a sample copy of one to view.

We saw the risk assessments in place in people's case files, for example, for being out on public roads and pathways in their wheelchairs, for taking medicines, maintaining skin integrity, experiencing seizures, moving and transferring, nutrition, choking, sunbathing, taking part in physical activities and accessing community services. There were other risk assessments pertinent to people's personal needs. All of these helped to reduce risk for people while being supported by staff and helped make their lives safer. When people wanted to achieve their goal staff at Godfrey Robinson did their utmost to help them achieve it and LCD always looked at ways to help improve people's safety if risk was involved.

We looked around the premises on the second day of our inspection. We saw that the premises were safe in respect of fire safety, security and maintenance of the facilities available, as not all of the premises was available to people. This was because the premises were undergoing the start of an extensive refurbishment and improvement programme. This involved the alteration of use of several communal rooms; where work was in progress, in one of the lounges and one of the bathrooms, the contractors had blocked off access to these to everyone but themselves for safety reasons.

One area that was discussed with the registered manager was the lack of window restrictors on some bedroom and communal room windows. This was addressed immediately by the registered manager who contacted the registered provider to inform them of the shortfalls. Discussion followed regarding people's physical needs and the very low risk of falls from windows because of these.

It was also very evident that most people at Godfrey Robinson had capacity and therefore understood and took responsibility for their own safety in this regard. This was their right under articles 5 and 14 of the Human Rights Act 1998: right to liberty and right not to be discriminated against in relation to their liberty (discrimination on the grounds of disability – a protected characteristic contained in the Equality Act 2010). Discussion followed about the possibility of fitting restrictors on some, but not all windows, so that the few people without capacity to understand about their safety were not put at risk of harm, while those with capacity would be able to freely open their bedroom windows as far as they wished. We noted however, that the people without the capacity to understand about their safety were also people with restricted physical ability, who would not be able to access open windows without the full support of staff.

We saw that there was a wide variety of equipment used by people that used the service: ceiling tracking hoists in bedrooms and bathrooms, mobile hoists and tele-aids. People had been assessed for this equipment and it was all subject to maintenance contracts, which had been renewed, as seen by evidence of these in the maintenance and contract files. These included, for example, gas, electricity, fire safety, waste management and water systems.

A review of the most recent maintenance safety certificates and reports showed that the premises were appropriately maintained and equipment was appropriately serviced, as all certificates were up-to-date. The premises and equipment used were regularly checked by two companies that LCD contracted their business with, which was also evidenced in contract files.

Staff told us they had systems in place to make known their concerns or to whistle blow should the service not be providing responsible and safe care to people. We saw details of these systems written in the policies and procedures manual. There had been two incidents where staff felt the need to 'blow the whistle' on the service by contacting us in the last two years. The concerns were assessed as being issues for the registered provider to address and so we asked the registered provider to do so.

Good

# Is the service safe?

Information was sent to us regarding the outcomes of the registered provider's thorough investigation, which showed there was no dissatisfaction among the people that used the service and that the registered provider addressed the issues appropriately.

Accidents and incidents were managed according to policies and procedures, which ensured people were treated appropriately following any injury or fairly following any incident where consequences for them or others resulted. One person's fall records showed the treatment they had received following two falls on the same day, while another person's incident records showed what action staff had taken following their hospital discharge.

People we spoke with told us they felt there were sufficient staff working in the service to meet their needs. Staff we spoke with said they were able to provide the care and support people required, as well as spend time with them discussing problems or issues people may have had. We saw that people's needs were met on the two days we visited. We looked at the staffing rosters and found they were a true representation of the staff that were on duty. There were usually five care staff on duty at each shift throughout the day (four support workers and one team leader) and two waking staff on duty at night. Where people required one-to-one care for specific care needs or activities this was in addition.

The registered manager told us they followed recruitment procedures of the organisation, LCD, to ensure staff were right for the job. They ensured job applications were completed, references taken and Disclosure and Barring Service (DBS) checks were carried out before staff started working. DBS checks return information from the Police national database about any convictions, cautions, warnings or reprimands. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw this was the case in all three staff recruitment files we looked at.

Files contained evidence of employer and 'next of kin' details, application forms, DBS checks, references and people's identities. There were interview documents, health questionnaires, equal opportunities forms and correspondence about job offers. We assessed that staff had not begun to work in the service until all of their recruitment checks had been completed which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable. Staff agreed that thorough recruitment procedures had been followed, which ensured people were only supported by staff that were 'fit' for their roles. We saw that volunteers were recruited in exactly the same way as staff.

The service had LCD policies and procedures in place, which were supported by documentation and forms for recording when a staff disciplinary or grievance might arise.

There were policies, procedures and systems in place to manage medicines safely. The service had National Institute for Health and Social Care Excellence (NICE) guidelines available for staff to follow on the handling of medicines in care homes. Only senior staff trained to give people their medicines did so. We assessed the medication management systems used by the service and saw that all medication was appropriately requested, received, stored, recorded, administered and returned when not used. Medicines were mainly held in and administered from their original dispensed packets. We saw that medication management systems were regularly audited by the organisation and that staff carried out daily and weekly checks to ensure there was sufficient medicines in stock for people to use.

People we spoke with told us they were quite satisfied with the systems in place to handle their medication. We were told that two people chose to manage their own medicines and this was subject to a risk assessment being in place. One person we spoke with said, "Staff do my medication for me. Some people do look after their own but not me, as I have a poor memory." Another person said, "The staff look after my medicines because I have some that are to be stored more carefully than others and they need to be kept safe at all times." Medicine administration record sheets contained clear details of when and how medicines were to be given and they had been completed accurately by staff. This meant that people received their medicines safely.

Good

# Is the service effective?

## Our findings

People we spoke with felt the staff team and the registered manager were extremely competent at providing a service of care to them. They said, "The manager and the staff are all very helpful and always seem to know how to manage things" and "The staff do a wonderful job here, we are never short of guidance or advice on things." One person said, "I am physically unable to manage many things but my mental ability is entirely intact and so staff carry out my physical actions for me on a daily basis on many occasions. They do this exceptionally well, as well as if I were able to do it for myself."

Staff told us about the training they had completed and we saw evidence of this in the files we looked at. There were records of all planned training, training which needed to be refreshed and training that had already been completed. Certificates were available as evidence that courses had been completed. Training completed included, for example, moving and handling and use of lifting equipment, management of medication, infection control, safeguarding adults and fire safety.

Staff had opportunities to complete other training that made them aware of the different conditions people were diagnosed as having, for example, on epilepsy and cerebral palsy. Staff had Qualifications and Credit Framework (QCF) and National Vocational Qualifications (NVQs) in care at level 2 and 3 and at certificate or diploma level, which was evidenced by their certificates of achievement held in their files.

Staff files contained evidence that they had completed an induction to their roles and were formally monitored using a proactive supervision scheme, which helped them develop their knowledge and skills, by ensuring they were given the opportunity to gain further qualifications. Staff also took part in a yearly appraisal scheme, which motivated them to provide a quality service. Staff confirmed these schemes were operated when they spoke with us, which meant people that used the service were supported by well informed and directed staff.

The registered manager and staff told us that best practice in providing a service to people with a physical disability was maintained by ensuring that they all kept up-to-date with learning and research in the field of physical disability and illnesses that caused disability. This was achieved by proactively keeping up-to-date with training, reading publications or information on the internet and by discussing issues with healthcare professionals or specialists in their field, whenever that might be necessary. Staff also accessed the wealth of knowledge that was available through the Leonard Cheshire Disability (LCD) organisation/charity. Staff proactively worked with individuals in the service to consistently improve people's experience of the care they received. Examples of this were reviewing people's nutritional needs in challenging ways, reviewing people's positional comfort with regard to assertively acquiring specialist wheelchairs and equipment and enabling people to achieve their ambitions or aims in life: making dreams reality.

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 interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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. We were told by the registered manager that there was only one person with a DoLS in place, which would be reviewed in April 2016. The service had access to specially appointed staff within the LCD organisation that were responsible for providing and processing information under the MCA, which meant that people that used the service were assured their rights were being championed by extremely knowledgeable and resourceful staff. Therefore people were assured their rights were upheld.

People that used the service were satisfied with the provision of food and drink at Godfrey Robinson. They told us they could make food and drink choices, were asked their views on what meals might be provided and were able to request particular foods if they wished. They said, "The food is alright. I have a choice at every meal and even then I can ask for something else if I want to. We discuss menus in

Good

# Is the service effective?

resident's meetings and we take turns to choose treats" and "The food is very good, my favourites are spaghetti bolognaise and fish and chips, but I can have pies, salads. There is always a selection." One person said, "The cook does a great job, the choice is excellent because we can have cooked breakfast or cereals and toast, we have a choice and two courses at lunch and even then we can ask for something different. Sometimes we all have different foods."

We saw in people's care files that special diets for health reasons were recorded and catered for, that people had choking and nutritional risk assessments in place if needed and that there were intake charts used if a person was not eating well. Likes and dislikes were recorded in files and there was other information pertinent to people's nutritional needs. For example, one file stated. 'I sometimes forget to eat, but I am overweight, so I need regular small portions.' Where necessary dieticians and speech and language therapists were accessed to offer advice and guidance.

Staff recognised the importance of ensuring people ate well and monitored their intake if this was necessary. Staff interacted very well with people, telling them about their own preferences and what they had learned about nutrition and healthy eating through reading and research. Our conversation with the cook showed they had knowledge of people's needs and wishes and specialist diets, that they understood the importance of a balanced diet and that they worked hard to ensure people had a choice that matched their health requirements.

People's care files contained information about their assessed health needs and they recorded details about the support they required to meet them. There were five sections in care plans dedicated to health issues and it was clearly indicated where people needed particular support, for example, one file stated 'My general health fluctuates depending on how I feel, so I need encouragement to interact more with other people and to maintain contact with my family.'

The premises at Godfrey Robinson were suitable for people that used the service because they were accessed via external ramps and an internal passenger lift. Bedrooms and bathrooms were fitted with ceiling tracked lifting equipment that was personal to each person and there was specialist bathing/showering equipment available and personal to each person. Floor coverings were hard surfaced for easier wheelchair use.

However, the premises were also due a full refurbishment and this had begun; to be completed in phases. One bathroom, a toilet and one lounge were inaccessible due to alterations already taking place. Work had already been carried out to the rear garden where a wheelchair ramp had been fitted down to the large lawn and a gazebo base had been started. This would provide people that used the service with easier access to the entire garden, which was extensive, instead of just at one end of it. A new office area was soon to be completed. Works to be carried out after Christmas included a wet room, new bathroom, new lift, further office space and a new store room. Once this has been completed re-decoration will be completed to communal areas and corridors. This work was planned to continue for several months, but phase one would be completed by Christmas.

When we looked around the premises the registered manager agreed there were areas that needed redecorating and renewing, but explained these would all be included in the refurbishment taking place. These included the need to ensure all electrical sockets were at a suitable height, that appropriate storage for equipment was available, that the bathroom and toilet facilities were fitted with wash hand basins and that the windows were fitted with safety restrictors where necessary (according to the details reported above in the section on 'safe').

Good

# Is the service caring?

## Our findings

People we spoke with all told us they felt the staff at Godfrey Robinson had the right approach to people when supporting them to meet their needs. People said, "I am treated with the utmost respect and staff assist me in exactly the way I wish. My privacy and dignity are always upheld", "I find it is quite al right when staff speak to me, they are polite and respectful. We sometimes share a bit of banter. I have never in all my years here seen anyone spoken to rudely" and "I am treated very well. The staff are kind and treat me as an individual." One person said, "I value the relationships I have with the staff" and another said, "I go out with my key worker, who is like a friend to me."

We observed staff approach people politely and respectfully, seeing and caring for the person and not the disability and treating everyone as equals who bring value to the community at Godfrey Robinson. Staff operated a strong, person-centred approach in that they valued everyone's individual view. We saw staff taking time to ask people their opinions about the care they received, about current affairs or about internal changes that were taking place with the environment and the building. We observed staff encouraging people to be independent, for example, everyone was encouraged to make their own decisions about what they wanted to do, where they wanted to go, when, and where they wanted to eat and drink or just spend time. These approaches showed that staff were caring, very enabling and interested in the people they supported, which meant that people benefitted from the best possible care available in the service.

There were many opportunities for people to be involved in decisions within the service, for example, everyone had been involved in consultations for the refurbishment; colour schemes, fabrics and styles. Extra efforts had been made to source specific items that aided independence, such as locks on bathroom doors. This involved people and staff making special journeys to Liverpool, York and Lincolnshire, to ensure that the correct baths and accessories were chosen.

Occupational and social activities outside of the service were something many people took part in and entirely of their own choosing. Every support was provided to people to lead individual and fulfilling lives. One person told us they were under no restrictions whatsoever and were given freedom of choice in all things: when to sleep, eat, bathe, socialise, work, pray, shop and travel.

We were informed about some of the ways people were involved in the changes made to the service. People had regular meetings with a Personalisation Involvement Officer (PIO) and reports from these meetings were used by the registered manager to inform and update on-going action plans for the service. The role of the PIO is to help people that use the service change things across the Leonard Cheshire Disability organisation, to give people information about things they want to change and to listen to and support people if they are upset about anything. We saw a sample report for the month of August 2015 and it recorded items of note for each individual, for example, about their breakfast preferences, wishes for holiday and a request to ensure 'CAN' representatives fed more detailed information back to people. (CAN representatives speak up for other people in LCD CAN group meetings.)

We observed another forum for people to access and discuss issues that were important to them. This was a meeting with Future Choices, which was being held in the service's activity room. This enabled people to look at options in their lives and any future plans they may have and to support them to realise those plans.

Future Choices is an organisation-wide initiative that held a pilot session at Godfrey Robinson House on the second day of our inspection. It is LCD's version of Working Together for Change, a Department of Health approved approach to put people at the centre of information gathering to help with strategic commissioning. LCD's Future Choices approach was about people having person-centred reviews and then participating in facilitated group sessions with staff.

Godfrey Robinson was chosen to be part of the national pilot project as people there already led busy and active social lives and were keen to participate. The session was videoed to share with other services as part of the roll out across the organisation. We were sent an internet link so that we could look at this following the inspection.

Through the use of Future Choices, for example, one person was enabled to begin the fulfilment of an ambition to model. They had paid for a photographer, had a 'make over' and had a collection of photographs taken that gave them an experience of being a photographic model. This

meant the person's self-esteem was enhanced. Another person had fulfilled an ambition to swim, which had been considered as an extremely difficult achievement. Staff had gone 'above and beyond' in their support to help the person to overcome the physical difficulties involved and the swimming sessions meant that the person was able to experience the exercise, pleasure and fun involved, that they had never experienced before. This enhanced their wellbeing.

As well as the 'residents' committee meeting, the service had a 'residents' notice board, the registered manager held reviews of care and people held one-to-one talks between people and staff so that people were kept informed about the running of the service and any proposed changes. Personal communication methods were used by some people, for example, electronic and manual word or alphabet boards, signing and body language or gestures. Staff took time to learn these so they could easily communicate with people and more importantly so people could be understood. We saw that whenever a person received any support the staff told them what was happening at every stage and regularly checked that the person was happy with their care; using their communication methods.

We found that people's wellbeing was checked regularly by staff through observations of their behaviour and demeanour, by discussing issues with people if necessary and by supporting people to attend physical and psychological appointments to help maintain their general health.

People represented themselves or family members did so, but where people were unable to do this , the service ensured people had access to advocacy services, both independent of the organisation and within the service organisation.

As testament to the care provided at the service, shortly after our inspection we were sent a copy of a letter that had been written by a relative of a person that used the service from 2012 until their death in October 2015. The relative, who lived in the south of England and therefore unable to visit regularly, said, "I have been consistently impressed by the outstanding work of all of the staff at Godfrey Robinson…my [relative] clearly found friendship, affection and peace in their new home…contact with me between visits was frequent and always helpful, cheerful and constructive."

And on the matter of the person's final admission to hospital the letter stated, "The registered manager did not hesitate to tackle difficult issues…always had compassion to spare…and when I feared I might not be able to be there at the end...their response was 'we will hold their hand'…and they showed true to their word by getting up in the middle of the night to go to the hospital and be there with my [relative] so they would not be alone. On the last occasion of them visiting my [relative] in hospital in the early hours they went straight back to the home to be faced with an inspection and an outbreak of illness…but did not hesitate to offer support when the end came a few days later…and supported me by arranging appointments for me…and even though their own [relative] was admitted to accident and emergency on the day of the funeral they waited to meet my family and make sure everything was taken care of before they went to the hospital to see their [relative]. I firmly believe that such a fine example of outstanding and compassionate care should be singled out."

This meant the person was cared for compassionately at a time when they and their relative felt it was important for them to be with someone they knew well. It also meant that the person's relatives were fully supported and treated compassionately too on the day of the person's funeral.

People's privacy and dignity was completely upheld within the service. People told us "My privacy and dignity is always respected and I am only spoken with in a respectful way" and "Everyone respects my privacy and dignity. While I sometimes allow staff of the opposite gender to assist me there are times when I request staff support from the same gender and this is always listened to and accommodated."

Staff demonstrated a commitment to upholding people's privacy and dignity in the way they carried out their caring roles. We saw staff discreetly offer support and assist people with their personal presentation, their personal comfort and with eating and drinking. We heard staff speak with people in a way that did not reveal their personal needs or business to others, yet addressed people's needs promptly and effectively. We observed one staff member sitting and assisting unobtrusively when supporting a person to eat at lunch time. There was constant checking out with the person that everything was how they wanted it to be.

We were told by the registered manager that while building work was going on, site workers were only allowed on the

Good

# Is the service caring?

premises after 10:00 am, in order to ensure people's privacy and dignity in relation to getting up and ready for the day and having breakfast was not compromised. The registered manager told us that all visitors and site workers, for example, had to seek people's permission to enter the premises at any time and to inform the registered manager what they would be doing each time they entered. Staff respected people's private space and knocked on doors and waited for a response before they entered.

People at Godfrey Robinson were encouraged to maintain and exercise as much independence as possible and where this might not be physically possible, then independence of thought, wishes and choices were encouraged all the more. Assistive technology was used by three people that used the service. This empowered and supported them to be more independent as they did not need to call for staff to attend to them so often. The equipment had been set up so they could contact family members, turn the television over, switch the lights on/off etc., which meant their independence was greatly improved.

One person said, "I am encouraged to be independent and to make choices. I chose to go to college and I go out shopping when I can with support from one of the staff." We saw that some people had excellent communication methods for informing staff of about their needs: body movements, gestures and facial expressions or use of language and picture boards were some of the ways people without speech communicated. Those people with speech made choices and expressed their needs as necessary so that staff were able to assist them with, for example, mobility, physical tasks, nutrition, medication and finances.

People we spoke with told us that information relating to their lives and details of situations they engaged in were kept entirely confidential by the staff and the registered manager. People told us that some of them knew little bits about each other because they had shared use of the service for many years, but that this was only in respect of information they were happy to share among themselves, otherwise they kept their own lives private and confidential. One person said, "If the confidentiality that staff exercised wasn't any good I wouldn't stay here."

We saw evidence that the service was registered with the Information Commissioner's Office in respect of holding information about and for people and staff. Confidential files were kept safe in offices and people told us they had a copy of their care plans in their bedroom for them and staff to view for supporting them with care.

Outstanding ☆

# Is the service responsive?

## Our findings

People we spoke with felt the staff were very responsive to their needs. People said, "I have a key worker that I spend time with whenever I need to, staff know when I need my medication and staff usually know if I am feeling a bit low" and "We all have individual and distinctive needs here and staff respond extremely well to these. Personally I think staff have outstanding ability to support us in our individual ways." Another person said, "Staff care for me exactly how I ask them to. I ask the staff to bring me any medication at the time I need to take it, because I am physically unable to handle it myself." Staff provided this individualised and spontaneous care as people requested it and so people's needs were met almost as quickly and as effectively as if they were carrying out the tasks themselves.

We observed people being very well supported with, for example, mobility, nutrition and hydration and activities, by staff that were very receptive to each individual's preferences and wishes. One person rose late as was their choice and they were given breakfast as soon as they were ready to eat it. This meant the person did not have to wait for their needs to be met. Another person that communicated in non-verbal gestures was supported with their meal at lunch time by a staff member that knew the person well and was able to recognise when a signal was given to them to indicate when the person was ready to eat more or to have a drink. This meant the person did not have to spend extra energy making every need or request known each time. People were supported calmly and with respect.

We saw from information on the Leonard Cheshire Disability (LCD) internet site that the organisation 'Believes disabled people should have the freedom to live their lives the way they choose. To have the opportunity and support to live independently, to contribute and participate fully in society. That belief is at the heart of everything the organisation does.' We found that staff at Godfrey Robinson 'lived' this belief in their support to people that used the service. This was shown in the way staff assisted people in their approach to resolving their difficulties and how they thought 'out of the box' to help people reach solutions.

One staff discussed a nutritional issue with us which had been communicated to them by a person that used the service they were key worker to. The staff came to the decision that external professionals' advice given and followed at the time of the person's particular need, did not have to be followed 'forever' and so decided to speak with the person about contacting the professional to seek a new review of the person's nutritional needs. The staff member had clearly built a trusting relationship with the person, had empathy with their wishes and demonstrated a desire to enable the person to make positive changes to their life.

We saw, with the permission of three people whose files we looked at, that their care files contained person-centred care plans, which reflected their entire needs, preferences and wishes regarding, for example, their personal care, activities and food intake. People also had health action plans that recorded their health care needs and instructed staff on how best to support people in meeting these. Care files contained documentary evidence to show that people's care and health care needs had been assessed and planned for and were regularly reviewed. There was evidence in the form of signatures and consent forms to show they had been consulted at every step, regarding their care and health care needs. One person told us, "My care plan is in my bedroom and each month my key worker goes through it with me so that we can make any changes if necessary, and we sign it to say it is current and I agree with it." This told us that people were fully included in the plans and changes involved in meeting their needs.

People told us they had a 'residents' committee, which listened to everyone's views and then took any ideas, problems or concerns to the 'CAN' group meeting. The 'CAN' group was a team of Leonard Cheshire Disability (LCD) support workers who met up with people and worked with them to look at all aspects of life to help them improve daily life issues and situations. Issues that concerned people individually or as a group were discussed, if appropriate to that medium, and solutions were found to resolve them. People said, "I am one of the reps on the committee and I attend CAN meetings. Sometimes we are unable to discuss issues because they may be personal and intimate, but otherwise we talk about all manner of things that need to be resolved for people" and "We have a committee who we can go to and they help us sort out problems, if we want them to."

People were supported to achieve their objectives by helping them to understand the different options available to them which then enabled them to make an informed decision. For example, two people wanted to regularly go out together in their powered wheelchairs. They were

# Is the service responsive?

supported to have training and competency tests with Wheelchair Services to ensure they were able to drive their wheelchairs outside. Work was carried out in the grounds and on the perimeter fencing to enable the couple to access quieter roads through the village, instead of via the main entrance, which was on a main country road with no pathways. This meant that they could regularly and independently visit the local pub and village amenities. The service had responded extremely well and empowered these people to meet their need for independence.

People said they maintained family and friend relationships as they wished and if necessary were supported in this by staff. People had clear contact details in their files and details of who the staff could share information with and why. One care file said that the person needed to be encouraged to interact with others and to maintain contact with their family. It went on to show that the person attended and enjoyed a social club. Past information showed the person had been assisted to book a holiday with the cooperation of their parents, thus enhancing the relationship with their parents. The file also showed examples of how they were supported by staff to maintain their relationships with others in the community as well as with family members.

We were told by the registered manager that one person was supported to go abroad on holiday in 2015 with their family for a special 50th birthday family celebration. The person used a moulded, fully-reclining wheelchair, and staff contacted the airline and had a harness made so that the person was able to travel safely in the aeroplane. This person also had another ambition to go swimming and staff supported them to achieve this too, with the appropriate risk assessments in place. The registered manager stated that the staff 'went above and beyond' on both of these occasions because of the complexity of the person's needs. Staff ensured the person was accompanied and supported by staff of their choice on their holiday and to achieve their ambition to go swimming. This meant the person was enabled to take part in family life and their right to go abroad on holiday with their family was exercised.

People told us they engaged in activities, college courses, work, leisure and other pastimes entirely at their own choosing. One person told us they enjoyed going to local 'Super League' rugby matches as they supported the team, and was accompanied in this by one of the staff. The person was independent indoors, but had limited mobility outdoors using a manual wheelchair and the staff member, having the same interest, teamed up with the person to push them to the rugby team's home games when both on and off duty. This showed how staff 'went above and beyond' to respond to people's needs, so they were met.

People said they only had to ask staff to help them get settled in their bedrooms and then some of them were able to use their own assistive technology to operate electrical equipment, lights and sometimes fixtures and fittings. Staff assisted people to research the different types of assistive technology and enabled them to acquire it where it was suitable. People's care files contained documentary evidence that they engaged in activities and these were in the form of planned programmes of activities, if they wished to have them, or records of activities carried out and when.

We also saw that people's religious, spiritual and cultural needs were met with support from staff, volunteers and visiting clergy and ministers. Several people attended the local church on Sundays and others who were unable to go to church or chose not to go to church received communion at Godfrey Robinson from a visiting reverend.

The service had a corporate complaint's policy, of which people had copies and which people said they knew about. There was a system in place for handling complaints, which included completing a 'Have Your say' form if people wished to put their views in writing. People told us, "Staff understand the procedure to follow if they receive a complaint from one of us" and "There are forms that we can complete if we want to complain formally." One person said, "I have no complaints about anything, but would speak with the manager if I had."

The service maintained a complaint log and kept records of any complaints received, how they were addressed and how and when they were resolved. Details showed whether or not people were satisfied with the outcomes. The last recorded complaint received by and about the service was ten months ago. We received two anonymous concerns in August 2015 which were passed to the registered provider to investigate. Information given to us by people we spoke with did not corroborate any of the concerns and the registered provider's investigation also revealed there were no complaints from people that used the service. We saw from the work carried out that the service handled complaints appropriately and used them very well as tools for learning to be able to improve the

Outstanding ☆

# Is the service responsive?

overall service provision. LCD organisation/charity had extensive resources to externally address any complaints about the service, where it was inappropriate for the registered manager to look into them. This ensured an independent and objective approach was used to resolve complaints if necessary.

Good

# Is the service well-led?

## Our findings

When we spoke with staff about the culture of the service they said they considered it to be friendly and open. They said they felt the atmosphere within the service was extremely good: 'healthy'. People we spoke with gave us similar views of the culture. They said, "There is a nice atmosphere here, we all talk to each other and get on well" and "I've lived here many years, seen lots of changes but these days there is a good feeling about the place. We are asked our views and included in everything to do with service provision."

The registered provider was required to have a registered manager in post and on the two days of the inspection there was a registered manager who had held that responsibility for the past eight months. They had also worked in the service as a senior for two years. They demonstrated an open and inclusive management style, but one that was fiercely protective of people's rights in all areas of life. This ethos was passed down to the whole workforce, which meant that staff also upheld people's rights rigorously. Therefore people had learned to be assertive in their expectations for the same opportunities and situations as everyone else living in the local and wider community.

Staff said about the registered manager and their management style, "Whatever you say or whatever your opinion you are always listened to and if your ideas point to improvement for people then they are taken on board and acted on" and "Our communication in the home is very good, right from the management to the cleaning staff. We have a really good manager, who ensures that the best care possible for people is paramount in our thinking and actions."

On the second day of the inspection the registered manager explained that people valued their relationships with the staff team and felt that staff often went that 'extra mile' in caring for them. Early in October there was an outbreak of an infectious virus at Godfrey Robinson during which 17 people and many staff contracted the virus. This could have left the service without the staffing which it required to meet people's needs, which had increased greatly due to the virus. We were told that staff 'pulled out all the stops' to keep the service running, by cancelling their own private appointments and coming back to do double or extra shifts on duty. One person said, "It was dreadful, just about everyone came down with it, but staff were amazing and thank goodness we are all okay now." As recognition of staff commitment and care the registered manager made a "bag of happiness" gift as a small token of appreciation for each staff member who assisted in what was considered by people and staff as a very challenging time.

The notifications we received from the service showed that the registered manager understood their responsibilities for keeping us informed about incidents in and changes to the service, as the notifications were detailed and received in a timely manner.

People told us they accessed local community services and those in the centre of the City of Kingston-Upon-Hull, whenever they chose to. These included transport services, places of entertainment, religious establishments, retail suppliers and healthcare organisations and services. There was evidence of this in peoples' care files.

The registered manager informed us there was a five year business plan produced which contained written visions and values for the service. These included 'valuing the individual, working together, honesty, creativity and energy.' The overarching value was that everyone in the Leonard Cheshire Disability (LCD) 'society' was equally valued for what they contributed to the society and to society in general. These visions and values were person-centred in respect of the individual being unique, having potential to achieve their goals and the right to achieve their potential. We saw there was a 'statement of purpose' and a 'service user guide' in place for people to access, which meant that people had written information on what they could expect from the service.

There had been no changes to the registration conditions of the service in the last four years, but there had been a change of registered manager eight months ago. The current registered manager took up their position in February 2015.

As well as steering the service towards one that championed people's rights, the registered manager had set a goal to improve the physical environment for people that lived at Godfrey Robinson. They had worked hard in consultation with people that used the service to look at the best possible development of internal and external space as part of a major refurbishment undertaken by the LCD organisation. The registered manager's work, which

Good

# Is the service well-led?

involved seeking people's views of what they wanted to have changed in respect of the environment so that their needs were better met, had culminated in a variety of alterations, planned and in progress.

These involved the introduction of tracking hoist equipment in communal bathrooms and toilets on the ground floor (some people already had these in their bedrooms), changes in use of some communal rooms, improved storage facilities and full modernisation of some toilets on the upper floor, which were in desperate need of improvement. The refurbishment, in full consultation with people that used the service about styles, colours and types of equipment, once completed promised to be a major improvement in the overall facilities. This could, at future inspections, become a testament to the registered manager's tenacity, drive and commitment in improving services for everyone at Godfrey Robinson.

The service operated a quality assurance and monitoring systems to seek the views of people that used the service, their relatives, staff, health care professionals and other stakeholders involved in the care and support of people. This system was managed by an external quality monitoring company, which arranged for on-line service user, relative and staff surveys. Details of these were held at the quality monitoring company only, which absolutely ensured impartiality and confidentiality for anyone that had completed a survey. However, we saw documentary evidence of surveys in the form of analysis of information gathered for the year 2014-15 with a satisfaction increase of 3% on the previous year's survey (from 85% to 88% overall satisfaction). We also saw documentary evidence in the form of analysis of information gathered in the staff survey carried out in July 2015, which showed that overall there were higher than average positive scores from staff in comparison to national LCD staff survey scores.

People told us they remembered completing satisfaction surveys each year and told us about the other and different ways they were consulted for their views and opinions. These included 'residents' meetings, individual care reviews, one-to-one discussions with the registered manager or staff, group discussions, 'Have your Say' contributions, meetings with 'CAN' and 'Future Choices' and contributing information to be put into articles in the 'LCD Life' newspaper.

There were regular audits carried out on various areas of performance delivery: for example, on the quality of care plans, personal plan 'compliance', medication systems and medication risk referrals, health and safety within the premises, staff training, infection control, complaints and moving and handling practice.

An external local pharmacist also completed a quality check on the medication systems in July 2014, as another means of checking safety and suitability of processes and practice. Recommended action set by the local pharmacist was met by the service and checked again by the end of June 2015.

All information received from issuing surveys and carrying out audits of the management systems in place, the premises and staff practices, was analysed to identify any shortfalls in the service delivery. This was then used to produce action plans which were addressed and recorded when achieved. Where changes or improvements were made as a result of the quality assurance and monitoring system the service produced newsletters or feedback reports to inform people that used the service, their relatives and healthcare professionals that these changes had taken place, how and when.

We saw that the quality assurance systems had been in place and used over several years in an attempt to sustain the provision of a high quality service. Excellence was always being worked towards and the registered manager told us that the attitude they and the staff adopted was that "More can always be done to improve the service. We never stand still or think we have got it right." This was seen in the demeanour and actions of people and the way they asserted themselves, talking about their expectations in life and demonstrating the belief that each and every one of them had in respect of their place in society and the community: that their lives were important and they mattered to others. One of the people we spoke with said, "We hold a resident meeting every month, which we take turns in chairing and running, so we have full say in what goes on and what happens at Godfrey Robinson. It may sometimes take a little longer than we like, because of finances, but things do change for us when we speak."

We looked at records during our first visit and found these to be well maintained, accurate and up-to-date. These included records in care plans and staff recruitment files, for quality assurance systems, accident / incidents, medication systems and safety checks within the premises. There were certificates of contract maintenance and maintenance service reports. All records were held

Good

# Is the service well-led?

securely in line with data protection guidelines and the service was registered with the Information Commissioner's Office for handling and storing information held on computer or in paper format.