

Mrs Susan Mary Robinson

Robleaze House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Robleaze House provides accommodation with personal care for up to 10 people with a learning disability. At the time of our inspection ten people were living in the home. However, two of these people were only there on respite. Four people had lived there since the home opened 26 years ago.

The service was operating before the principles and values that underpin Registering the Right Support had been developed. However, the service would be expected to develop in line with these principles and other best practice guidance. Registering the Right Support ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service should receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered to support up to 10 people. Ten people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

People and their relatives spoke positively about the care and support provided by the staff and the registered manager. Some people had lived at the home for many years. This was a family run business.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. However, improvements were needed to show how people were supported to make decisions when this was done in their best interest. Mental Capacity assessments had not been completed for people where a deprivation of liberty safeguard had been submitted. The provider had failed to notify us of these authorisations and two safeguarding incidents that had happened during August 2019. They have a legal responsibility to report these to the Care Quality Commission and the local authority's safeguarding team.

Some areas of the home required updating to ensure people were safe. Not all areas of the home were clean and free from odour.

Risks relating to people were not always appropriately assessed and recorded. They did not always take into consideration people's personal circumstances to make sure measures were in place to protect them, staff

and other people living at the service from harm. Improvements were needed to ensure people received their medicines safely.

Since the last inspection, improvements had been made to ensure suitable staff were employed and appropriate recruitment checks had been completed. Sufficient staff were supporting people. This had recently been increased in August 2019. Staff said the senior management team were available in the event of an emergency including at night when there was only one member of staff.

Staff knew people well however; the depth of knowledge was not always transferred to the person's care plan. People's health care appointments were not always recorded once they had attended an appointment. This put people at risk.

Staff said they were supported in their roles. Formal supervisions, annual appraisals and team meetings had not been carried out in line with the provider's expectations. There was no formal process to record staff inductions or show competence in respect of the medicine administration once they had completed their induction.

People told us about the activities they completed with staff both in the home and the local community. Some people attended a day centre. People were supported to keep in touch with family and friends.

The provider did not have effective systems in place to consistently assess, monitor and improve the quality and safety of the service and ensure regulatory requirements were met.

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

Rating at last inspection

The last rating for this service was Good (published 11 June 2018).

Why we inspected

The inspection was prompted due to concerns received from visiting health professionals and commissioners of the service. This was because there were concerns about how the service responded and acted upon their advice and recommendations to meet people's needs. There had also been a safeguarding incident that had been investigated by the police. This was not substantiated but we needed to be assured people were safe. A decision was made for us to inspect and examine those risks.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Robleaze House on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Robleaze House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector carried out this inspection.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with

four members of staff including the registered manager, deputy manager, and two care staff. We spent time with people observing life within Robleaze. This was because not everyone could tell us about their experience of living at Robleaze House.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment. Training and supervisions records for all the staff. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also contacted four relatives about their experience of the care and support provided by the staff working at Robleaze House.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- During the inspection we saw there had been two incidents in August 2019 where a person had kicked two other people in the home. Whilst these did not result in serious injury. These had not been reported to Bristol City Council's safeguarding team or to the Care Quality Commission. This meant we were unable to follow up to ensure suitable action had been taken to minimise risks to people and monitor the service. These had been reported to the local safeguarding team by the end of the inspection process. There has also been some unexplained bruising to one person these had not been reported to safeguarding.
- There have been concerns raised with us about the service and to the council. These had been part of an ongoing safeguarding concern, which had been closed in August 2019.
- People told us they felt safe. Our observations showed that people were relaxed and comfortable with the staff that were supporting them. Relatives told us they felt the service was safe and they were kept informed. One relative said, "X is very safe, it has been their home for a long time". They told us they had regular contact and if anything was wrong they would be quickly informed either by the staff or their loved one.

Due to the lack of appropriate safeguarding systems and processes people had not been protected from abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Not all risks to people were recorded in respect of how to keep them safe. One person had a medical condition which meant they needed supervision when bathing. Recommendations had been made by health and social care professionals, but these had not been incorporated into the care plan to keep them safe. A member of staff told us what they did to keep this person safe, which was to supervise this person when in the bathroom.
- There was no clear guidance on the frequency people should be weighed. We saw that people had been weighed in January and then in August 2019. There was no rationale on whether this should be monthly or not.
- Not everyone had a risk assessment in place for emergency situations such as fire. The registered manager said they had only completed these for two people because of mobility issues. These should be completed for everyone living in the home.
- Staff completed regular fire safety checks on the equipment and took part in regular fire drills.
- There was a missing stair rail that had been removed by a person living in the home in August 2019. This was due to be repaired by the end of September 2019. However, it was evident walking up behind a person they used both handrails until they got to the place where it was missing. Also, other people who may

struggle with mobility may access this area because this was the nearest bathroom to the lounge.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were risk assessments in place to keep people safe when doing activities, household chores, eating and drinking and moving and handling. These had been kept under review.

Using medicines safely

- Medication was stored in a metal cabinet situated in the kitchen. There were no temperature checks completed to ensure medication was stored at the correct temperature and safe for use.
- Some people took homely remedies (over the counter medicines) such as paracetamol or cold relief remedies. There was no advice sought from the GP on whether these were safe to use alongside their prescribed medications. Some people were on pain relief and medications for blood pressure and some of these homely medicines would not have been suitable. There was no guidance for staff on the use of these homely remedies.
- Medication stock checks were completed on medication entering the home. There were no running stock checks on the balances held. This meant we or the provider could not be sure that all medicines were being given in line with the prescriber's instructions.
- Staff administering medicines had received training as part of their induction. However, there was no ongoing checks to ensure staff continued to be competent.

Due to the unsafe management of medication and failure to manage risk to people this was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Medicines prescribed to be given on a regular basis were given safely. The medicine administration record, (MAR) charts recorded accurately what and when medicines were given.

Preventing and controlling infection

- Some areas of the home required a deep clean such as skirting boards and radiators. Some areas of the home were difficult to clean such as flooring, where there was chipped laminate or missing edging strips, which meant that debris could collect.
- During the inspection, we noted the home was not free from malodours in a hallway and a bedroom. One of the bathrooms had stains on the flooring.
- There were cleaning schedules in place, but these had not been completed for the month of September 2019.

Due to the lack of cleanliness of the home and failure to manage risks to people this was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Staff received training in infection control and had access to equipment such as gloves and aprons.
- People told us that they felt the service was clean. One person said, "X member of staff helps me to clean my room and tidies my wardrobes".
- In June 2018, the service was inspected by an environmental health officer to assess food hygiene and safety. The service scored the highest rating of five, which confirmed good standards and record keeping in relation to food hygiene had been maintained. The kitchen was clean.

Staffing and recruitment

- At our inspections in March 2017, we found that not all information had been sought to ensure suitable staff were employed. We were unable to follow this up in June 2018 because no new staff had been employed. The registered manager did tell us what they would do in the future.
- At this inspection, a thorough recruitment process had been followed with staff that had been newly employed, which included seeking two references and a Disclosure and Barring Service (DBS) check. These had been carried out to check whether staff were suitable to work with people in care homes. The records included confirmation that gaps in employment history had been checked.
- The registered manager said there had been some difficulties recruiting to staff vacancies. However, they now felt confident there were sufficient staff working in the home. They told us since the beginning of August 2019 staffing had been increased to three staff during the day.
- There had been a high staff turnover and staff instability over the past 12 months. Any shortfall in staffing numbers were replaced with the use of regular and familiar agency staff. Recruitment was ongoing.
- A person told us, "I like the staff and we go out lots". A staff member said there were enough staff to help people and support them to go out. They said the registered manager, or the deputy manager would always help when needed and often worked alongside the staff team in supporting people.
- There was one member of staff providing support at night. There was an on call member of staff who could assist at night or in the event of an emergency. The deputy manager said they could also respond as they only lived five minutes away from Robleaze House.

Learning lessons when things go wrong

- Accidents and incidents were recorded. These had not always been reviewed by the registered manager. This was because they were unaware of the two incidents in August 2019, which they had failed to report to us or the local safeguarding team.
- There had been very few accidents or incidents. Where a person had fallen it was evident that the service had promptly discussed this with health and social care professionals. A new bed had been purchased which meant this could be lowered. The registered manager told us presently they were using mattresses that were stored in a hallway to put by the side of the bed. These posed a moving and handling risk for staff and it was advised they sought professional advice and purchase suitable matting to place beside the bed to protect the person.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Assessments were carried out prior to people moving into the home to ensure their needs could be met. Some people had lived in the home when it first opened 26 years ago.
- From the assessment care plans were developed to provide guidance for staff. The care plan model was based on the activities of daily living. The care plans lacked information about people's aspirations or working towards any goals. Some did not contain sufficient detail to ensure person centred care was always delivered by staff.
- There were no health action plans. A Health Action Plan is something the Government said that people with a learning disability should have. It is an accessible plan that belongs to the person that describes what things they are doing to keep fit and well. There were no hospital passports, which would ensure a consistent approach in the event of a person being admitted to hospital.

Staff support: induction, training, skills and experience

- Two staff were in the process of completing their induction. They told us they were reading care plans, looking at policies and procedures and completing a lot of on line training. The registered manager said they had yet to download the induction pack. One of the members of staff had worked in the home for eight weeks and the other for four weeks.
- Staff completed on line training via a national on line training provider. Certificates were seen confirming completion. We noted that the staff were completing three yearly training in respect of fire awareness. On the third day of the inspection the deputy manager said they had contacted the provider of the training and was made aware of an annual refresher course and said this would be completed by all staff.
- Staff said they felt supported in their roles. However, four of the staff had not received any formal supervision since November 2018. We were told these should be monthly. In addition, staff meetings were sporadic, the last one was completed in August 2019. There had been a gap of four months since the previous one. We were told staff meetings should be monthly.
- Some staff had recently had an annual appraisal in April 2019. However, they had not had one in 2017 or 2018.

Due to the lack of systems to monitor, support and train staff this was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- Robleaze was formed from two large interlinking domestic properties. There were eight single bedrooms and one shared bedroom. The two people had shared for many years and had been consulted on whether they would like to share. The registered manager told us this had been kept under review.
- Whilst the environment was homely and comfortably furnished some areas of the home needed to be redecorated or refurbished. The shower room on the ground floor was not fully accessible for people with mobility issues. There were missing tiles and generally was dated. The registered manager said this was being refurbished and changed into a wet room. Another bathroom had heavy staining on the floor, the grout and sealant needed to be replaced around the bath.
- One bedroom had a water mark on the roof. We were told this had occurred 18 months ago. Another bedroom had a small area of missing plaster/wall paper where one person had taken it back to the wooden structure. This had been noted at the last inspection in April 2018.

The premises were not properly maintained ensuring the needs of the people were being met. This was a breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- After the inspection the registered manager sent us an action plan giving us assurances that these areas would be addressed.
- A person proudly showed us their bedroom telling us they had chosen the colour scheme. Another bedroom had been completely redecorated and new furniture purchased when a person had recently moved to the home.

Supporting people to live healthier lives, access healthcare services and support and working with other agencies to provide consistent, effective, timely care

- People had access to other health and social care professionals. The recording of health appointments and outcomes for people were not being recorded consistently. For example, one person had evidently been for tests as seen in an email written by a health professional. However, there was no record on the appropriate health professional page in the person's care plan.
- It was evident people had attended dental check-ups and opticians but again staff had not recorded these on the appropriate page in the person's care file. One person had been to the GP for blood tests but there was no information in respect of the outcome or any further treatment.
- Feedback from health and social care professionals was mixed. Two health professionals said the staff were quick to respond to people's changing needs. Whilst others said that there were delays in taking action to support a person's changing needs.
- Feedback from the GP indicated that people had an annual check-up and flu jab. They said, "The management have always been very helpful with these checks, which involve examination at Robleaze and blood tests taken at the practice". This had not always been recorded by staff.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications had been made for four of the ten people living in the home. Three had been authorised and one person was being assessed during the inspection. There was no information in the individual's care plan in respect of the DoLS, which would enable the staff to support the person in the least restrictive way.
- People's mental capacity had not been assessed by the registered manager in conjunction with other health professionals. Although applications had been made in respect of the deprivation of liberty safeguards. These had been completed because health and social care professionals had advised the registered manager they needed to be completed. The registered manager said this was because there was no family involved in the care of the person. This would show there was some lack of understanding in respect of making appropriate applications.
- The registered manager said there had been meetings in the past with health and social care professionals in respect of decisions about health care. They said there was one planned in respect of whether a person was happy living in Robleaze. There were no records of best interest decisions made on a person's behalf where they lacked capacity, such as the flu jab, a women's check, expenditure for holidays or whether a person wanted to wet shave. Consent had not been sought for photographs or the sharing of information.
- A relative said they were always involved and consulted. They gave an example of a health check-up where it was not in the person's best interest to attend. There were no records to support the decision process showing health care professionals had been consulted to ensure the decision was in the best interest of the person.

People were not fully involved or protected when decisions were being made, this was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us they had enough to eat and if they did not like what was on offer they could have an alternative. One person said, "I don't like tuna, so I am having baked beans instead with my jacket potato".
- There was a four weekly menu, which was changed seasonally. People were asked at house meetings what they would like to eat. A member of staff said the majority of the meals were all freshly prepared.
- We observed the meal time experience and saw people were supported with their meals where required. Staff were patient and kind when supporting people. The meal was relaxed and unrushed.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were caring, compassionate and kind in their approach to people. People looked comfortable in the presence of staff. One person said, Robleaze was their home and they were happy.
- Staff were knowledgeable about the people they supported. They described how they recognised signs of pain, upset or when they were happy from people's body language and facial expressions. They also told us about the things people liked to do and their interests.
- Some staff had gone above and beyond in their support of people for example one person had been admitted to hospital over the period of our inspection. Staff had accompanied the person and stayed with them until they were settled which was late into the evening. Another member of staff then returned to spend time with them the next day. The registered manager told us that no one would go to hospital alone and staff would spend as much time with people as possible. This helped with continuity of care and reduced people's anxiety levels.
- People were protected from discrimination. People's care records demonstrated that people's individual, religious and cultural needs were respected. One person told us they went to church every Sunday with the support from staff.

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

- Staff gave people time to respond, listened to them and provided sensitive support to ensure their needs were met. Staff adapted their communication methods to suit each individual. For example, where a person was repetitive in their communication staff answered their question consistently and extremely patiently.
- People had access to advocacy services. An advocate is someone that can help people speak up, so their needs are heard and support with important decisions.
- People had information in their care plan on how they communicated. This enabled staff to understand people in relation to their non-verbal communication. This enabled staff to build positive relationships with people.
- Each person had a key worker who spent time with them on an individual basis. This time enabled them to plan activities, organise trips and generally spend time with individuals.

Respecting and promoting people's privacy, dignity and independence

- People told us what they liked to do when in the home and when out and about in the community. People were actively encouraged to take part in activities in the home such as laying the table, helping with

cooking, doing their washing and ironing.

- Care plans included information about what the person could do and where they may need help.
- People were supported to keep in touch with family and friends. Relatives confirmed they had regular contact by either visiting Robleaze or staff supporting their loved one to visit them. They said they were always made welcome and liked the atmosphere when they visited.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant people's needs were not always met.

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

- People had care plans that detailed some areas of the support they needed and what they could do for themselves. There was no link in people's care plans to risks assessments, which were stored in a separate generic file. This meant the information staff needed to know was not joined up with clear links on how to support people safely and consistently. There was no mention in one person's care file they had epilepsy. There was limited information on people's history prior to them moving to Robleaze House.
- Staff described what was important to the people and how they wanted to be supported. However, this information was not always captured in the person's care plan such as what a person liked to watch on television or their particular interests. There was no goal planning or evidence that people were consulted which would be in line with the principles of the Registering the Right Support. Care plans focused on what the person could or could not do and were about daily tasks rather than people's aspirations.
- For one person there was no information in respect of supporting them when they were upset or anxious. For example one person was known to tip furniture. There was no mention in the person's care plan about the behaviour or how staff should support the person. This information was found in a letter from a psychiatrist. This not only put the person at risk of harm but other people living in the home. For another person their care plan said if they became upset in the community for the staff to contact the home to organise transport. There was no guidance for staff to follow to enable them to avoid the triggers or how to help the person when out and about.
- Care plans had been reviewed annually. We were told people spent time with their key worker on a monthly basis. There were no records of what was discussed or agreed. We were told this was an opportunity for people to plan activities. A key worker told us, "We have just been to the cinema because that was what X (name of person) wanted to do".
- A member of staff said they organised activities in small groups or on a one to one basis. The deputy manager said they were planning to get rid of the mini bus as this did not fit with a person centred approach. They said this had been replaced with a smaller vehicle.

Meeting people's communication needs

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

- People's individual communication needs were identified. Support plans included a section,

'Communication' which guided staff on how to communicate with individuals. For example, one person's support plan stated, 'staff to use short sentences and provide time for the person to respond'.

- Some information was provided to people in accessible formats, this included easy read and pictorial formats. The registered manager told us they were planning to take photographs of each meal, so they could be used as part of the daily menu plan.

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

- People confirmed they had regular contact with their families. Relatives said they were made to feel welcome when visiting Robleaze House.
- People told us about the activities they took part in. This included cooking and gardening groups organised by the staff, going shopping, bowling and the cinema. These activities were taking place whilst we were visiting. One of the activities was making individual pizzas where each person could choose their own topping. People evidently enjoyed the activity and the end result of eating their own pizza. However, these activities were not always captured in daily records.
- Two people attended a day centre. One person in the past had attended a day centre but this closed, and staff were now organising activities for them. They said this had caused the person some anxiety and were liaising with the funding authority to look at putting in a new day care package using an external provider. They were hoping this would start in October 2019.
- Relatives told us they were invited to the home for Christmas and Summer parties and any special birthdays.

Improving care quality in response to complaints or concerns

- Relatives and people told us they were confident that any concerns they had, would be addressed by the registered manager. Relatives told us they had no concerns and were very happy with the care and support.
- There had been no complaints in the previous 12 months raised by people or their relatives.

End of life care and support

- The registered manager told us they would work closely with other health and social care professionals and specialists in supporting people with end of life. This would include seeking the views of the person and their relatives.
- A health professional provided positive feedback about the support a person had received when they were end of life. They said, "The staff did a fantastic job supporting them and the effects on the other clients".

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager had not ensured they notified the CQC of incidents they were required by law to tell us about. This is so we can check appropriate action has been taken. During the inspection visit we found, on two occasions an incident had not been referred to the local authority safeguarding team and no notification submitted to CQC. We discussed this with the registered manager who made a safeguarding referral to local authority immediately. They had also not informed us about the authorisations of the deprivation of liberty safeguards (DoLS).

This was a breach of regulation 18 (Notifications of other incidents) of the Registration Regulations 2009.

- The registered manager understood their responsibility to contact relatives after incidents. Relatives told us the registered manager was approachable and open with them. Our observations supported this.

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

- People told us they liked living at Robleaze and it was their home. We observed people making decisions about what they wanted to do throughout the inspection. Relatives spoke positively about the service.
- People were actively seeking out staff and the registered manager. People freely walked around the home and spent time with the registered manager in the office. Conversations were open and inclusive. One person had asked if they could get a CD rack. This had been addressed by day three of the inspection. It was evident people were listened to.
- Relatives and staff were confident in the management of Robleaze House and told us the home was well run. Comments included, "[Name] is a lovely manager, approachable and listens", and "The manager is a good manager, and rings me every week". A member of staff said, "It is a family business, the members of the family are caring, approachable and want the best for people".
- Four out of the eight staff were related to the registered manager. The registered manager said they had high expectations of all staff especially of her own family in supporting people.
- The registered manager talked about their values, which were known and understood by the staff we spoke with. It was evident that Robleaze was people's home first and foremost where they felt included.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection it was evident that things had slipped. The registered manager said they had not completed supervisions and other management responsibilities because three staff had left, and they had been more involved in the care and support of the people living at Robleaze. They said now new staff had been employed they were now reviewing their role.
- Regular checks were being completed by local authority with visits being completed in February and August 2019 due to concerns raised by two whistle blowers in the last two years. Actions had not been addressed from these visits. For example, the checks on the temperature of the medicine cabinet and recording of best interest decisions. The registered manager also said as part of an action plan they would attend Bristol City Council's safeguarding training in 2017. They told us they had not attended or arranged this training.
- The registered manager did not have effective systems to monitor quality, identify risks or drive improvement. It was difficult to establish what checks had been undertaken. Where audits had been undertaken some areas had not been completed and lacked details about how things had been had been acted upon.
- Quality audits had not been effective in identifying the shortfalls we had found during our visit such as missing information in care plans, medicines, healthcare needs not being followed up or documented.
- Information was not always readily available during the inspection, sometimes this was difficult to find or in some cases could not be located. For example, a member of staff's recruitment information was not available on day one but found on day two.
- Risks to people were not always managed effectively. It is the provider's responsibility to ensure staff know how to support people safely and minimise hazards. Care plans, risk assessments did not always contain information to support people safely or enable effective monitoring of their health care needs.
- Staff had access to the provider's policies. We saw that many of these had not been updated or reviewed since 2013. The registered manager told us they were working with an external company to update all policies.

Systems to assess, monitor and improve the quality and safety of the service provided to people were either not in place or not robust enough to demonstrate good governance. This placed people at risk of harm. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service had regular meetings with the people living in the service to gain their views. The registered manager told us they were reviewing these to include a section on what had been actioned from the previous meeting such as a request to go to the seaside.
- Annual surveys were completed by people who used the service and their relatives. A relative confirmed these were sent annually. People were supported by their key worker to complete the surveys; consideration should be given to see if these could be done by someone independent of the home.
- Staff told us they were supported in their roles. However, team meetings, supervisions and appraisals were not happening as regularly in line with the provider's expectations.

Working in partnership with others and Continuous learning

- Staff worked in partnership with other services people attended such as day services to ensure these were coordinated and organised for people. In addition, staff worked with other agencies, to ensure people could access services such as advocacy.
- Staff worked closely with local healthcare providers such as the GP surgery and the local pharmacy.

- The registered manager told us they were part of a local network supporting providers. They said they had attended training last year on working within the principles of the Mental Capacity Act. All other training was delivered by the provider through e-learning. There was a lack of networking with other providers including training to drive improvement and ensure working within current good practice.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>How the regulation was not being met: The provider had failed to notify the Care Quality Commission of events and incidents that they are legally required to tell us about.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>How the regulation was not being met: The provider had failed to meet the requirements of the Mental Capacity Act 2005 in respect of decisions made on behalf of people.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: People who use services and others were not protected against the risks associated with cross infection because the home was not clean and free from odour. Regulation 12 (2) (h)</p> <p>Medication was not managed in a consistently safe way. Risks to people were not always mitigated. Regulation 12 (1)(2)(g)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and</p>

improper treatment

How the regulation was not being met:
The provider had failed to notify the local safeguarding team of incidents.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA RA Regulations 2014
Premises and equipment

How the regulation was not being met:
The premises used by the provider was not properly maintained.
Regulation 15(1)(c)(e)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

How the regulation was not being met:
The provider's governance systems were not sufficiently effective to monitor and improve the quality and safety of the service. Records were not always accurate and contemporaneous. Care plans did not always contain sufficient information.
Regulation 17(1)(2)(a)(b)(c)(f).