

Conquest Care Homes (Soham) Limited

Robinson House

Inspection report

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Ratings

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

Summary of findings

Overall summary

Robinson House is registered to provide accommodation for up to ten people who have a learning and / or physical disability. The service is not registered to provide nursing care. Ten people were living at the service on the day of our inspection.

This inspection was undertaken by one inspector and an expert by experience of people living with a learning disability. At the last inspection on 08 July 2014 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Systems were in place to manage risks to people using the service and to keep them safe. This included safeguarding matters, behaviours that were challenging to others and medicines.

There was sufficient staff on duty to keep people safe. A thorough recruitment and selection process was in place, which ensured staff recruited were suitable to work with people who used the service.

The registered manager and staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs were assessed, so that their care was planned and delivered in a consistent way. The registered manager and staff talked passionately about the people they supported and knew their care needs well. Different communication methods had been used to support people to understand information about their care. Staff offered people choices, for example, how they spent their day and what they wanted to eat. These choices were respected.

People experienced a good quality of life because staff received training that gave them the right skills and knowledge to meet their needs. People were supported to carry on with their usual routines, shopping and accessing places of interest in the community.

People were provided with sufficient to eat and drink to stay healthy and maintain a balanced diet. People had access to health care professionals, when they needed them.

There was a strong emphasis on promoting good practice in the service. Staff were clear about the vision and values of the service in relation to providing compassionate care, with dignity and respect. Staff knew

what was expected of them and we observed staff putting these values into practice during our inspection.

The provider had a range of systems in place to assess, monitor and improve the service. Significant improvements had been made to the interior décor since our last inspection. People had been consulted on the improvements made to the premises and their choices had been respected. People, their relatives and staff were regularly asked for their feedback about the quality of the service provided. Feedback was used to recognise good practice and to drive improvements where shortfalls were identified.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Robinson House

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 03 February 2017 and was announced. The registered manager was given one hours' notice because the location provides a service for younger adults who may be affected by inspectors arriving at the service unannounced. This gave the registered manager time to reassure people using the service.

The inspection was carried out by one inspector and an expert by experience of people living with a learning disability. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at information we held about the service.

We spoke with three people who were able to express their views but not everyone was able to communicate effectively and articulately with us. This was due to people having complex care and support needs. Therefore we spent time observing the care provided by staff to help us understand the experiences of people unable to tell us their views directly.

We also spoke with three relatives by telephone and the local authority safeguarding team to obtain their views about the service provided at Robinson House.

We looked at records in relation to three people's care. We spoke with the registered manager, deputy manager and two care staff. We looked at records relating to the management of risk, minutes of meetings, staff recruitment and training and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us they felt safe living at Robinson House. Comments included, "The staff are nice, they help me and I feel safe" and "I can always rely on staff, which makes me feel safe". One relative told us, "I've no concerns; I know if my [family member] felt unsafe she wouldn't walk through the front door".

Staff demonstrated a good awareness of safeguarding procedures and who to inform if they witnessed or had an allegation of abuse reported to them. A representative of the local authority adult safeguarding team confirmed the registered manager had responded appropriately to safeguarding concerns which ensured the safety and welfare of the people involved.

Systems were in place to identify and reduce the risks to people using the service. Staff understood the support people needed to promote their independence and freedom, yet minimise the risks. Staff focused on what the individual could do, and the support they needed so that activities were carried out safely. For example, when an issue arose about a person wanting to meet someone they had befriended on social media, staff helped them to understand the risks involved and appropriate control measures were put in place to enable them to safely meet with their online friend.

Staff files examined confirmed a robust recruitment and selection process was in place. Staff had been subject to a criminal record check before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

People told us and we could see for ourselves that there was enough staff available to meet their needs. One person told us, "I never have to wait". Another person commented, "I need to talk to staff when I get upset and there is always some to talk to". A relative confirmed staffing levels were appropriate, commenting, "No-one ever seems to be left on their own".

Systems were in place that showed staff managed medicines consistently and safely. Staff had a good knowledge of the medicines people were prescribed. Two people using the service told us that staff had explained the medicines they took, what they were called and what they were for. All three relatives confirmed the home liaised with them about their family member's medicines, and said sufficient medicines were supplied when their family members visited them at home. One relative was complimentary about the drive by staff to reduce the amount of medicines their family member was taking. They commented, "They were like a zombie before they came here, because their medicine has been reduced, they are so much better now".

Is the service effective?

Our findings

Relatives expressed their confidence in the staff and felt that they knew the needs of their family members well. Staff confirmed the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. This had included training to meet people's specific needs, such as epilepsy and how to manage a person's Percutaneous Endoscopic Gastrostomy (PEG). This is where a PEG tube is passed into a person's stomach through the abdominal wall, as a means of feeding when they are unable to eat orally.

Both staff told us they had completed the Care Certificate as part of their induction. The Care Certificate was developed jointly by Skills for Care, Health Education England and Skills for Health. It applies across health and social care and sets a minimum standard that should be covered as part of induction training of new care workers. A new member of staff told us as part of their induction they had shadowed an experienced member of staff, which had helped them to get to know the needs of the people they supported and cared for. Both staff spoken with told us they received regular supervision where they had the opportunity to discuss the support they needed and to discuss their training and development needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA). They showed a good understanding of promoting people's rights, equality and independence. We saw that appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety.

People told us, and we could see for ourselves that they could choose what to eat from a choice of freshly prepared food. People had access to the kitchen and were supported to make their own snacks and meals. One person commented, "Food's good, I like it. I like to cook fish with cream cheese and pasta, so staff help me". Another person told us, "I have diabetes and staff help me to work out how much insulin I need and to manage my diet. I keep my snacks downstairs in the kitchen now so I don't have them near me all the time".

People told us they attended a range of health services. One person told us, "I see a psychologist every six months and have recently had an eye appointment at Addenbrookes". Another person told us they had repeated ear infections and staff had gone with them to see their GP. Relatives told us they often attended health appointments with the staff. Where they were unable to attend they confirmed they were kept informed of their family member's health, and any appointments and treatments. One relative commented, "My daughter has recurrent chest infections and the staff take them to the GP at the slightest hint of a cough". Another relative told us, "If I comment on something they've [staff] have usually picked it up already". Therefore people could be confident that their health care needs would be met.

Is the service caring?

Our findings

We saw the interaction between staff and people using the service was warm, caring and friendly. People appeared relaxed in the registered manager's and staff's company. One person told us, "I particularly like it when staff help me with my hair, jewellery and fingernails". One relative was complimentary about the sensitivity staff had shown towards their [family member] who had been anxious about going on holiday. They told us, "Staff spent time talking with them about the holiday and took them on day trips to see how they got on and now they really want to go on holiday".

People told us they were involved in making decisions about their care. One person told us they met regularly with their keyworker to discuss how things were going. [A key worker is a named member of staff who works with the person and acts as a link with their family]. People told us they attended monthly residents' meetings where they were involved in making choices about how they spent their day, places they wanted to visit, and what they wanted to eat. One person told us, "I get on with staff okay, I normally plan my own day with their help".

Staff knew people's communication needs and the methods they used to express themselves. We saw staff communicating effectively with people, who used different methods for communication, which helped them to become more involved in making choices and decisions about their care. For example, staff told us one person was unable to use their bathroom because repairs were needed. Staff had shown the person pictures of the shower and the other bathroom and they chose which one they wanted to use.

Staff were clear that their role was to promote independence and encourage people using the service to do as much as they could for themselves. We observed staff supporting one person to make their own hot drink. Staff were aware the person was at risk of harm when pouring hot water from the kettle, therefore staff did this, but stood back so the person could finish making their drink, so they felt involved.

People told us, and we saw for ourselves that people were treated with dignity and respect. One person had placed a sign on the door to their room, which said, 'Please knock and wait until I open the door. If I don't answer please try again later'. The registered manager told us this enabled the person to have control over when staff entered their room. We observed staff respecting this person's wishes which gave them time and space on their own when they needed it.

Staff told us people were encouraged to maintain personal relationships and were supported to do this. People told us they regularly visited their relatives, or their relatives came to the service. Relatives confirmed they could visit at any time.

Is the service responsive?

Our findings

People told us and we saw for ourselves that they had access to a range of meaningful activities and had good links with the community. One person told us, "I always let them know when I'm going out. I like going to the library, where I can talk and play games with my friends on social media". On the day of the inspection, staff had supported a small group of people to visit Hunstanton and have lunch there. One person told us they always had plenty to do. Another person told us, "I have a number of activities from shopping to an Art group and I do some work at a centre". Relatives confirmed people went out frequently. One relative told us, "My neighbours often tell me they've seen [family member] out and about".

People's needs were being properly assessed, planned and delivered. People's care plans showed they and their relatives had been involved in the planning and review of their care. Staff were able to clearly describe the content of people's care plans and knew the needs of the people in their care well. Where changes in a person's behaviour was having an impact on the service, the registered manager arranged for the person to have an assessment with the behaviour clinic. Following the assessment, new plans were developed and additional funding was obtained to provide one to one staff support for the person. The additional support and development of a communication plan had resulted in a significant reduction in incidents of behaviour that was challenging and enhanced the person's quality of life.

Regular reviews of people's care were taking place with people's social workers, (advocate, if required), their family, relevant staff and the registered manager. These meetings reviewed what was working well and any changes in the persons care and support were agreed. Feedback from one person's relative confirmed they were pleased with the support their [family member] received at the service. They stated they felt confident their [family members] needs were being met, and that the communication with staff was excellent.

People told us they had access to an easy read version of the complaints process which guided them on how to raise concerns. Staff confirmed they were aware of the organisations complaints policy and knew the process to respond to any complaints made. The registered manager told us any complaints and outcomes following investigation were discussed at staff supervision and shared at team meetings to learn from things that had not worked as well as expected. Records showed that one complaint had been raised by a member of the public with regards to noise made by a temporary generator being used to power heating whilst repairs were taking place. The registered manager had responded appropriately and liaised with the provider's estates manager to resolve the issues with the neighbour. This showed people's concerns were listened to, acted on and responded to.

Is the service well-led?

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us the registered manager was approachable and listened to what they had to say. One person told us, "I like the manager as she helps me a lot". Another commented, "The manager is easy to talk to and she's always around." A relative told us, "I couldn't wish for anyone better to manage the service".

The registered manager was dedicated to providing a good service and was passionate about the people living there. They described the culture in the service as open, transparent, friendly and one that treated people with dignity and respect. They worked alongside staff to assess and monitor the culture in the service, which helped them to identify what worked well and where improvements were needed. Staff had a clear understanding of the vision and values and were observed treating people with respect and dignity throughout the inspection.

Both the registered manager and staff spoke of clear leadership across the service and organisation. Staff told us the service was well organised and that the registered manager was approachable and supportive. Staff confirmed regular staff meetings took place to share information and ideas on how to improve the service and to ensure people's needs were being met. A monthly bulletin was produced by the organisation cascading information and changes in the organisation. A staff recognition scheme was in place which recognised people or teams who consistently made a difference to people using the service, or their colleagues. The registered manager had been nominated for this award.

The provider had a range of systems in place that assessed and monitored the quality of the service, including shortfalls and the action taken to address them. This included carrying out surveys to obtain feedback from people using the service, their relatives and staff. One person told us they completed a survey "Every couple of months". We reviewed the results of these surveys. All contained positive feedback about the service provided, the staff and the registered manager. The results of the staff survey completed in August 2016 were positive with staff commenting on the rewards of working at the service and being able to make a difference to people's lives.