

Rymacare Limited

Roberts Lodge

Inspection report

20 Roberts Road
Southampton
SO15 5DE

Tel: 02380335305

Website: www.rymacare.co.uk

Date of inspection visit:
22 November 2022

Date of publication:
22 December 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Roberts Lodge is a residential care home providing accommodation and personal care to up to 5 people. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were 4 people using the service.

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

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

The service supported people to have as much choice, control and independence as they could. The service planned for when people experienced periods of distress so their freedoms were restricted only if there was no alternative. The service supported people in a safe, clean, and well-maintained environment.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. The service had enough suitably skilled staff to meet people's needs and keep them safe.

Right Culture:

Staff knew and understood people, and were responsive in supporting people's needs. Staff turnover was low, which supported people to receive consistent care. Staff ensured risks of a closed culture were minimised so people received support based on transparency, respect, and inclusivity.

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 21 October 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to how the service supported people safely. As a result, we undertook a focused inspection to review the key questions of safe and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating of good.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Roberts Lodge

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. We did this to understand how prepared the service was to prevent or manage an infection outbreak, and to identify good practice we could share with other services.

Inspection team

One inspector carried out this inspection.

Service and service type

Roberts Lodge is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Roberts Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity including our visit to the service took place on 22 November 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed all the information we had received about the service since its last inspection. We reviewed previous inspection reports. We used all this information to plan our inspection.

During the inspection

We observed people's care and support in the shared areas of the home. We spoke with the registered manager, the nominated individual and 3 members of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed records relating to people's care and the running of the service. These included care records for 2 people and recruitment files for 2 staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked with other agencies to do this.
- The provider had appropriate policies, procedures and practices to support people safely and respond to concerns. Staff were confident these would be followed correctly if needed.

Assessing risk, safety monitoring and management

- People lived safely and free from unwanted restrictions because the service assessed, monitored and managed risks to their safety. This included risks where people's behaviours might cause a danger to themselves or others. Other risks assessed and managed included physical interventions, medication, personal care, self harm, activities in the community, and home visits. Risk assessments included information about triggers and signs, and guidance for staff to avoid and manage the risks. People, including those not able to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk. These included audits for fire, and health and safety risks. People had individual evacuation plans in the case of emergencies. Guidance was in place for staff to follow if people should leave the home unexpectedly without staff support.

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 MCA 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 Mental Capacity Act (MCA). In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people. The provider had a large bank of staff they could call on to cover leave or sickness. The numbers and skills of staff matched the needs of

people using the service. Staff knew how to take into account people's individual needs and wishes.

- Staff recruitment and induction training promoted safety. Staff files included the records providers are required to keep to show evidence of safe recruitment. These included Disclosure and Barring Service checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. The provider took steps to make sure people's prescriptions were appropriate.
- Staff followed effective processes to store medicines safely and to support people to take their medicines safely and in line with their preferences. This included where there were difficulties in communicating, and when assessing risks associated with people's medicines. Where people had medicines prescribed to be taken "as required", there were suitable protocols and guidance in place. There were twice daily checks on medicines stored in the home. People were supported by staff who followed systems and processes to administer, record and store medicines safely.

Preventing and controlling infection

- The service used effective infection prevention and control measures to keep people safe, and staff supported people to follow them. The service had arrangements in place to keep the premises clean and hygienic. People had individual COVID-19 care plans.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- The provider understood and complied with government guidance around visits from friends, families, and other advocates.

Learning lessons when things go wrong

- People received safe care because staff learned from incidents. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned via team meetings. Where incidents involved potentially dangerous behaviours, these were reviewed by a multi-disciplinary team, including the provider's in-house clinical psychologist.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Management were visible in the service, approachable and took a genuine interest in people, and what staff and other professionals had to say. Senior management visited the home regularly and were accessible to staff. The provider promoted a positive, inclusive culture.
- Management and staff put people's needs at the heart of everything they did, and achieved good outcomes. People had been supported to improve their oral health, and to participate more in activities in the home and outside, such as trips in power boats organised by a local charity, swimming, festivals in the community, eating at local restaurants and pubs, and bespoke education.

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 understood the duty of candour. They had open communications where people had family or other advocates who were interested in their care and support.

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

- The registered manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and oversight of the service. They communicated the provider's vision and values to staff who knew how to apply them in the day to day work of the team. There was a clear management structure in the home, and staff understood their roles and how to deliver a high quality service.
- Management understood and complied with legislation. There were internal audit systems to ensure the service met the fundamental standards required by regulation. The provider notified us as required when certain events occurred.

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

- Senior staff worked closely with people so they could observe how people with complex communication needs responded to their care and support. Staff had understood people's preferences through observation of how they responded to different options and choices and by reviews with people and their families.
- There was an annual survey of people's satisfaction with their service, which staff supported them to complete.

- The provider engaged with staff through regular supervisions and yearly appraisals.

Continuous learning and improving care

- The registered manager and provider had a clear vision for the direction of the service which demonstrated a desire for people to achieve the best outcomes possible. Improvement of people's care was based on regular reviews of care plans, risk assessments and positive behaviour support plans. The provider had a service development plan which identified improvements such as refurbishment of areas of the home.

Working in partnership with others

- The service worked in partnership with other health and social care professionals. These included learning disability specialist nurses, dentists, psychologists and psychiatrists, according to people's needs. Partnership working helped improve people's wellbeing.