

Alphonsus Services Limited

# Florrie Robbins 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?	Requires Improvement ●

# Summary of findings

## Overall summary

Our inspection was unannounced and took place on 10 March 2016. The inspection was carried out by one inspector. At our last planned inspection on 13 May 2013 the provider was meeting all of the regulations that we assessed.

Florrie Robbins is a care home which is registered to accommodate and deliver care to a maximum of five people. The home specialises in the care of people with a learning disability. At the time of our inspection four people lived at the home.

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

Arrangements were in place to monitor the service although some improvements were needed to ensure that these were effective at identifying where some improvements were needed.

Relatives told us that they were happy with the care their relative received. The registered manager and staff understood how to protect the people they supported from abuse, and knew what procedures to follow to report any concerns.

People were supported by staff that were kind, caring and respectful and knew them well.

Staff had a good understanding of risks associated with people's care needs and knew how to support them. There were enough staff to support people safely in the home and whilst outside of the home. Recruitment procedures ensured that only staff of a suitable character to care for people were employed.

Medicines were stored and administered safely, and people received their medicines as prescribed. People were supported to attend health care appointments when they needed to and received healthcare that supported them to maintain their wellbeing.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and supported people in line with these principles. People were supported to make everyday decisions themselves, which helped them to maintain their independence.

People were supported to eat and drink food that met their dietary requirements and that they enjoyed eating.

Staff felt that they had received adequate training to ensure that they had the skills and knowledge they

needed to provide safe and appropriate support to the people who lived at the home.

## 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 were safe because they received support from staff who understood the risks relating to people's care and supported people safely.

Staff knew how to safeguard people from harm and there were sufficient staff to meet people's needs.

Medicines were managed safely, and people received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received appropriate training to help them carry out their role.

People were supported to access a variety of healthcare services to maintain their health and wellbeing.

People's human rights were protected because staff were aware of their responsibilities regarding the Mental Capacity Act and Deprivation of Liberty safeguards.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind and caring and there was a happy and positive atmosphere within the home.

People were treated with dignity and respect and their independence was promoted.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in decisions about their

lives and how they wanted to be supported.

People were given support to access interests and hobbies that met their preferences.

People and their relatives told us they knew how to make a complaint if they needed to.

**Is the service well-led?**

The service was not consistently well led.

Systems were in place to assess and monitor the quality of the service but had not always been effective at identifying where improvements were needed.

People benefitted from an open and inclusive atmosphere in the home.

The home was led by a manager that was visible in the home and knew people's needs well.

**Requires Improvement** 

# Florrie Robbins 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 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 was unannounced and took place on 10 March 2016. It was carried out by one inspector. We observed the care and support provided to people who lived at the service. Some people had limited verbal communication and were unable to tell us in any detail about the service they received.

During the inspection we met and spoke with all four people living at the home. Some people's needs meant they were unable to verbally tell us how they found living at their home so we observed how staff supported people throughout our inspection. We spoke with the registered manager, three members of staff including a senior and two support workers. We spoke with two relative's and two health and social care professionals by telephone.

We looked at the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service. Notifications are information the provider has to send us by law. We looked at information received from the local authority commissioners of adult social care services. We looked at the care records of two people, the medicine management processes and records maintained by the home about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to check people received a good quality service.

# Is the service safe?

## Our findings

People had limited verbal communication skills and were unable to tell us if they were concerned about their safety and if they were protected from abuse and harm. Throughout the inspection we saw that people looked relaxed and comfortable in the presence of staff and sought staff out to be in their company. We saw that staff acted in an appropriate manner to keep people safe. A relative told us, "I am very happy with the care [Person's name] receives and yes I think they are safe".

Staff told us that they had received training in recognising the various types of abuse and that they recognised that changes in people's behaviour or mood could indicate that people may be being harmed or unhappy. All staff knew the procedures for reporting any concerns about people's safety to the manager and most staff knew about contacting external agencies if necessary. We saw that there was information about how to report suspected abuse in the home and this was accessible to staff so they could refer to this if needed.

Staff were able to describe the measures they needed to take to keep people as safe as possible. For example, some people were not aware of potential dangers such as the risk of scalding from hot drinks. We saw that staff took great care and attention to ensure that the risk of harm to people from the risk of hot drinks were minimised without restricting people's choices. We found that although staff knew people's needs and how to keep people safe not all risks to people had been assessed with guidelines in place on how to manage the risk. This would ensure that all staff had the information they needed to know in order to reduce any potential risks to people.

We saw that staff were available to respond to people's request for care when they needed it. Staff told us that they had enough time to sit and talk to people and support people to do activities at home and in the community. Records of activities people had undertaken supported this. Our observations during the inspection confirmed that there was enough staff to keep people safe. The registered manager told us that staffing levels were adjusted according to people's care needs and occupancy levels.

Staff knew the procedures for handling emergencies such as medical emergencies. Staff told us that there was always a senior staff member on call to support and advice in an emergency. For example, some of the people had epilepsy and staff knew how to support people safely in the event of them having a seizure. We saw and staff told us that equipment used for people's care was serviced and the environment was maintained to ensure people's safety.

Staff told us that all the required recruitment checks required by law were undertaken before they started working. Staff records we looked at confirmed that all required checks had been undertaken. This included Disclosure and Barring Service checks (DBS), these are checks that are undertaken to ensure that staff do not have any relevant criminal offences that would prevent them from providing care and support to people that used services.

We looked at the systems in place for managing medicines in the home and found that there were

appropriate arrangements for the safe handling of medicines. People's medicines were stored in a suitable secure location. Each person had a plan explaining how they preferred their medicines to be given to them. Staff told us that all staff who administered medicines had been trained to do so and that the manager checked on their competence. We saw that records were maintained to confirm people had received their medicines as prescribed. We saw records of checks on medicines were in place to ensure that people received their medicines safely.



## Is the service effective?

### Our findings

Relatives we spoke with described that they had confidence in the staff and their ability to meet their family member's needs. A relative told us, "The staff know [person's names] really well and understand their needs. There is a really good team of staff working at the home".

We talked to staff about how they delivered effective care to people with differing needs. Staff showed that they knew people's needs and preferences well and had the skills needed to carry out their role. Staff told us that they received training. Records showed that some training was due to be updated to ensure that staff remained up to date with their knowledge and skills. The registered manager told us that there were plans in place to ensure that these updates would be provided by the providers training department.

All staff told us that they had regular supervision to discuss their performance and development. Staff told us that an on call system was in place so that staff had 24 hour access to support and advice. All staff that we spoke with told us that they felt supported in their role and that the registered manager and provider were approachable.

The registered manager and staff had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what it meant for people. 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. A member of staff told us that they encouraged people were possible to make their own day to day decisions. They told us that this included what they had to eat and how people spent their time. We saw that people were supported to make some of these decisions during our visit. We saw that staff sought people's consent to aspects of their care. Staff understood issues around people's capacity to make certain decisions. Where decisions had been made on people's behalf the registered manager told us that meetings had been held to make sure decisions were made in the person's best interest.

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. The registered manager told us that DoLS applications had been made on behalf of people where restrictions were in place and one application had been approved so far.

We saw that people were supported to have sufficient to eat and drink. People were just finishing their breakfast when we arrived and all the people ate lunch out on the day of our visit as part of their activities. Staff demonstrated that they knew each person's needs and preferences in terms of food. Staff told us that although a menu was in place people could also chose what they wanted to eat. We saw that drinks were offered to people throughout the day. The registered manager told us that staff took pride in preparing wholesome and nutritious meals for people. Records showed that people were offered a varied and nutritious diet.

Staff told us that people were supported to access a variety of health and social care professionals. For example, GP, district nurse and dentist. Records showed people were supported to attend health appointments and the outcomes of healthcare appointments were recorded so health care needs could be monitored. A healthcare professional we spoke with told us that they had no concerns about the service.

## Is the service caring?

### Our findings

We observed staff supporting people with compassion and warmth. There was a happy, calm and relaxed atmosphere in the home throughout our visit. People looked happy and comfortable with staff and with the people they shared their home with.

Relatives of people who lived in the home told us that they thought the staff were caring. A relative told us, "The staff are really good. You can actually feel that they care. It's a lovely caring home. I really would give the care ten out of ten".

Staff supported and respected people's choices. We saw that staff supported people to make choices and decisions about their care and how it was delivered. Choices included how people spent their time. We saw that one person wanted to move into another room and indicated that they wanted to spend some time on their own and they were supported to do this. Another person liked to move around the home and staff ensured that the person was free to do this whilst observing the person in a way that was not intrusive but ensured the person was safe.

We observed that staff worked consistently in a respectful way with people. Staff demonstrated that they had come to know the needs of the people well and valued the people they were working with. For example, staff understood people's communication skills and communicated effectively with people who had limited verbal communication. Staff told us that they supported people to maintain their independence and where possible encouraged people to do things for themselves.

We saw that people looked well cared for. Staff were available to respond promptly to people's personal care needs. Staff that we spoke with demonstrated a good understanding of people's human rights including privacy, respect and dignity.

We saw that people were dressed in individual styles; these styles enabled them to express their individuality. People were wearing clothes that reflected their age, gender and personal taste and interest. This showed that staff recognised the importance of how people looked to people's wellbeing and self-esteem. People were supported to maintain contact with the people important to them. A relative told us, "[Person's name] always looks well cared for and they are always really well dressed in clothes that really suit them".

## Is the service responsive?

### Our findings

We saw that staff were available to respond to help people to do the things they liked doing. Some of the people had difficulty expressing their needs and wishes verbally. Staff had worked with people (and others who were important to them) to support people to express themselves through nonverbal communication. For example, we saw one person pushing a chair. The staff member helped the person move the chair by the window. The staff member explained to us that the person liked to sit by the window and watch what was going on outside. The person smiled and vocalised and indicated that they were happy that the staff member understood what they wanted to do.

Staff were able to tell us about the things that were important to people. Staff were able to give detailed explanations about people's needs as well as their likes and dislikes and preferred routines. The manager told us that it was a small staff team that worked very closely with people and knew people's needs well. People had all been assigned a key worker. A key worker is a member of staff that works with and in agreement with the person they are assigned to. The key worker has a responsibility to ensure that the person they work with has maximum control over aspects of their life.

People were supported to do things that they enjoyed. Some people went out on the day of our visit to local day centres. Some people were supported to access leisure and hobbies that they enjoyed. For example, two people went bowling and for a meal out. On their return they were smiling and laughing and staff chatted with them about how the day's activity. A relative told us, "I know they go out to different place and to the park, for meals and shopping".

Staff recorded people's daily activities, communication, behaviour and food intake to gather an overall picture of people's health and wellbeing. Staff told us that they discussed any changes they had observed with the staff team so they could consider any action that they needed to take. For example, staff described to us that when one person starts to refuse food they knew straight away that this was an indicator of the person being unwell so they would monitor them closely and try and establish what the illness was. Staff also described that with the input of health care professionals they were supporting a person with a reduction in their medicine. They were monitoring the person and told us that the person was more responsive and alert since the reduction in medication.

Staff told and we saw records of key worker meetings so people's views and response to their care could be gathered and used to improve the service. Relatives confirmed that staff placed great value on maintaining relationships with people's family and friends. A relative told us that they were always made to feel welcome when they visited the home. A relative told us that the registered manager and staff kept them informed about their family member's wellbeing and they had been consulted about their care. For example, they told us that the registered manager was in the process of reviewing their relative's day time activities and they had been fully involved in the discussions about this.

Most people at the home would be unlikely to be able to make a complaint due to their communication needs and level of understanding. Staff told us that they would notice if people were unhappy about

something because they understood people's gestures and moods. A relative told us that they had not needed to complain but would contact the manager if they needed to. They told us, "I feel that I am kept informed and communication is good, I have no concerns about [Person's name] care. The registered manager told us that whilst they had not received any recent complaints or concerns they had a process and procedure by which they would identify, capture and take action on complaints if needed.

## Is the service well-led?

### Our findings

There was a system of internal audits and checks completed within the home by the manager. For example, regular checks of medicines management, care plans, fire safety and safety checks on equipment took place. However, these systems had not always identified some of the shortfalls we found during our inspection. We found that some risks that had been identified did not have individual risk assessments in place to ensure that staff had the information they needed to mitigate risks relating to people's safety. We found that although staff knew when to give people their medicines that were prescribed to be given on an as when needed basis protocols were not in place to ensure that staff had the information to ensure a safe and consistent practice. We observed that staff supported people and described their care in a personalised way. However, some care records we saw did not reflect this.

The registered manager told us that a DoLS application had recently been approved for one person. They were not aware of the need to notify us (Care Quality Commission) of this approval. When we made them aware of this they took immediate action to formally notify us and a notification was sent on the day of our inspection. The registered manager told us that their own procedures in relation to DoLS had been updated to reflect this legal requirement. They told us that they were aware of their responsibility to report other notifiable incidents to us. We sampled some of the provider's policies and procedures and saw that these had not been updated to reflect the current regulations. For example, the safeguarding procedure referred to the previous regulations. The registered manager contacted us following our visit to tell us that the provider had taken action to update their policies and procedures.

Everyone that we spoke with told us that the registered manager was approachable and available if they needed to speak with him. One relative told us, "He [The manager] is brilliant, he really cares about people". Another relative told us, "I am happy with everything. I think it is a lovely home and they really care". Health and social care professionals that we spoke with told us that they had no concerns about people's care.

The registered manager told us that he had attended relevant training and conferences to keep his knowledge up to date. He was very open to the inspection process and showed a commitment to make improvements to the service. He was knowledgeable about the needs of the people living there and understood the importance of making sure staff were involved in the development of the service.

We asked staff about the support and leadership within the home and if they felt able to raise any concerns they had. Staff told us they enjoyed their role. They gave us a good account of what they would do if they learnt of or witnessed bad practice. They were aware of their roles and responsibilities with regards to whistle-blowing and that there was a whistle-blowing policy in place. Staff told us that they felt supported and they were confident that they could approach the manager and that they would be listened to. A staff member told us, "I feel well supported and the manager is very approachable". Staff told us that regular staff meetings took place and that they could contribute their ideas at these meetings.