

Cooper Tarry Partners LLP

# Roberta 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?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Roberta House is a residential care home providing personal care to 16 people most of who are living with Korsakov's syndrome and had a history of alcohol dependence.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection one person was in receipt of personal care.

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

People told us they felt safe living at Roberta House. However, we found when safeguarding incidents occurred, staff did not follow correct processes and reporting procedures. Although managers took action to investigate concerns, they did not inform the Local Authority safeguarding team or the Care Quality Commission (CQC) as required.

Managers did not always understand and comply with their regulatory responsibilities. We found some care plans were out of date and did not contain the level of detail need. Audits and quality assurance processes did not identify and act on the issues identified during our inspection.

The provider had identified that an additional staff member during the day would be beneficial to help meet people's needs. They were in the process of recruiting new staff members to cover this post.

People's care was based on their needs and preferences. People were supported to do things they enjoyed. People were independent and chose how to spend their time. Complaints were responded to appropriately.

People were involved in their assessment to ensure the service could meet their needs. Staff had received the training and support required to enable them to fulfil their roles. 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.

People told us they were happy living at Roberta House and liked the staff team that supported them. We observed people be supported to express their opinions about their care. People and staff had positive relationships based on mutual trust. Staff understood people's conditions and needs well and were responsive to these.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 17 March 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified breaches in relation to safeguarding incidents and quality assurance processes at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### 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.

## 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 effective.  
Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# Roberta 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

The inspection was carried out by two inspectors.

#### Service and service type

Roberta House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. This means that they and the provider 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 seven members of staff including the provider (who was also the registered manager), service manager,

quality assurance manager, partner, and three care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. 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 spoke with two professionals who have visited the service.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. 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

- Although staff and the management told us they were confident in relation to safeguarding, we found safeguarding reporting processes had not always been followed.
- When safeguarding concerns had been identified, managers took action to investigate concerns, however they did not liaise with the local authority safeguarding team as necessary.
- During our inspection we identified three safeguarding concerns had not been notified to the CQC as required.
- When this issue was identified, managers organised for staff to refresh their training in safeguarding.

The failure to notify the CQC of safeguarding incidents is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Learning lessons when things go wrong

- When accidents and incidents occurred, staff documented them, and managers reviewed them to ensure appropriate action had been taken. For example, one person lost their footing and fell in a communal area. The service manager reviewed the area to ensure there was no obvious trip hazard which could cause others to fall.
- At the time of our inspection, there was no overview of incidents to look for trends and patterns. For example, the frequency of seizures people were having, and any causes or triggers. We discussed this with the registered manager who implemented a system to review accidents and incidents following the inspection. We will review this at our next inspection.

Assessing risk, safety monitoring and management

- The provider and registered manager were knowledgeable about the needs of people in the service and this was key in understanding the risks their conditions could pose.
- Positive risk taking was encouraged through a long process of assessment of risk and people demonstrating they could sustain the skills. Staff were kept up to date of changes to people's risks and needs through for example staff handovers, staff communication book via email. Staff understood how to alert other staff to changes.
- Each person had a range of individualised risk assessments for their environment, healthcare or support needs. General risk assessments for the premises and general risk that could impact on everyone had been developed and measures implemented to minimise the risk of harm.

Staffing and recruitment

- People told us there were sufficient numbers of staff to support them.
- We received mixed feedback from staff, who felt there should be an additional staff member during the day. We observed staff to be busy but be able to meet people's needs. Staff had raised this with the provider, who was in the process of recruiting more staff. In the meantime, managers told us they supported staff and people when required.
- We checked that staff were recruited safely in line with the providers policy and found they were. Before staff started working at Roberta House, full work history checks were completed, and two references were obtained to ensure staff had the right character to work with people.

#### Using medicines safely

- Since our last inspection a new room had been created to store people's medicines. This contained air conditioning to ensure medicines were kept within certain temperatures in line with good practice.
- When medicine errors had occurred, lessons were learnt, and improved policies implemented. For example, following an administration error, managers supported staff to refresh their training and competencies and amended the medicines policies to make medicines administration responsibilities clearer.
- Medicine administration records were clear and well completed by staff. A new system to manage medicines was recently implemented which staff told us they preferred.

#### Preventing and controlling infection

- We found the service to be clean and well maintained throughout. We observed people being involved in the cleaning of the service, for example cleaning away plates following meals.
- The provider was in the process of recruiting a cleaner to take over some of the domestic duties being completed by the care staff and allow them more time to spend with people.



# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people moved into the service, an assessment was completed by a manager to ensure the service was able to meet their needs. The assessment considered all areas of the person's needs, including any protected characteristics under the Equalities Act 2010. People's preferences in relation to the gender of staff who supported them were documented and respected.
- People were involved in the assessment process and wrote care plans and risk assessments with staff members in order to create a fully holistic guide to enable staff to support them in the best way possible.

Staff support: induction, training, skills and experience

- New staff completed an induction to their role during a three-month probationary period. This involved a mixture of shadowing more experienced staff to gain practical knowledge of people's needs, preferences and daily routines. We found staff we spoke with showed a good understanding of people's needs.
- All staff were provided with a comprehensive range of training relevant to the needs of people in the service and the safe operation of the service such as Diabetes, mental capacity, Korsakoffs, fire safety and health and safety.
- Staff said they felt supported by the management team, communication was good, and staff worked well together as a team. Staff received regular personal supervision with a member of the management team which they found helpful and used this to discuss issues relating to their own training and development but also the needs of people they supported.
- A healthcare professional told us, "Whilst at the home, I have watched interactions between staff and residents and have found staff to be supportive."

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

- People were supported to eat and drink sufficient to maintain good health. Staff had a good understanding of people's conditions, and the effect malnutrition could have on people.
- People were able to make food choices from the menu daily, some people chose to prepare their own food. People told us they enjoyed the food, and we observed it to be of good quality.
- During our inspection we observed people preparing their own drinks and being involved in setting tables for meals and cleaning away following meals.

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

- Staff worked with other health professionals to make sure people receive consistent and effective support.
- When people's needs changed, staff supported people to access the relevant healthcare professionals,

and supported them to advocate for their needs were necessary.

- A healthcare professional told us, "The staff are always prepared for my meetings, and they give a full and comprehensive account of the resident's current situation."
- People had information that could be shared with healthcare professionals, for example in the event of hospital admission detailing what support the person needs, their medical past, and how best to communicate with the person.

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

- The service met the needs of people living there. People had access to kitchens to prepare food and drinks, a communal dining area, and several other areas they could utilise if they wanted to spend time with people, or on their own.
- People had access to a shared large garden, which had a decking area which was popular with people.
- People had personalised their rooms with affects such as photographs of things that were important to them such as family, or of their careers. People who enjoyed painting or crafts had their work proudly displayed in their rooms.

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.

- Staff understood the principles of the MCA and could tell us how they supported people to make decisions. For example, staff asked for consent before entering people's bedrooms, or supporting them.
- Some people's capacity to make decisions could fluctuate. When people were unable to make decisions about their care and support, staff organised best interest meetings. For example, one person liked to smoke but was limited to the amount of tobacco they could afford to purchase. Staff supported them to manage their smoking, so they did not become distressed and run out of tobacco.
- The registered manager had applied for DoLS authorisations. Staff were aware of and complied with any conditions on authorised DoLS.

# 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

- During our inspection we observed a calm atmosphere, with people spending time as they wished. Staff interactions with people were positive and encouraging.
- We observed one person become very anxious when they were unable to locate something. Staff supported the person in a calm manner to deescalate the situation and supported them to locate the item, reducing the person's anxieties.
- A healthcare professional told us, "Staff have been observed to be respectful, and cheerful, their communication with resident's was observed to be set at his pace and promoted good two-way communication." Another healthcare professional told us, "Overall I was very impressed with the service."

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

- People were supported to express their views and be involved in decisions relating to the service, and the care they received. For example, people had been asked their opinion on staff wearing uniform whilst supporting them and had expressed their preference for staff to wear uniform, to make them easily identifiable.
- A healthcare professional told us, "At the review also the keyworker was keen to listen to what the service user wanted and to try to help them with this."
- Some people were supported to make decisions about their care and treatment by their loved ones, where as other people were supported by advocates. An advocate is someone who supports people to express their views and wishes and stands up for their rights.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected. For example, each person had a key to lock their bedrooms.
- Staff told us when they supported people with personal care, they always checked with the person what support they wanted to ensure the person's dignity was maintained. Staff told us, "We make sure people are covered up if supporting them with personal care. Keep eye contact with people when supporting them, and always be polite."
- People were encouraged to be independent. For example, one person had been supported to have a voluntary job, which they enjoyed doing. Staff initially supported the person to attend their job, but as the person's confidence increased staff involvement reduced.

# 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 outstanding. At this inspection this key question has now deteriorated to good. This meant people's needs were met through good organisation and delivery.

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

- People had care plans which were personalised and created with the individual, giving staff guidance on how best to support them.
- A healthcare professional told us, "Care plans clearly identified resident's needs and in particular how best to communicate with him."
- People were supported in a person-centred way, in line with good practice. A healthcare professional told us, "I found the staffs knowledge of the support needs of people with Korsakoff's Syndrome was very good, i.e. approaching the adult in a consistent way was stressed as being hugely important."

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 had access to information in different formats according to their needs, for example documentation was available in easy read versions.
- The provider had developed a new website with people in mind, to make it more user friendly and accessible for people.
- Staff provided support to people who required it, for example staff supported people with post they received if they did not understand the content.

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 were independent and able to spend their time as they preferred. During our inspection we observed people going out for lunch, whilst others chose to stay at the service. Some people were passionate about music, and spent their time playing instruments.
- A healthcare professional told us, "The staff are very proactive in terms of keeping residents active and engaged." Another healthcare professional told us, "I have also seen staff engage with residents with social activities that are enjoyable and stimulating."

Improving care quality in response to complaints or concerns

- There had been no complaints in the 12 months leading to our inspection. The provider had a complaints policy which was accessible to people in their rooms.
- People told us they understood how to raise concerns but had not needed to. People were given the

opportunity to discuss any concerns or complaints on a one to one basis or within group meetings.

- When people had raised issues with staff, that were not formal complaints these had been logged by management. However, there was no clear complaints log to review, and not all incidents had the outcome of the investigation. We discussed this with the service manager who informed us they would make improvements to this. We will check this during our next inspection.

End of life care and support

- The service was not supporting anyone at the end stages of their lives.
- People had been supported to make their end of life wishes known within their care plans. This included where people preferred to be supported if they became unwell.
- The service manager said, "Staff go above and beyond to ensure that the person is given succour and that their passing is pain-free and dignified, as far as we are able to."

# 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.

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

- Audits were undertaken by management but there was not a cohesive approach to what was being audited. For example, records we reviewed were not consistently up to date. People had paper files in their rooms, which had not been updated since 2015.
- Care plans that were due for review as detailed by the electronic care plan system had not always been updated. Management were aware that documentation was in need of updating but told us they prioritised delivering care to people.
- Some care plans did not contain the level of detail needed to support people. For example, one person was living with epilepsy. Their care plan did not give staff clear guidance on how to support the person during a seizure. The risk to the person was mitigated by staff's knowledge of the person, however managers agreed the care plan and risk assessment needed review and did this during the inspection.
- A small number of simplistic audits were in place, but it was unclear how identified actions from these were followed up on. There was a mix of paper and computer records. We found that some paper records were not always being completed and there was no system in place to monitor this.
- We found that managers did not consistently understand and comply with their regulatory responsibilities. For example, notifications had not been submitted as required. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. Following the inspection, the service manager submitted a number of notifications.

The failure to assess, monitor and mitigate risks to the quality and safety of the service and to individual people using the service is a breach of Regulation 17 of the Health & 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 provider had requested feedback from people, relatives and healthcare professionals in the form of quality assurance questionnaires, however the engagement was limited.
- Survey feedback we reviewed from people was positive, however the results of the survey and any improvements the provider planned to implement were not fed back to people or shared in any other way. We discussed this with the provider and agreed this is an area for improvement.

- People were able to share feedback about the service, staff and improvements through regular group meetings, or on a one to one basis with the management team. People told us management were approachable and visible and that they would not hesitate to speak with them.

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

- People and staff spoke of a positive culture, which led to positive outcomes for people. Staff had successfully supported people to integrate back into the community or return to their homes without relapse.
- We found the management team to be knowledgeable in regard to the needs of people using the service and their specific area of expertise. Staff and managers were passionate about providing this type of service and providing people with an opportunity to become more independent and reintegrate where possible back into the community.
- A healthcare professional told us, "I carried out a visit to review a service user and I also spoke with other residents that had informed me they were 'content' and 'happy' at the home."

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 provider had a duty of candour policy, which outlined how they should respond when something went wrong.
- All the management team we spoke with were knowledgeable about duty of candour and understood the need to be open and honest.

Continuous learning and improving care; Working in partnership with others

- The management team were involved with a number of positive practice networks, and used any information shared to improve care and treatment for people living at Roberta House.
- Staff and the management team worked with a number of organisations, to share their knowledge and experience of Korsakov's. For example, the manager was working with the local hospital to support staff training on the condition.
- We received positive feedback from healthcare professionals who worked closely with the service.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider failed to notify the CQC of safeguarding incidents.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to assess, monitor and mitigate risks to the quality and safety of the service and to individual people using the service