HICA

Isaac Robinson Court - Care Home

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

About the service
Isaac Robinson Court is a residential care home providing personal care to up to a maximum or 40 with a learning disability and autism. There were 28 people living permanently at the service at the time of the inspection. The service had three bungalows for people who lived there on a permanent basis and two bungalows for people who had respite care. In addition, there were two flats for people who were more independent.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This 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 receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. 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 lived in a clean and safe environment. Staff knew how to keep people safe and how to raise concerns. Staff completed risk assessments to ensure risk was managed proportionately. There were enough staff to support people and they were recruited safely with all checks completed before they started work.

People had their needs assessed and care plans were produced to assist staff in supporting them in ways they preferred. For one person, their ongoing assessed needs had not been fully met; this had been addressed in a meeting with health and social care professionals. People's general health and nutritional needs were met, and they received their medicines as prescribed.

Staff had access to training, supervision and support and told us the registered manager was always available when needed.

There were many examples of outstanding practice with regards to supporting people in a person-centred way. For example, with end of life care, in making connections with their local community, making friendships with other people and staff, attending functions and maintaining relationships with their families and friends. For one person, meeting their needs in a person-centred way could have been improved. Staff were kind and caring, respected people's privacy and dignity, and at times went over and above, supporting people with activities and outings in their own time.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There were systems in place to monitor the quality of the service. This included audits, surveys and a complaints process.

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 29 March 2017)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Isaac Robinson Court - Care Home

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 completed by one inspector.

Service and service type
Isaac Robinson Court 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, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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.

During the inspection
We spoke with three people who used the service, one relative and two visitors. We spoke with 11 members of staff including the provider's nominated individual, the operations director, the registered manager, deputy manager, a team leader, three support workers, two activity coordinators, the cook and maintenance personnel. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received information from another support worker.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at one staff file in relation to recruitment and checked the staff supervision records. We reviewed a variety of records relating to the management of the service, including maintenance checks, quality monitoring and policies and procedures.

After the inspection
We spoke with three relatives and two health care professionals.

Good

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People were protected from the risk of harm and abuse. There were policies and procedures to guide staff when safeguarding people from abuse. This also included the management of people's finances held in the service for safekeeping.
- Staff had received safeguarding training. They knew how to recognise abuse and poor practice, and how to raise concerns when required.
- People said they liked living in the service. One person said, "It's nice here." Relatives told us they felt people were happy and well cared for.
- There were safe systems of recruitment, which included employment checks before staff started work in the service.
- There were enough members of staff on duty to meet people's needs. Staff confirmed those people who had one to one support received this each day.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments which gave staff information about minimising risk without being overly restrictive. The risk assessments were kept under review and updated when people's needs changed.
- Staff knew how to support people safely considering their risk assessments.
- Equipment used in the service was checked and serviced to ensure it remained safe to use. Maintenance personnel described the system for staff to highlight repairs or replacement, so they could be addressed in a timely way.
- The registered manager monitored accidents and incidents so that lessons could be learned, and staff practice adjusted. There had been an occasion when staff had momentarily left three people unattended and this had been investigated by the registered manager. There was no impact on people and the registered manager stated the people were safe, but measures were put in place to prevent this happening again.

Using medicines safely

- People received their medicines as prescribed, which was seen in medication administration records. Medicines were stored safely and returned to the pharmacy when no longer required.
- The service had an overstock of some medicines due to a change in ordering systems. The registered manager told us they were to seek advice from an external medicines' management support team in how to address this.

Preventing and controlling infection

● The service was clean and tidy. There was a refurbishment plan with timescales, which had identified furniture and floor covering to be replaced. Three bathrooms were due to have new floor covering and improved extractor fans to address damp areas.
● Staff had received infection prevention and control training. Staff had personal protective equipment such as gloves and aprons.

Good

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; Staff working with other agencies to provide consistent, effective, timely care

- Systems were in place to assess people's needs and choices in line with legislation and best practice. People had assessments of their needs completed, which provided information about whether those needs could be met in the service, the level of support people required and how this was to be delivered.
- For one person in receipt of respite care, the ongoing assessment arrangements had not been fully effective, which had impacted on their placement. This had been addressed.
- The registered manager and staff team worked with other agencies to ensure people's needs were met. There had been a recent incident when important emergency information had not been readily available for staff. This had since been addressed and staff were now fully aware. A health professional said, "The service is very effective in meeting needs and will request input and advice if they have any issues with clients in their care."
- A relative told us they were very happy with the service and they had seen an improvement in their family member's wellbeing.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People's nutritional needs were met. Meals were provided by a mixture of in-house catering and an external company. The menus provided choices and alternatives, although the choice of desserts was limited. This was mentioned to the registered manager and operations director to address.
- People told us they liked the food provided and there were snacks available between meals. One person said they preferred the alternatives to the main meals and catering staff always made something different for them. Comments included, "We have sandwiches, meat pie, chips and ice cream" and "There's soup and then a meal; it's nice food." A relative said, "The meals are excellent, they have it softer now and [name of chef] knows their needs well."
- Dieticians and speech and language therapists were involved when people had specific dietary needs or swallowing risks.
- Staff knew people well and could recognise when they were unwell. Records showed people attended appointments with a range of health care professionals such as GPs and community nurses when required.

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 knew what constituted a deprivation of liberty and discussions had taken place with the local authority regarding applications for DoLS. The registered manager had a system for keeping DoLS under review to ensure they were renewed in a timely way.
● Staff had completed MCA training. They understood the need to ensure people gave consent before care tasks were carried out and gave examples of how they managed to gain consent.
● People who used the service confirmed they could make choices and staff listened to them.

Staff support: induction, training, skills and experience
● Records showed staff had access to induction, which included face to face training and shadowing more experienced staff.
● The training records indicated staff completed a range of training relevant to their roles. There was a system for identifying when updates were required. Staff said, "We get plenty of training; it's good" and "If I need training in any area I can ask for it."
● Staff confirmed they received support, supervision and appraisal. Comments included, "We have supervision every three months" and "They [registered manager] are supportive. Senior management do pop in and talk to us and service users."

Adapting service, design, decoration to meet people's needs
● People lived in small bungalows that met their individual needs. Each bungalow had individual bedrooms and shared lounges and kitchen/dining rooms. There was a sensory area in the respite bungalow for people to relax in. Two people had their own flats for more independent living. There was equipment in the bungalows to support people's assessed mobility needs. People had access to a large room, The Hive, in the main building. This was a social area and enabled people to meet friends and join in planned activities.
● There was a plan in place for refurbishment and redecoration.

Good

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

- People told us staff supported them well. Comments included, "It's lovely in here, the staff are nice." Relatives confirmed they were happy with the care their family members received and described staff as friendly and approachable. A relative said, "Staff look after them extremely well, they are very kind and caring." Another described a special birthday party that had been arranged for their family member.
- Two visitors to the service said, "Staff seem very caring and are well-liked by service users. Staff speak to people in a wonderful way; we can't speak more highly of them." Records showed staff supported people on outings in their own time.
- Staff had completed training in equality, diversity and human rights. In discussions with staff, it was clear they acted as advocates for people ensuring their citizenship rights were protected. They gave examples of how they supported people with their diverse needs. For example, one person liked to attend church, say Grace before meals and was supported to say a prayer before retiring at night.

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

- People told us staff involved them in decisions. Comments included, "They [staff] ask what we want to do" and "We have choices to make."
- Records showed people had reviews of their care plan and were able to make suggestions and agree changes to them.
- Staff described how they assisted people to make decisions. Examples included asking people what choices they would like for meals and ensuring they chose the times of getting up and going to bed. The activity coordinators described how they supported people to complete life story books, which included their preferences for care, activities they liked and a 'bucket list' of things they would like to do.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their privacy and dignity, and to be as independent as possible. In discussions with staff, they gave good examples of how this was achieved. Examples included respecting people and valuing their life and happiness. Also mentioned was people having access to their own money and spending this on items of their choice.
- The service had two flats in the main building. This enabled two people to have their individual space and to be as independent as possible.
- Relatives said, "I visit weekly and they are always clean and have had their hair washed; they keep me informed."

Good

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 remained the same. 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

- There was very good evidence people received person-centred care, which helped to enhance the quality of their lives. For example, some people were supported to move in to the service together as they were friends. There were plans to make sure this went smoothly from initial visits, overnight stays and final admission to the service. The people were supported to personalise their bedrooms and choose colour schemes.
- Staff knew people's needs well and care plans contained guidance for staff in how to support people in the way they preferred.
- However, one person who received a respite service had not had their complex needs fully met, especially in relation to building up relationships and social outings. The registered manager told us they had sought to resolve this in meetings with health and social care professionals to aid learning. Additional staff support was now in place.
- Health and social care professionals said staff were, overall, very responsive to people's needs but in one person's care this could have been improved.

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 supported to follow their hobbies and interests. The two activity coordinators were very enthusiastic and gave lots of examples of outstanding practice where they have supported people with their interests. For example, one person was supported to gain a qualification in beauty therapy and staff assisted them to hold beauty sessions for their friends and to give advice on hand care. This has had a big impact on their self-esteem. Another person had an interest in wrestling and a wonderful experience was arranged for them at a wrestling venue.
- Some people were 'volunteers' in the service. They had tee-shirts that identified them, and they supported staff with meaningful tasks. We spoke to three volunteers and they described how helpful they felt and how they enjoyed being part of the volunteer system.
- People were supported to maintain links with family and friends. A member of staff described how they supported people to meet up with friends on social occasions in the community such as at discos. Seven people have pen pals they write to at another service within the company. Relatives confirmed there were no restrictions on visiting and they were made welcome.

End of life care and support

- The registered manager told us people could remain at Isaac Robinson Court for end of life care if this was their wish. Staff completed information in care plans about end of life care needs. This included a

recommended summary plan for emergency care and treatment (RESPECT) form.
● A relative told us end of life care was planned for their family member and was very personalised. They described what was in the care plan, which was confirmed when we reviewed it. The relative said, "I think this is an excellent service. I can stay with her whenever I want."
● When asked for information about end of life care, a health professional said, "I can say it was exemplary."

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 care plans for their communication needs. These provided information and guidance to staff on methods of communication. These ranged from simple sign language, the use of body language and verbal communication.
● Certain documents were in easy read format for people such as their reviews and the complaints procedure.

Improving care quality in response to complaints or concerns
● The provider had a complaints policy and procedure, which was in an easy to read format. The registered manager told us staff would deal with issues straight away and they would log any concerns on a computerised system, so senior management could assess and check out actions.
● People told us they felt able to raise concerns and complaints, and they were listened to. One person said, "I would tell [Name of registered manager]." A relative told us, "I would go to [Name of registered manager] with concerns; I'm confident they would be sorted out."

Good

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 remained the same. 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; 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 described the culture of the organisation as supportive, open to listening, and valuing staff and people who used the service. They said senior management, including the chief executive, visited the service regularly, spoke to people who lived there and knew them well.
- The provider had developed 'SHINE', which was a philosophy about empowering people and supporting staff, so they could make a difference to the quality of people's lives.
- There was an organisational structure with tiers of management support for staff to access if required, including on call arrangements outside of usual working hours. Comments from staff included, "We have good management support; I can't praise management enough" and "It's a good service with a supportive manager. Senior management do pop in and talk to staff and service users."
- The registered manager notified agencies such as the local safeguarding team and the Care Quality Commission when incidents occurred which affected the safety and wellbeing of people who used the service.
- The provider and management team were aware of the need to admit when things went wrong, to attempt to put things right and to offer apologies.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a quality monitoring system which helped to identify shortfalls, so action could be taken. The registered manager completed a monthly management governance tool, which assessed a different area of the service each week, for example health and safety and care records.
- Senior managers had oversight of audits to enable them to check action had been taken when required.
- Accidents and incidents were recorded and analysed to enable lessons to be learned. There had been an incident when staff on duty had not been aware of specific information about a person which was required by emergency health practitioners. Since the incident, action had been taken to learn from this and prevent a reoccurrence. Staff confirmed lessons had been learned from the incident and clearer guidance available for them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Meetings were held for people who used the service and for staff. Records showed people participated in

the meetings and there was engagement in discussions.

● There were questionnaires for people, their friends and relatives and for staff. Following the results of surveys, 'You said, we did' information was posted on notice boards, which showed people's views were listened to.

● Staff within the service had built up good relationships with a range of health and social care professionals. There was an information sheet available for medical and nursing staff when people were admitted to hospital.

● There had been positive work with a children's services team when some people transferred to adults' services. The transition for the people was well planned and a social care professional told us they had received positive feedback about how settled the people had become in the service.

● The registered manager described partnership working that was underway with Hull clinical commissioning group to implement technology within the service. This was to aid healthcare support, for example, video chats with health professionals.

● The staff supported two people to attend a local church when they wished. They also supported them to invite the clergy and friends back to the service for tea and cakes. People used local facilities such as shops, hairdressers and cafes, and attended appointments at their local GP surgery. Children from a local nursery occasionally visit to take part in arts and crafts, singing and building up relationships with people.