Mrs Susan Mary Robinson

Robleaze House

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

Robleaze House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Robleaze House provides accommodation with personal care for up to 10 people with a learning disability. At the time of our inspection eight people were living in the home, four of whom had lived there since the home opened 26 years ago.

At the last comprehensive inspection on 8 March 2017 the service was rated Requires Improvement. We found breaches in the regulations relating to staff recruitment, premises maintenance, quality assurance systems and notifications to CQC. Following this inspection, the provider sent us an action plan telling us how they would make the required improvements.

We carried out a focused inspection on 22 June 2017, in response to specific safeguarding concerns relating to the health, safety and welfare of a person who had lived in the home. The concerns were unsubstantiated. At that inspection, we checked people were safe living in the home, treated with dignity and respect and that staff understood their roles with regard to safeguarding people from avoidable harm and abuse. We had no concerns relating to those aspects of the service at that time.

We carried out a comprehensive inspection on 26 April 2018. At this inspection, we found improvements had been made and the legal requirements with regard to staff recruitment, quality assurance systems, notifications to CQC and shortfalls with premises maintenance identified at that time had been met.

The service has improved to Good.

The registered provider was the person registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were encouraged and supported to lead active lifestyles in the home and in the community. People were encouraged to be independent in their daily living. This included involvement in menu planning, shopping and cooking meals, and participating in daily 'household' tasks and laundry.

Individual risk assessments and risk management plans were completed. Actions were taken to minimise risks of harm, whilst promoting people's independence.

Medicines were safely managed. Records provided details of the medicines people were prescribed. The provider had systems in place to recognise and take actions when errors were identified.

Staff had received training and were aware of their responsibilities for safeguarding people from avoidable

harm and abuse.

Sufficient numbers of staff were deployed at the time of our visit. Staff performance was monitored. Staff had the opportunity to provide feedback and attend staff meetings on a regular basis.

Improvements had been made and there was an on-going programme of maintenance and redecoration. Actions were needed to ensure the premises were safely maintained, specifically with regard to fire safety and legionella risk assessments and management plans. Following our visit, the registered person requested the fire services authority to visit, and a legionella risk assessment was completed.

People were provided with the support they needed with food and fluids. People's dietary requirements and preferences were recorded and people were supported to make healthy food choices.

People's legal rights were respected. People were supported to exercise control, consent to care and make decisions. The principles of the Mental Capacity Act (MCA) 2005 had been followed. People were supported to express their opinions and views.

Staff were kind and caring. We found people were treated with dignity and respect and people's privacy was maintained.

The service was well-led. Systems were in place for monitoring quality and safety. People using the service, relatives and staff were encouraged to provide feedback and this was acted upon to make improvements to the service. The provider understood their responsibilities with regard to notifications they were legally required to send to CQC.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service continues to be Requires Improvement.

Accidents and incidents were reported and recorded. Individual risk assessments were completed and risk management plans were in place.

Improvements were needed to make sure environmental risks such a fire safety and control of legionella were fully considered and actions taken to reduce or mitigate identified risks.

People's medicines were managed safely.

Staff had received training and knew how to identify and act on safeguarding concerns.

Staffing levels were sufficient to provide the care and support people needed.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service has improved to Good.

Systems were in place to assess, monitor and mitigate risks and make improvements to the quality of the service offered to people. Audits were completed on a regular basis.

A registered person was in post. People who used the service were given opportunities to provide feedback.

Staff were able to express their views and opinions at staff

meetings and through surveys.

The registered person recognised their responsibilities with regard to notifications they were legally required to send to the Commission.

Robleaze 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.

We undertook a comprehensive inspection of Robleaze House on 26 April 2018. This involved inspecting the service against all five of the questions we ask about services: is the service safe, effective, caring, responsive and well-led.

The inspection was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we looked at the information we had received about the home. We looked at the notifications we had received. Notifications are information about important events which the provider is required to tell us about by law. Before the inspection, we had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

During our visit we spoke with five people who lived at the home. We spent time with people in their bedrooms and in communal areas. We observed the way staff communicated, supported, interacted and engaged with people.

We spoke with the registered person and three care staff. We received feedback from one health professional. We looked at three people's care records in detail and checked other care records for specific information. We looked at medicine records, staff recruitment files, staff training records, quality assurance audits and action plans, records of meetings with staff and people who used the service, complaints records and other records relating to the monitoring and management of the care home.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in March 2017 we rated this key question as Requires Improvement. This was because safe staff recruitment procedures were not completed and areas of the building were not safely maintained. At this inspection we spoke with the registered provider who confirmed their understanding of safe recruitment practices, although no new staff employed since we last inspected the home. Improvements had been made and areas of the home identified at the last inspection had been decorated and maintenance works completed. The legal requirements had been met. However, further improvements were needed. This key question remains as Requires Improvement.

Since our last inspection areas of the home identified at that time had been decorated and soft furnishings replaced. There were other areas of the home that required attention. For example, one communal bathroom had enamel missing from the bath. This meant people could be at risk of the spread of infection, because the surface was not intact.

Three bedrooms were poorly decorated with peeling paper or cracked plasterwork. However, the provider had a maintenance list that identified the shortfalls and each month actions were being taken to make improvements. Some of the damage to the walls and decoration were caused by two people living in the home who often picked off wallpaper in their rooms and made holes in the walls. The provider told us how they often copied what they thought maintenance workers were doing.

Cleaning schedules were in place and staff had received training and understood the principles of infection prevention and control. The main areas of the home were cleaned on a regular basis, and looked 'clean and tidy.' However we did note 'deep' cleaning had not been fully completed with some areas dusty and 'sticky' to the touch. For example, under and behind furniture, and on window ledges and paintwork on doors. The registered person had recognised there were areas where improvements were needed and had brought this to the attention of staff at the most recent staff meeting.

Electrical and gas safety checks were completed. Fire safety checks and drills were undertaken. Two people living in the home showed us where the main fire exits were and where the fire extinguishers were located. A fire risk assessment had been completed by a senior member of staff. The provider had also requested the fire services authority to visit to provide further assessment, advice and guidance. At the time of this report, the visit had not been undertaken. We have asked the provider to inform us of the outcome when this visit has been completed.

A legionella risk assessment had not been completed. This meant people may not be fully protected from the risks associated with legionella bacteria as potential risks had not been identified. The provider made arrangements following our visit and arranged for an assessment to be undertaken. We have asked the provider to inform us of the outcome of the assessment when it has been completed.

Most of the people we spoke with were not able to fully express their views. We spoke with people in their rooms or in communal areas. When we asked people if they felt safe in the home we received nods from

three people. Two people told us, "Yes I like space on my own" and, "Yes, I like living here."

Medicines were safely managed. Medicines received into the home were entered onto Medicine Administration Record sheets (MARs) and stored in locked cupboards. Medicines profiles were completed that provided details of each medicine, dosage, potential side effect and times to be taken. For example, for one person, one of their medicines was prescribed to be taken and was given to them, half an hour before they had breakfast. The reasons people needed to take medicines was explained in ways that were meaningful to them. The records for one person stated, 'I like staff to administer my medicine otherwise I will forget or take too much.' Stock level checks of medicines were completed each week and medicines no longer required were recorded and returned to the pharmacy.

People were protected from the risks of avoidable harm and abuse. Staff understood what constituted abuse and the processes to follow to safeguard people in their care. Policies and procedures were available with details of useful contacts for staff. A relative had commented in feedback to the home they had felt, 'Reassured that staff are doing everything they can to safeguard my relative.' Staff told us they attended safeguarding training updates to refresh their knowledge and keep them up to date with any changes. A member of staff told us, "No way would I accept anyone being badly treated. I'd report it straight away."

Risks to people's health and well-being were assessed and risk management plans were in place. These included risks associated with skin choking, moving and handling, nutrition and dehydration. For example, one person was at risk of choking and needed to be observed when they ate meals because they, 'Sometimes put too much in my mouth at once.' Risks associated with stairs, kitchen implements, household tasks, accessing the garden, going out into the community and road safety were identified and management plans were in place. One person had become more unsteady on the stairs. The risks were discussed and they were moved to a downstairs bedroom. The decision making was reflected in their care records that stated this was done to, 'Make it easier for me.'

Accidents and incidents were recorded and the registered person told us they would check if people had more than one accident or fall to see if actions could be taken to reduce recurrence. There had been no accidents since January 2018.

Staffing was sufficient for the current numbers and needs of people living in the home. People were sufficiently supported and assisted with their day to day routines and activities by staff who knew them well. A member of staff told us, "The service is ticking over and everything gets done." We spoke with staff about the safety of the service at night. One member of staff provided 'sleep in' cover overnight. People using the service did not have call bells to summon assistance. A member of staff told us, "They all know where we are and will come and get us if they need us." They told us how one person occasionally sought assistance on behalf of another person who occasionally needed support with a medical device. We spoke with the registered person who told us they felt confident the current arrangements were safe. They also told us as people became older and frailer, they may need to consider the introduction of call bell facilities or staff on waking duty overnight.

No new staff had been recruited since we last visited the home. The staff files we looked at included application forms, proof of identity, references and evidence of DBS checks to confirm that people who were not suitable to work with vulnerable adults, were identified. The registered provider told us they were aware of safe recruitment practices and had policies and procedures in place to make sure when new staff were employed, appropriate checks were completed.

Good

Is the service effective?

Our findings

The service continues to provide effective care and this key question remains Good. When asked, people told us or nodded to confirm they were happy with the care they received. One person told us, "Yes they're nice to me." There were pictures on the wall in the dining room of people who used the service and staff. The pictures showed people who their 'key worker' was. One person enthusiastically showed us their own picture and that of their key worker. They told us, "I like my key worker."

The registered person told us how new staff were supported through their induction period. This included completion of the Care Certificate, a training programme designed for new staff to the care sector. They had introduced this programme for existing staff, and one member of staff was currently completing the programme. Regular supervisions were undertaken with staff, and they spoke positively about the support they received. One member of staff commented, "We have both formal and informal supervisions."

People were supported to access healthcare appointments such as dentists and opticians and staff liaised with health and social care professionals on their behalf. A member of staff told us they had good relationships with external professionals and said, "We have annual GP reviews and six monthly visits from the district nursing team to check if service users' need any additional support."

In addition to regular refresher and update training staff told us that visiting health professionals provided 'extra training and guidance.' This included how to best provide support for people with specific behavioural challenges associated with their medical conditions. They had also completed training to help them understand the needs of people living with dementia.

People were supported with food and fluids. The registered provider told us they promoted healthy eating and encouraged people to choose and shop for healthy food options. A four weekly menu cycle which was changed seasonally was agreed with people. The current weekly menu was on display on the wall in the kitchen area. People told us how they were involved with the shopping and preparation of meals. Comments included, "I like the food here," "I do cooking tomorrow morning," and, "If I don't like it I throw it away. Then they give me a sandwich." People were encouraged to eat their main meal together although individual preferences were respected. For example, one person chose to eat lunch at a table on their own in the garden on the day of our visit. People were discreetly prompted and reminded 'not to rush' and 'take a drink' at regular intervals. This was all done patiently and with good humour.

Staff told us how they recognised and responded to changes in people's condition, for those unable to fully explain signs and symptoms of illness. A member of staff told us, "You learn to read people incredibly quickly and get to recognise any changes that may mean they are unwell."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so themselves. The act requires that as far as possible people make their own decisions and 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 were supported and encouraged to make decisions and where appropriate asked, reminded and supported, for example, "What would you like me to help you with?" to one person who was gesturing to staff that they needed attention. Staff were aware of those people who needed prompts to support their decision making.

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. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLs). The service had followed appropriate procedures in submitting a DoLs application for one person. The assessment and authorisation had been appropriately completed by the authorising local authority.

Robleaze was comfortably furnished and homely in appearance. There were two lounge areas and a dining room, so people had a choice of where to spend their time. One person showed us their bedroom that had been decorated and furnished as they had asked. We visited them in their bedroom and they told us they, "Like to stay here sometimes and listen to this." They pointed to their CD player. Another person's records confirmed they had chosen the colour and style of décor for their bedroom.

The front of the property was not accessible for wheelchair use and had steps leading up to the front door. Access to the home, including car parking, was at the back of the property. Although the external garden area was uneven in parts, this had been taken into account in people's individual risk assessments. One person told us, "I have to be careful out here." Another person's records noted they were at risk when walking on 'uneven surfaces' and 'may require assistance with balance when crossing uneven ground.' Whilst no one in the home currently used a wheelchair, access to the back of the property was wheelchair accessible.

Good

Is the service caring?

Our findings

The service remains caring. People were supported by straff who were kind, caring and respectful. Comments from people using the service included "Staff are kind to me. Yes I like them," and, "Nice staff here." When we asked people if they were happy living at Robleaze, everyone either nodded or said yes.

We spent time in various parts of the home, including communal areas and individual bedrooms so that we could observe the care, attention and support that staff provided for people. Everyone was treated respectfully, with patience and with good humour. For example, one person who was hot, started to take their top clothes off. A member of staff gently and with good humour too, reminded them to just take off their jumper and not all of their top clothing. Another person repeatedly asked the same question about their food and staff responded with kindness and patience each time they replied. They also tried to provide reassurance to the person by saying, "Don't worry, we know you like it cold."

People looked comfortable in the presence of staff and often walked up to staff to have a conversation. Staff sat down with people and had chats about whatever the person wanted to talk about or simply just chatting about the events of the day. People walked freely in and out of the registered person's office. They were greeted each time with a smile and a friendly conversation. It was evident that people living in the home and staff had developed close relationships.

People's equality and diversity was recognised and respected. We heard staff communicating in ways that were meaningful to people and care plans provided additional guidance for staff to follow. For example, for one person they sometimes needed, 'prompts with picture cards' and at other times, 'Wears a hearing aid and can communicate well depending on my mood.'

The care plans provided detail for staff to make sure they promoted people's independence. The records clearly stated what people could and should be encouraged to do independently, with prompting or with full support, with regard to their personal care.

A member of staff commented, "The care is good here." When we asked about the specific needs of one person whose care involved a significant amount of multi-disciplinary team input a member of staff told us, "He needs step by step guidance to reduce his anxiety. We are giving him one to one support which is not currently being funded, but he needs it, so we give it."

Staff were able to describe people's likes, dislikes, interests and preferences. They told us they got to know people well, they knew what people liked to do, how to 'get the best' out of each person, and what social interests each person had. A member of staff asked one person, "Would you like to go to the cinema to see the new Avengers film?" and when the person said yes, they replied, "Ok then I'll arrange it and get back to you."

People's rights to a family life were respected. The registered provider told us about relative's involvement in the lives of people living in the home. One person was supported to visit relatives on a regular basis. Another

person's records stated their relative came to see them, 'every six weeks. She drives so she takes me out shopping.'

Relatives feedback from a recent survey confirmed they were, 'Made to feel welcome and offered refreshments and provided with an update on their family member when visiting' and they were 'also offered a private visiting area if required.' One relative had been unable to visit. They provided feedback that included, 'The last few months my son has been brought to me by the staff as I have had some health problems.'

People's confidential information was protected. Care plans and monitoring records were stored in the office and accessible to staff when needed.

Good

Is the service responsive?

Our findings

The service remains responsive to people's individual needs. The registered person told us how they assessed and reviewed people's needs on a regular basis, to make sure their care and supporting records accurately reflected their current needs. On the day of our visit we saw staff responding to people's needs, supporting people with personal care and speaking enthusiastically about the daily group activity planned for the day.

Care plans were designed to make sure people's emotional, social and psychological needs were fully considered. These were written in a personalised and respectful way. One person's records noted what may trigger the person's mood change. This included, 'Sometimes gets jealous when [name of other person using the service] interacts with member of staff.' The records were sensitively written and guided staff to try and calm the person by 'giving her a little snack or a hot drink.' People were encouraged to be as involved in discussions about their care needs, care planning and reviews as much as they were able and wished to be. Relatives were also provided with updates in accordance with their preferences.

One person had complex care needs and displayed behaviours that could be considered challenging. Staff had worked closely with health professionals, had taken advice and guidance about how best to respond to the person during such times. A member of staff told us, "He needs step by step guidance to reduce his anxiety."

Care plans reflected the support people needed to meet physical needs. For example, for one person, 'I use a soap and flannel and wash my upper body first. I will rinse off soap and towel dry'. The most recent review, under the heading of 'what progress has been made' noted the person, 'Still needs prompting to take towel to the bathroom otherwise will use dressing gown to dry.' This meant people could be confident they received personalised care that was responsive to their individual needs. People's preferences and choices were respected. One person's records noted, "I have glasses but choose not to wear them."

Details of people's health care needs were recorded. For example, for a person with a specific medical continence aid, their records included information for staff about how to support the person. The staff we spoke with clearly understood the signs and symptoms the person may show if they were unwell.

We saw activities were provided and the weekly activity programme was displayed in writing and pictures in the home. People pointed to, and talked about, their activities plans. These included cookery, photography, gardening, armchair exercises, arts and crafts, audio books, film shows and 'out and about' events. On the day of our visit, everyone in the home was going out for a couple of hours to the weekly 'trampolining for the disabled' session. They were driven to the event in the provider's minibus. People were excited and looked forward to this activity. On their return people and staff spoke positively about the session. People able to communicate verbally, smiled as they told us about the fun they had.

The registered person told us how they supported people with day to day activities in the community, such as shopping. They showed us the detailed support programme for one person. They had progressed from

being accompanied to the local shops, being shown on a number of occasions, then observed, using the traffic light crossing and finally, being able to walk on their own, with staff observing from a distance. They were currently able to purchase their own food from the shops. A member of staff told us, "His last review was to establish how he can go forward and become more independent."

A complaints procedure was in place that was available to people and relatives. There had been no complaints since our last visit. The registered provider told us they thought this was because they encouraged regular communication with, and feedback from, relatives, on a regular basis. They also told us because people had lived in the home for long periods of time, relatives felt comfortable and able to freely express their views.

End of life plans had been considered. Sections in the care plans recorded people's preferences and choices. For one person, their records stated they did not wish to discuss their plans. They had been shown pictures that were symbolic of a funeral. They had pointed to the sky and shook their head. The registered person told us the person had clearly understood what was being asked, but had not wished to discuss the matter further at that time.

Good

Is the service well-led?

Our findings

At our last inspection in March 2017 we identified shortfalls as noted in the safe section of this report. In addition there were shortfalls in quality assurance systems and a failure to send a notification they were legally required to send to CQC. We rated this key question as Requires Improvement.

At this inspection, we found improvements had been made and the legal requirements had been met. We found further improvements were needed in the maintenance of the premises. However, these areas had already been identified by the provider and incorporated into their maintenance action plan for 2018. Where we identified shortfalls in fire safety and risk management for legionella, the provider took appropriate and prompt action before we completed this report. The provider had a range of quality assurance systems in place and demonstrated their understanding of when they were legally required to send notifications to CQC. The rating for this key question has improved to Good.

The provider showed us their auditing and monitoring systems. They also confirmed in their PIR the improvements they had made. They stated, 'The home continues to carry out internal auditing once a month. These included checks on care plans, service user meetings and actions taken, appropriate policies in place, medication checks, accident book completed, risk assessments up to date and staff supervisions. All of these and more are checked by the manager of the home who will create an action plan should anything need addressing.'

We frequently saw people speaking with, and in the company of, the registered person during the day of our visit. Some people just wanted to be near the provider and to engage in day to day chat. For one person, the chat was about what they had chosen to wear that day.

The registered person talked about their values, which were known and understood by the staff we spoke with. The registered person told us they had "Never lost the focus and aim for people to be as independent as possible. When a person moved from here in the past, on to supported living, that was really good."

People using the service were asked for their views and feedback at meetings. They were also supported to complete and answer questions about the service, such as if they knew they had a care plan, did they feel safe and listened to, opinions on food options, access to healthcare, what they would do if they were unhappy, and what was good and not so good about living at Robleaze. All the people living in the home had contributed. The majority of comments were positive and included feedback that they had plenty to do, their room was private, they felt safe and would say if they were unhappy. There were some less positive comments relating to people's relationships with each other. For example, people had commented about others who 'talked too much' or, '[Name of person] tells me what to do.' Staff responded by providing appropriate support, guidance and reassurance.

Staff told us they felt valued and supported by the provider. Comments from staff included, "Management are accessible and supportive. We feel listened to and valued. Our views hold credibility," "I feel free to voice any concerns to the manager straight away," and, "There was a problem with some shifts but it was dealt

with to everyone's satisfaction."

Staff had the opportunity to express their views at staff meetings. Minutes were recorded and circulated. We read the minutes from the most recent meeting, held in March 2018. These included discussions about areas of cleaning that had not been completed, reminders to probe and record the temperatures of cooked food, to read and confirm staff had read the updated policy documents, and various issues arising with people living in the home'. In addition, 'quality assurance questionnaires' were completed. Staff questions included their views on shift patterns, feeling valued and various questions about how they were meeting people's needs. Staff told us that staff morale was 'good.'

The registered person told us how they kept up to date with current practice. They attended local care provider forums and local city council forums. They worked with, and received support from, the specialist community learning disability and rehabilitation teams. They told us the information and support provided helped them to make sure the care and support people received was based on up to date and current best practice guidelines. Policies and procedures were available for staff. These were updated on a regular basis.

The registered person was aware of their obligations in relation to the notifications they needed to send to the Commission by law. Information we held about the service demonstrated that, since the last inspection, notifications had been sent when required.