

Mrs Susan Mary Robinson

# Robleaze House

## Inspection report

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22 June 2017

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service caring?

**Good** 

# Summary of findings

## Overall summary

We carried out a focused unannounced inspection of Robleaze House on 22 June 2017. Prior to this inspection, we had received a safeguarding concern relating to the health, safety and welfare of a person that had lived at the care home. Additional agencies, including the local safeguarding authority and the police were also involved in responding to this information. At the time of writing this report, the investigations were on-going.

We undertook this focused inspection to ensure that people living in the home were safe. We checked that staff understood their roles with regard to safeguarding people from avoidable harm and abuse, and understood actions to take if they had concerns. We also checked that people were treated with dignity and respect.

This report only covers our findings in relation to these areas. You can read the report from our last comprehensive inspection, by selecting the 'All reports' link for Robleaze House on our website at [www.cqc.org](http://www.cqc.org). The current overall rating for the home is 'Requires Improvement.' The registered provider sent us an action plan following our last comprehensive inspection undertaken in March 2017. They told us how they would address the breaches of regulations we had identified, and the timescales in which the required improvements would be made. The breaches of regulations at that time related to records, staff recruitment procedures, notifications and maintenance of the premises.

Robleaze House is registered to provide accommodation for up to 10 people with a learning disability. At the time of our visit, eight people were living in the home.

The registered provider was 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.

Staff understood their roles and responsibilities with regard to safeguarding people from harm and abuse. Staff had received training and understood the actions they needed to take if they suspected people were being harmed or abused.

People were treated with dignity and respect. Staff promoted peoples' independence and people were supported to make choices.

## 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 consistently safe. This was the judgement from the last comprehensive inspection.

Staff had received training and understood their responsibilities with regard to safeguarding people from harm or abuse.

We could not change the rating for this key question from requires improvement. During the last comprehensive inspection we made recommendations to the provider about certain areas of care provision in the safe domain. These were not reviewed during this focused inspection. We will review our rating for safe at the next comprehensive inspection

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were supported in a way that encouraged their independence.

People were supported to be actively involved in day to day decisions about their care.

Staff understood the needs of the people they were supporting.

People were treated with affection and kindness.

This was the rating from the last comprehensive inspection. We will review our rating for caring at the next comprehensive inspection.

**Good** ●

# 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out a focused inspection of Robleaze House on 22 June 2017 following safeguarding concerns being raised. These concerns related to the care and treatment of one person that had lived in the home.

The inspection was unannounced and undertaken by one inspector. The inspection involved inspecting the home against two of the five questions we ask which were, 'Is the service safe?' and, 'Is the service caring?'

During our visit we met with the eight people who used the service. The people living in the home were not able to fully express their views to us. We later spoke on the telephone with a relative of a person who lived in the home.

We spoke with the registered provider and two staff during our visit. We spoke on the telephone with two staff after the inspection. We spoke with two health professionals on the telephone.

We observed how staff provided support and interacted with people using the service. We observed a meeting with four people and a member of staff.

We looked at safeguarding policies and procedures, and staff training records for safeguarding and whistleblowing. We read the guidance for staff relating to peoples' choices and rights. We looked at peoples' daily timetables that provided information about how people spent each day during the week. We looked at the care records for one person.

# Is the service safe?

## Our findings

At our previous visit in March 2017, we found shortfalls in this safe domain relating to staff recruitment procedures and maintenance of the premises. These amounted to two breaches of the regulations. The registered provider sent us an action plan, with timescales for completion, telling us the actions they were taking. When we visited on 22 June 2017 some of these actions had been completed. We will check at our next comprehensive inspection to make sure the actions have been fully completed.

The majority of people had lived in the home for many years. Four people had lived in the home since it opened, over 25 years ago. One person told us, "It's good" and "I like it" when we asked if they were happy living in the home. Another person said, "Yes and I'm going out today" when we asked how they were. We spoke with a relative who told us, "I've got no argument whatsoever with them [staff at Robleaze]. She's [person who used the service] got on so well in the years she's been there."

Whilst we had limited conversations with people, we observed interactions and conversations taking place between people using the service and staff. It was clear that staff knew people well, and people were able to make their views and wishes known. The registered provider told us that everyone in the home could make their views known. One person did not initiate conversation unless they were agitated and staff recognised this. The staff we spoke with were able to describe how they responded to the person at these times.

Systems were in place to protect people from avoidable harm and abuse. We spoke with staff who told us they had received training and understood their responsibilities with regard to safeguarding people from avoidable harm and abuse. A senior member of staff told us, "We have the training packages but we also discuss safeguarding and whistleblowing at staff meetings and details and information are dotted around the home. The information is sometimes moved by service users." The registered provider told us, "We have got to know people so well, even the slightest change is picked up on and discussed with the GP or referred to the psychiatrist."

All of the staff we spoke with told us they had not witnessed any abuse since at Robleaze House. One member of staff told us, "The people that live here can talk about their feelings or express them in different ways. I've never seen any mistreatment but I would report it straight away if I did."

Staff described how people's behaviour may change, yet they may be unable to explain exactly what was worrying them. A member of staff told us, "That's why it's so important we know about safeguarding and effects of illnesses and different behaviours, because changes could be for any of these reasons." A member of staff told us about one person. They told us the person's behaviour had changed very subtly. They told us because they knew the person so well, they contacted the GP to discuss their concerns about the person. On this occasion the slight change was diagnosed by the GP as due to infection which was appropriately treated.

Staff knew how to safely respond to peoples' behaviours that may be considered challenging to others. A member of staff told us how one person may knock over hot drinks. They told us, "We need to find out why if

they can't tell us they don't like something." They told us the person would usually then go off to their room. They told us they would leave the person for about 15 minutes, then go and try and find out the cause of their agitation and distressed behaviour. They told us the cause of the person's distress was sometimes due to something as simple as a change in the weather or if they had missed a television programme. The person had a behaviour plan in place that stated if they displayed behaviours that could impact on the safety and well-being of others, they could not have their favourite magazine for an agreed period of time. The agreement was made in consultation with other health professionals and agreed with the person. The agreement was made to improve the safety within the environment for the person and for others living in the home.

We were told how one person could be intimidating in their approach to others. Staff told us they were mindful of the person's effect on others living in the home and sometimes the person had to be reminded, "This is enough." Advice and guidance about how to provide the best care and support, whilst keeping others safe, was sought from other health professionals. For this person, a visit from the community learning disability team had been arranged.

We spoke with two health professionals on the telephone after our visit. One health professional told us, "Colleagues have visited too and we don't have concerns or feel anyone is at risk. One colleague did mention some time ago to staff about a moving and handling manoeuvre that wasn't quite 100 per cent. I'm not sure exactly what it was but we weren't unduly concerned and staff responded at the time I understand." Another health professional said, "We were called in to see one person who had deteriorated. They [the staff] had already got the doctor involved."

## Is the service caring?

### Our findings

We spoke with people and a relative of a person who lived in the home. People spoke positively when we asked them if they were happy living in the home. We asked people if they liked the staff and if the staff were nice to them. Comments included, "They're nice yes" "Like it [here]" and several answers of, "Yes" in response. A relative told us, "I have her [person using the service] home every month. Staff bring her over and arrange for her to be picked up again. They make sure she gets everything she needs and they're good to me too."

On the morning of our visit, when we arrived, most people were in bed. The member of staff told us, "There's not a specific time for day care activity for people today [unlike most other days], and I think because it's a little bit cooler people have had a better night's sleep and are enjoying a lie in." This showed that staff were respectful of people's rights to make choices.

We saw a structured activity and event planner, a daily service timetable, that was individualised for each person. This included activities such as trampolining that everyone living in the home attended, and more individualised programmes that included visits to clubs, relaxation sessions, reminiscence groups, gardening, photography, arts and crafts, educational games and cooking groups. Each person had a copy of their agreed programme. Staff told us the programmes were structured and aimed to help people to be, "More independent and in charge and taking responsibility for their daily routines."

On the day of our visit, we attended a meeting a member of staff held with people to discuss an outing planned for the day. This was a weekly 'out and about' event in people's daily timetable, and this was an activity where people were able to choose if they wanted to participate. The member of staff started the meeting by asking people what day of the week it was and what the weather was like. They prompted people to make decisions about the outing. This included discussions about what they would need for the day. The member of staff asked, "What do you think we will need to pack for the day?" One person answered, "A packed lunch." The member of staff said, "Yes, well done," then asked people to decide what they would like in their packed lunches. The member of staff reminded people it may be sunny later, and asked what else they may need. Another person replied, "Sun cream" and looked pleased when the member of staff confirmed, "Yes we will need sun cream."

The four people who agreed to go on the outing were excited and engaged with the member of staff. The member of staff reminded and prompted people to take responsibility, make choices and decisions about the day. They made sure people were as fully involved as they were able, with the discussion, planning and organisation for the day. We heard people asking for, and receiving, reassurance when they were getting ready for the outing. We heard people ask, "Is this my bag" "Do I need my coat" "Shall I put my shoes on now" and "When we come back will we have a takeaway later." People were encouraged to get themselves ready for the outing. They were prompted to be involved, pack their own bags and make their own decisions. Staff responded kindly, with patience and encouragement.

Staff spoke warmly and with affection about the people they cared for. For example, one member of staff

told us, "I love coming in to work, it's like being with our extended family. As well as supporting with personal care we do things we would do with our own families too. We go on outings, to the cinema, bowling, on holidays and trips. Sometimes I volunteer to come in when I'm off [duty]." Another member of staff said, "[Name of person] often calls out to me and we prompt her to do what she can for herself. She likes us to hold her hand. I just want people to have the kindness, dignity and respect they deserve and I wouldn't accept anything less."

When we spent time with the registered provider in their office, people called out as they passed by. The registered provider responded to each person in a warm, friendly and caring way. They told us how they knew each person so well, as most people had lived in the home for many years. They told about peoples' backgrounds, their relatives, where they had lived before moving in to Robleaze House and how each person responded to different approaches and communication styles. They described how they tried to 'bring out the best in people' who lived in the home. They told us they recognised that some people could be seen as challenging because of repetitive or obsessional behaviours. They told us about one person who had agreed 'boundaries' and whose care plan confirmed the need for staff to be consistent in their approach. They told us the person's behaviour may change, if, for example, they thought other people were getting too much attention.

There was guidance in place to help staff support people to make choices. We looked at the policies, procedures and guidance available for staff. We read in the service user personal choice policy, 'Same right to make choices as any other adult'.

The staff we spoke with were fully aware of people's rights and their responsibilities with regard to promoting and upholding these rights. One member of staff told us, "Of course we always knock and wait for an answer." The registered provider told us, "If staff have forgotten to do this, and this happens very rarely, some of our service users will come and tell me."

Feedback was sought from relative and questionnaires were sent out on an annual basis. The relative we spoke with said, "I get the forms and fill them in every year". We looked at the most recently completed surveys. The feedback had prompted the registered provider to produce a staff picture board that confirmed each person's nominated key worker.