HICA

Isaac Robinson Court - Care Home

Inspection report

Lindsey Place
Arcon Drive
Hull
Humberside
HU4 6AD
Tel: 01482 352950
Website: www.hicagroup.co.uk

Date of inspection visit: 19 and 20 November 2014
Date of publication: 20/02/2015

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

Overall summary

We undertook this unannounced inspection on the 19 and 20 November 2014.

Isaac Robinson Court provides personal care and support to up to 40 adults who have a learning disability. On the days the inspection took place there were 25 people living in the service and five people using the respite service. The service is located close to local facilities and bus routes into Hull city centre. There are five purpose built, single storey bungalows. Three of these have eight single en suite bedrooms for people who live there on a permanent basis and two have six single bedrooms in each for people to have short respite breaks. There are two self contained flats in the main building.

Summary of findings

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager is currently on secondment to an area management post and the deputy manager has taken up the position of acting manager in the interim.

Some people who lived in the residential side of the service had needs that were increasing but the staffing levels had not kept pace with this. Therefore it was not always clear there was sufficient staff deployed in one specific unit of the service to meet these people's needs. This meant the registered provider was not meeting the requirements of the law and you can see what action we told the registered provider to take at the back of the full version of the report.

There were policies and procedures to guide staff in how to keep people safe and staff had completed safeguarding training. The environment was safe and staff completed risk assessments to help minimise risks for people. The equipment used was serviced and checked regularly by staff.

People had their health and social care needs met including visits from health professionals and appointments with doctors and consultants. People received their medicines safely and as prescribed by their GPs.

Most people were able to make their own decisions about aspects of their lives and were provided with information so they could choose what they wanted to do. When people were unable to make their own decisions, staff consulted with appropriate people and planned care in the person's best interest.

People's nutritional needs were met and they told us they liked the meals provided; there were lots of choices and alternatives to the main menu.

Staff were recruited safely and all checks were carried out before they started work in the service. They received induction and training suitable for their role. There was a support system for staff which included supervision meetings, appraisals and staff meetings.

People spoken with said staff were caring and they liked living at the service or spending time there for short breaks. There were lots of activities for people to participate in and opportunities for them to access the local community facilities.

Checks were made on the quality of the service by asking people their views and by carrying out audits. However, the audits had identified a shortfall in staffing levels but changes in deployment had not been adjusted to meet people's needs.

There had been restructuring of the company and senior management which had caused some anxiety for staff and a lowering of morale. Now the restructuring had been completed, a senior manager told us they felt this would improve stability and staff morale.

Summary of findings

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.

Some people's needs in the residential side of the service had increased but staffing levels had not kept pace with this. This meant there was not always sufficient staff deployed in one of the units to meet these people's needs.

Staff were recruited safely and received training to help safeguard people from abuse. Staff completed risk assessments to help minimise risks to people who used the service and equipment was maintained appropriately.

People received their medicines safely and as prescribed by their GP.

Requires Improvement

Is the service effective?
The service was effective.

When restrictions were placed on people's liberty, the registered manager ensured this was authorised legally by the local authority. Staff gained consent to the care they delivered to people. When people were unable to provide consent, they discussed this with family and professionals to plan care in their best interest.

People's health care needs and nutritional needs were met; menus provided people with a variety of meals and alternatives.

Staff received induction, training, supervision and support to enable them to feel confident when supporting people who used the service.

Good

Is the service caring?
The service was caring.

We observed positive staff interactions with people who used the service. We also observed staff promote choice, privacy and dignity and encourage people to be independent.

People were provided with information to enable them to make choices and were included in decisions made about the service they received.

Good

Is the service responsive?
The service was responsive.

People who used the service had assessments of their needs and plans of care that were person-centred. These provided staff with guidance in how to support people's needs, preferences and choices.

Good

Summary of findings

There was a programme of activities for people to participate in within the service and in the community. There were two designated members of staff employed to coordinate these activities, occupations and visits to local facilities.

The service responded to complaints and investigated them appropriately.

Is the service well-led?

Good

The service was not always well led.

The quality of the service was monitored by audits and seeking the views of people who used the service, their relatives, staff and visiting professionals. Audits had picked up the shortfalls in staffing numbers in one unit but the deployment of staff had not been adjusted to address it.

Although staff felt communication with senior managers in the company could be improved, they felt they were well supported by the acting manager and registered manager within the service.

The registered provider had a mission statement and a set of values which guided staff in their practice. It provided an ethos of treating people as individuals and improving their quality of life.

Isaac Robinson Court - Care Home

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 19 and 20 November 2014 and was unannounced.

The inspection was led by an adult social care inspector who was accompanied by an expert by experience who had experience of supporting people with learning disabilities. 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, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was received in a timely way and was completed fully. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed.

We spoke with the local safeguarding team and the local authority contracts and commissioning team about their views of the service. We also received information from two health professionals who visited the service.

During the inspection we observed how staff interacted with people who used the service. We spoke with seven people who used the service and one of their relatives. We spoke with the acting manager, two team leaders, six care support workers, an activity co-ordinator, the head chef, the administrator and the housekeeper.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service. These included eight medication administration records (MARs) and Deprivation of Liberty Safeguards (DoLS) for two people which had been authorised by the local authority. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We also looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, the training matrix, the staff rota, minutes of meetings with staff and those with people who used the service, quality assurance audits and maintenance of equipment records.

We completed a tour of the premises to check on cleanliness and hygiene.

Requires Improvement

Is the service safe?

Our findings

All six people spoken with told us they felt safe living at the service. They said, “Staff treat you very well” and “Everything is ok.” Another person said, “I bring my tablets with me and staff give them to me.” A relative said, “I know she is very safe. I have no worries about her here at all” and “It would be lovely to have more staff; it’s not their fault.”

We looked at staff rotas for both the residential and respite sides of the service and spoke with staff. We found there was not always sufficient staff deployed on one of the residential units to support two people's increasing needs. This meant there had been a breach of the relevant legal regulation (Regulation 22) and the action we have asked the registered provider to take can be found at the back of this report.

There was one care support worker on duty in each of the three interconnected residential bungalows. In addition, there was another care support worker who assisted all three bungalows and a team leader who completed medicines and other administration tasks. Five of the people in the residential side had one to one support for certain hours during the day. All the staff spoken with told us people’s needs in one of the bungalows had significantly increased which caused difficulties in meeting them with current staffing levels. Staff spoken with told us the main concerns were supporting people to get up, washed and dressed in the morning but also when specific people required personal care during the day. They said the additional care support worker was used to escort people to the doctors or to outpatient appointments so they could not rely on their assistance to support people to get up and ready for the day. Staff told us the staffing levels were affecting morale. The registered manager told us they tried to organise appointments for people at less busier times and they could request staff from other units to support as required. Following the inspection, the acting manager told us they would take action to address the deployment of staff on one specific unit.

Comments from staff included, “Staffing is an issue; six months ago it was fine but it’s now becoming difficult and it’s beginning to put a strain on our backs”, “People’s needs have changed and work is more demanding. It depends on appointments as to how much you get out of the floater (additional member of staff used between the three bungalows)”, “There’s no time to take proper breaks or do paperwork”, “Occasionally service users are in bed past their choice time for getting up”, “The needs of service users have changed dramatically, especially one person; there’s lots of pressures as we want to give a high level of care but it’s getting difficult and care takes so much longer” and “I see the care support workers getting stressed and disheartened; I want the staff to have a good shift but it’s hard.” A health care professional told us, “As the population of Isaac Robinson Court ages and health needs increase, staffing levels can be an issue. For example, clients who need two carers to transfer – there are inadequate staffing levels; staff have to come from other bungalows leaving a deficit elsewhere.”

In one of the bungalows we observed a person’s one to one support worker was assisting them with an activity but had to leave twice to attend to other tasks. The main member of staff on the bungalow left to arrange transport for someone else. This left the one to one support worker to oversee the rest of the people who lived in this bungalow and meant the person who required one to one support did not receive it for a specific period of time.

There were sufficient staff available to support people who used the respite service in the two remaining bungalows. Staff spoken with told us staffing levels were determined by the numbers and needs of people who used this side of the service. They said this could change on a daily basis and although a specific tool wasn’t used to calculate the staffing numbers, they planned these to match people admitted for respite care.

The training matrix indicated all staff had completed training in safeguarding vulnerable people from the risk of harm and abuse. The initial training was completed during the induction phase for new members of staff and refreshed on an annual basis. In discussions with them, staff confirmed they had completed the training. They were knowledgeable about the different types of abuse and the signs and symptoms that would alert them to concerns. They were clear about the actions they would take to report abuse. The service had safeguarding policies and procedures and used a matrix developed by the local authority safeguarding team to gauge potential risk when incidents occurred. The acting manager knew how to use the matrix and described how they would refer any allegations of abuse to the local authority safeguarding team in line with policies, procedures and the matrix tool.

Requires Improvement

Is the service safe?

Risk assessments were in place for the environment and for specific risks that affected people who used the service. These included risks associated with moving and handling tasks, nutrition, swallowing difficulties, skin integrity, behaviours that could be challenging to the service and other people, the use of bedrails and accessing the community safely. The risk assessments provided guidance to staff to help them minimise the risks but still enable people to make choices about aspects of their lives. The external doors all had security keypads and more able people who used the service had fobs so they had freedom to move around the home independently.

We saw equipment used in the service was checked frequently and serviced at intervals to help maintain safety. There were quarterly health and safety forum meetings where staff discussed issues and recorded the action taken to minimise risk.

We checked staff recruitment files and saw staff were recruited in line with good practice. Full employment checks such as application forms, employment history, references and police checks were carried out prior to their start date. This helped to ensure only appropriate people were employed to support vulnerable people.

We looked at how medicines were managed in both the respite and residential sides of the service. Team leaders administered medicines to people who used the service and only after they had completed training. On the respite side of the service, there was a good system of signing in medicines and signing them out again when people were admitted for short respite stays and then discharged home. Medicines were held in lockable cupboards in people's allocated bedrooms. Staff administered the medicines to people apart from one person who used the respite service who was able to administer their own medicines, as they did when at home. Staff had completed a risk assessment and care plan for this person, which identified their ability to self-administer medicines. This assisted the person to maintain their independence.

On the residential side, medicines were stored in a designated room which was locked when not in use. The room was very small and was inappropriate, as it also housed a boiler which affected the temperature at which the medicines were stored. During the summer months the room was hot and as it had no window it was difficult for staff to keep cool; on the day of inspection the temperature was appropriate. There was also limited access to the sink in the room. Medicines were stored in a trolley secured to a wall, in a lockable fridge, in cupboards and on shelves. Medicines that required more secure storage were held in a separate lockable cupboard. However, this cupboard was free-standing and had not been secured to the wall. The acting manager told us funding had been agreed to extend the medicines room by knocking through to a room next door. This would resolve the issue of space and storage. We were told maintenance personnel would secure the cabinet to the wall as soon as possible and received information this had been completed following the inspection.

Staff signed documentation when medicines were received into the service and they signed the medication administration records (MARs) when they were given to people. There were some issues regarding guidance for staff about medicines. For example, there was a lack of guidance when people were prescribed medicines 'when required' and some confusion on the MARs regarding the route some medicines were to be administered. However, when we spoke with the team leader about administration of medicines, they were very knowledgeable about people's needs and we were assured medicines were administered correctly to people. We spoke with the acting manager about the recording issues so they could address them and make the guidance clearer for staff.

Good

Is the service effective?

Our findings

People told us they liked the meals they received and staff received training. They said, "The food is nice", "The food is ok; I have a sandwich if I don't fancy what they bring" and "Yes the food is good." A relative said, "The food is great; I'm often here when it's provided. They tell me what she has eaten and I believe her dietary needs are met. Other people tell me what they have had to eat." The relative also said, "They (the staff) get a lot of training; if anybody is new they shadow other staff" and "They give people choices; I saw one person stayed in bed until late in the morning and they kept checking on her."

We observed there was a choice of menu and the chef prepared alternative meals when requested. We spoke with the head chef about the meals provided and how people could influence the menus. They told us they visited the bungalows to speak with people and ask their views about the meals provided. They said, "I ask about meals and check fruit bowls to make sure they are full. They will tell me if there is a problem with the meals; they will say if they didn't enjoy them", "I don't mind a bit of criticism so I can put it right next time" and "Staff or the service users ring me and ask for alternatives. They don't have to have what's on the menu; that's just a guideline." They described how they ensured people who required a soft or pureed diet had this well presented and how they provided special diets. They said, "I blend each food group separately, thicken it up to make it stable and pipe it neatly; I try to make it look like what everyone else is having" and "We are boosting her calorie intake at the moment with full fat milk and extra butter."

Records showed people had their nutritional needs assessed and care plans included likes and dislikes, special diets and the support people required to eat their meals. We observed the lunchtime experience for people who used the service. People ate their meals in each of the bungalows but some people chose to eat in the large room in the main bungalow when they had participated in activities during the morning. Staff were familiar with the nutritional needs, and risks associated with them, for each of the people they supported. The staff used a specific tool to assess risk and weighed people according to the identified risk, for example some people were weighed weekly and others monthly.

Records showed people had access to a range of health and social care professionals. We received information from two health professionals who said, "From my experience of the service with a number of clients, I feel the service meets the health care needs of the individuals; they will contact the team if they observe any changes" and "Carers feel able to ask for guidance or advice from our team and work closely with all professionals."

The environment had been adapted to meet the needs of people who used the service. There were ramps to entrances and exits to assist people who used wheelchairs and grab rails in corridors and bathrooms for those with unsteady mobility. There were assisted baths and moving and handling equipment to support people when required.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). The registered manager had completed training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They had made applications to the local authority to ensure appropriate assessments were carried out when people were deprived of their liberty. The care plan for one person with a DoLS in place described the monitoring support staff provided and detailed that this was the 'least restrictive option'.

We saw the acting manager and team leaders had not completed DoLS training and in discussions with them we found their knowledge could be improved. We judged the training would be useful when assessing the need to make DoLS applications to the local authority. However, they had access to the registered manager for advice during his short-term seconded role as area manager. The acting manager assured us they would source this training for appropriate members of staff.

Training records showed that staff had completed training in the Mental Capacity Act 2005 (MCA). Via discussions with staff it was clear they had an understanding of the need to secure consent from people before completing tasks. They said, "We ask people and give them choices on what they want to eat, drink, wear, shower, bath, go out; everything." Staff told us there were some people who used the service who lacked capacity to make their own decisions. They said, "We have best interest meetings with families and outside authorities." We saw in care files that when there

Good

Is the service effective?

were doubts about people's capacity to make important decisions other than day to day ones, assessments were completed to verify this and best interest meetings were held to make decisions on behalf of people.

The training records showed staff had access to a range of training courses appropriate to their roles. The training included courses considered by the registered provider to be essential and those that were specific to the needs of people who used the service. The training was delivered in face to face classroom sessions, via work books, watching DVDs and computerised e-learning courses. In discussions with staff, they described the induction process and the different training courses. They said they received lots of training, which enabled them to feel confident when supporting people who used the service. They said, "We have loads of training; it's really good", "The training is good" and "I've been getting a buzz out of training lately; it's been really interesting." A health care professional said, "Staff are knowledgeable regarding the clients they support and are able to follow instructions and recommendations without difficulty."

We saw staff received support from team leaders and the acting manager. Supervision meetings were held to discuss issues in private and staff received annual appraisals. Staff said they felt supported by their line manager, "We have supervision with team leaders", "We can raise concerns with the manager" and "The registered manager and acting manager are fantastic."

Good

Is the service caring?

Our findings

People told us they were happy living at Isaac Robinson Court. They said, "I like living here", "The staff are alright" and "I like coming here." A relative said, "The staff are absolutely brilliant; she is so happy here. She sees this as her home. I come weekly at different times and I feel all the people are happy." They also said, "I brought a neighbour of mine in to see her and she was presented beautifully and had nail varnish, jewellery and her watch on; I was really pleased."

We observed staff interactions with people who used the service. Staff knew people well and shared jokes and banter with them. Staff provided explanations to people and knew their likes and dislikes. There was a key worker system, which enabled staff to develop supportive relationships with people who used the service and their relatives. The expert by experience said they saw staff were busy but they observed warm, caring interactions between them and people who used the service. They said, "One person became very upset and cried; the staff all tried to console her and cheer her up and were very compassionate. This was very heart-warming to see that she wasn't left on her own."

We saw staff involved people in decisions about their care and about the service. There were meetings held in each of the bungalows and issues discussed were activities, menus, complaints and general information. The staff read specific policies out to people such as how to keep the building secure. The minutes of the meetings were in easy read format and showed people were able to express their views. Staff said, "We involve people in the decoration of the bungalows; we have meetings and people make suggestions." There was a newsletter produced every three months which provided people with a range of information about the service.

In discussions, staff demonstrated a caring approach. They said, "People who want to go to their own room do so", "We want to give clients a better life", "This is undoubtedly one of the best places to work; the service users are fantastic" and "Some of the service users like to be independent and come to the kitchen to collect bread, milk, sugar and biscuits for their bungalow; one person has bought a shopping bag just for this and another rings up and checks it's ok to come over." Health professionals said, "Staff work very closely with families offering support to carers as well as reliability and flexibility to respond to emergency respite situations due to family health issues", "The staff team always appear friendly and well in tune with the residents", "From observations, staff approach the individuals they support warmly and in an appropriate manner dependent on their communication needs" and "The home appears to reflect a real home for residents."

Staff described how they promoted people's privacy and dignity and how they encouraged people to be independent. They said, "We close curtains and doors during personal care tasks and we're discreet. We make sure people have their dressing gowns on when we take people to the bathroom or for a shower" and "Some people are able to do a lot for themselves; those who are able to decide for themselves get up and go to bed whenever they choose, otherwise it's based on best interests. We look for facial expressions; it's their choice."

We saw that staff had contacted an advocate to support one person who used the service with decisions about expenditure. The person did not have any relatives and an assessment indicated they lacked capacity to make these decisions. This showed us staff were mindful of using all means possible to involve people in decisions. A health professional said, "Staff advocate for the clients, for example wanting clients with increasing needs to remain at Isaac Robinson Court rather than going into nursing care."

We observed each bungalow was clean and well decorated with small but homely communal sitting rooms and dining rooms. Bedrooms were for single use and were personalised with people's belongings, which made them an individual private place for people to spend time in if they choose. Each bedroom had an en-suite toilet for privacy and there were locks to bedroom doors for people to use. The three bungalows on the residential side were linked and people who used the service were able to move freely throughout them which opened up their living space and allowed them to meet up with their friends. The service had two flats which were used by people who had more independent living skills.

Good

Is the service responsive?

Our findings

People told us there were plenty of activities to participate in and they had the opportunity to access local facilities. They said, "I like bowling, swimming and shopping", "I go to the hairdressers to have my hair cut. I can do what I want really" and "We have the Christmas party and dances in the Hive (main activity room)." A relative told us, "They do a lot of activities here. The two activity people are brilliant and the Hive is a really good place." They also said, "I have noticed that people get more independent; they have lots of things going on like dances, cinema evenings, Chinese takeaway nights and country and western nights."

People also told us they did not have any concerns or worries about the care they received. A person who used the service said, "I would tell the staff." They named specific staff they liked and would feel able to raise concerns with. A relative said, "I can raise complaints at meetings."

We overheard one person say they wanted to go shopping in the afternoon and staff said they would arrange it as soon as the mini bus and driver returned. We observed people participating in activities in the Hive and in the bungalows. The Hive was arranged with separate seating and activity areas such as work tables for arts and crafts, a music area, a TV area and a kitchenette to make drinks. The service employed two activity coordinators who had developed programmes of activities tailored to meet people's individual needs. There was a busy and varied programme which included: bowling, swimming, tai chi, baking, crafts, shopping, pub lunches, theatre trips and outings in the minibus. Some of the people who used the service had formed their own band. They had secured funding and purchased drums, a keyboard and cymbals. Some people were able to afford holidays or short breaks with staff support whilst other people had day trips out instead.

We saw people were encouraged to be part of the local community. For example, the service had forged relationships with the local church and some people visited for 'cream teas' and reciprocated by inviting members of the church to barbecues. There were six people who attended the church services on Sundays and a local Mencap group visited Isaac Robinson Court weekly for a social evening. During the year there were fund raising events such as the summer fayre. Staff spoke about supporting people to football and rugby matches and to watch wrestling at a local stadium.

Each person had a care file which contained a lot of information. These included assessments of need, risk assessments and plans of care. However, important information was laminated and placed in each person's bedroom so staff had a quick guide to use. There was also a one page profile at the front of the files. This provided staff with detailed information about routines, what's important to the person, how care was to be carried out and any risks they needed to be aware of.

There was personalised information in care files and a 'This is me' document, which was sometimes completed by relatives. These provided staff with guidance in how to support people in an individual way. For example, the nutritional care plan for one person described in detail the position in which they sat for safety and how they communicated to staff they had eaten and drank sufficient amounts. There were health action plans which detailed the individual support people required to maintain their health and wellbeing. Some of the care plans and information sheets were more comprehensive than others and the acting manager explained they were in the process of changing the format of the care plans. Reviews and evaluations of care plans took place.

We saw the service had a complaints policy and procedure and maintained a log of complaints and concerns. The complaints log showed us complaints were investigated and people were responded to.

Good

Is the service well-led?

Our findings

At the time of the inspection the service had a manager who had been registered with the Care Quality Commission since October 2010. The registered manager had recently started a six month secondment as the area manager and the deputy manager had taken the post of acting manager in the interim. This meant that despite the registered manager's absence the service had a management support system in place.

There was a quality monitoring system in place to make sure the registered provider's mission statement of providing 'high standards' and 'quality of care' was maintained. The acting manager monitored this via a system of audits and seeking people's views. The audits and questionnaires were carried out at different times throughout the year. Despite the audit system, the shortfall in staffing deployment levels had not been adjusted in a timely manner to meet people's changing needs. The acting manager told us these would be addressed.

We saw medication was checked weekly and audited monthly, a full kitchen audit was completed monthly and the housekeeper checked cleaning schedules. The acting manager completed a monthly audit tool which reported on issues such as health and safety, accidents and incidents, complaints, staff training, medication, nutrition and safeguarding. Action plans were produced to address shortfalls and these were followed up with staff in supervision to ensure practice improved. The acting manager described how a complaint about medication management during a person's respite stay had resulted in a change in practice when recording medicines in and out of the service.

The staff told us they rarely saw the senior managers in the organisation and they felt communication with them could be improved so they understood the reasons for some decisions which had impacted on their role. Staff felt some of the decisions had affected morale and caused some to find employment elsewhere. They said, "I work for HICA but I don't really know them (senior managers)", "It's wobbling at present; we're using more agency workers as staff are leaving", "Initially I loved every bit of it but of late I'm not sure; morale has dipped since last year" and "There aren't really many incentives; a lot of us are in it because we care." There was an employee forum and minutes of meetings held in July and September 2014 were checked. The minutes showed staff were able to raise concerns, for example about staffing numbers and the increasing needs of people who used the service, but we were unsure if these issues were seen by senior management. We passed on these concerns to an area manager who told us they would raise these issues with senior managers. The area manager told us there had been significant changes in senior management of the organisation in recent months due to restructuring. This had now been completed and it was felt a period of stability would follow. We asked the acting manager to send us information about how they were to improve communication and morale. Following the inspection we received minutes of staff meetings where these issues were addressed. This showed us the acting manager acted quickly to address concerns.

Following the inspection, the registered manager told us the current Chief Executive Officer (CEO) had visited the service on three occasions in the weeks prior to the inspection to introduce new board members. The registered manager told us the use of agency staff had reduced from 104 agency hours per week from January to June 2014 to 75 hours per week from July to December 2014. However, this remained a high number of agency staff and the acting manager told us they were trying to reduce this further with staff recruitment.

All the staff spoken with told us they felt able to raise concerns within the unit with their line manager, the acting manager and the registered manager. They said the culture within the service was open and focussed on the needs of the people who lived there. Staff completed training on values, attitudes and dignity during induction and we observed positive examples of these during the inspection. Staff said, "It's a healthy culture; very pro-service users."

All staff spoken with told us they were committed to working at Isaac Robinson Court despite concerns about morale, as they had formed relationships with the people they supported and their relatives. They said there had been instances when they had been listened to, for example with e-learning. Staff told us e-learning was used for only a small number of training courses now as they had fed back to line managers that this was not the most useful way to learn.

There were meetings for people who used the service, staff and a separate meeting for relatives to ensure a range of views were heard. A relative confirmed they attended the 'carers meeting' and found them useful. We saw there had

Good

Is the service well-led?

been questionnaires for people who used the service, relatives, staff and visiting professionals and although action was taken the results of audits and questionnaires had not been shared with people. The acting manager told us they would ensure these were discussed in meetings.

The acting manager told us the staff questionnaire highlighted staff were unsure of the organisation's mission statement so this had been placed on the notice board. A suggestion box had also been initiated in the staff room so they could raise issues anonymously.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing How the regulation was not being met: People who used services could be placed at risk of insufficient care and support. This was because there were not always appropriate numbers of care staff deployed in order to meet the increasing needs of some people. Regulation 22.