

Rehability UK Residential Ltd

Rubery Court

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

Rubery Court is a care home providing care for adults with a learning disability and/or autism, physical disability or mental health conditions. The service provides long term and short stay care. The service is registered to accommodate a maximum of 8 people, and five people were living at the home at the time of our inspection. There were also two people living in their own flats on the top floor, with personal care provided by dedicated staff who were managed by the registered manager.

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.

The service was a large home, bigger than a domestic style property although it did not present as a care home. Support staff did not wear anything that suggested they were care staff when coming and going with people and transport used by the service was not identifiable as anything other than family transport.

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

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

People were safe, and staff were aware of how to minimise risks to people and promote their safety, whilst considering their rights. Staff knew how to work with people to identify risks and change their approach to minimise these.

People were supported by care staff that were caring and expressed interest in people and the support they provided them. People received person centred care and support based on their individual needs and

preferences. Staff were knowledgeable about people, their needs and preferences and used this to develop a good relationship with people.

People were supported by care staff who had the skills and knowledge to meet their needs. There was some need for training refreshers, but this had been identified and training updates had been booked. Staff understood, felt confident and well supported in their role. People's health was supported as staff worked with other health care providers when needed to support people's healthcare needs.

People were supported to have maximum choice and control of their lives and staff understood they should support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People enjoyed meals that reflected their preferences and there was access to a range of foods that met people's needs due to their health, culture or specific preferences. People's care plans reflected people's needs and preferences. Staff were able to explain how people were involved to ensure care plans were person centred and involved people and their wider family. We saw the service was responsive to information from people and relatives.

People could complain, and concerns were listened to and responded to by staff. Complaints and comments were used as a tool to drive improvement of the service.

People, relatives and staff were able to share their views with staff. People enjoyed living at Rubery Court and were able to follow their chosen routines and enjoyed access to activities at the service or in the community.

Quality monitoring systems included audits and regular checks on people's satisfaction with the service they received. The provider had systems in place to ensure they kept up to date with developments in the sector and changes in the law.

The registered manager and staff were approachable, organised, listened and responded to them and acted on feedback when they shared this with them. The registered manager demonstrated they wished to improve the service further, for example developing care records further so they would be more person centred.

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 to gain new skills and become more independent.

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 01/04/2017).

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.

Rubery Court

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

Rubery Court is a 'care home'. The top floor of the home consisted of two flats where people received personal care but had separate contractual arrangements for their flats. As CQC does not look at premises used for supported living we only looked at how these people received personal care. People in the care home received accommodation and nursing or personal care as a single package under one contractual agreement. In this instance CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service although they were not able to tell us about their experience of the care provided due to their communication needs. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with two visiting relatives.

We spoke with five members of staff including the registered manager, assistant manager, one senior support worker and two care workers. We looked at two people's care records, medicine records and other records related to the running of the home. We also spoke with the area manager and the nominated individual for the provider during our inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager sent further information including training data.

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

- People's relatives told us their loved ones were safe and if they had any concerns they could talk to staff. A relative told us, ""I have no complaints, there are never marks [on the person] and never find them dirty".
- Staff understood what actions to take to protect people from harm and said they would follow the local authority safeguarding procedures. There was an understanding of what may constitute abuse, for example one staff member gave examples of what abuse may be and said, "If I saw something happen that was not right I would report, there are protocols to follow".
- Information about safeguarding was available and the registered manager had a good understanding of safeguarding.

Assessing risk, safety monitoring and management

- Assessments were in place to identify risks to people and how these risks could be minimised. These assessments covered a range of risks that reflected those related to the individual, such as going out in the community, use of equipment and how to positively respond to any behaviours of concern.
- A relative told us staff had assessed various methods prior to deciding on the safest way to support the person.
- Staff were well informed as to any risks to people who used the service. One member of staff told us, "Risk assessments are in support plans. These need to be in place so everyone can keep self and person safe and they are easy to understand".

Staffing and recruitment

- People told us they had support from staff as needed and staff were always available.
- The registered manager told us staffing was based on people's individual requirements and assessments, which reflected what we found.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Using medicines safely

- Several medicine errors were identified prior to our inspection that had led to the registered manager reviewing how medicines were administered. Staff were aware of what they were now expected to do when they administered medicines, so these were administered safely and in accordance with people's preferences. This intervention had dramatically reduced medicine errors.
- Staff who gave medicines had received training in medicines administration and their competency was assessed.

- Medicine administration records (MAR) were completed by staff for each administration. Clear protocols were in place for 'as required' medicines to ensure staff knew when these should be given.

Preventing and controlling infection

- Rubery Court was visually clean and smelt fresh. Relatives told us the home was well maintained and they had no concerns about cleanliness. A relative told us, "I never smell anything, no accidents, its spotless".
- Staff were able to tell us what they did to ensure cross infection was minimised, for example making sure all equipment was clean as well as people's personal items. They told us there was a ready supply of protective wear such as gloves and aprons and these were used appropriately.
- Systems were in place to monitor the cleanliness of the environment and regular audits of the environment were undertaken.

Learning lessons when things go wrong

- Where incidents or accidents had occurred, these were analysed to ensure learning took place to prevent a re-occurrence and minimise risks. For example, we found any incidents or accidents were reviewed and where there was learning this was cascaded to staff. A member of staff told us, "Whenever risk assessments are changed/done it's in the communication book and we are made aware".

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.

Staff support: induction, training, skills and experience

- Staff provided care in a way that indicated they had the appropriate skills. Discussion with staff demonstrated their knowledge. A relative said, "Staff seem well trained as they know what they are doing".
- The registered manager had identified there was a need for refresher training for staff in some core skill areas. There was a clear plan for provision of this refresher training to staff through September and November 2019. Staff told us training was always updated and one staff member said, "I have the training needed and they will try and source training we wish to do".
- New staff had an induction and completed the care certificate when needed. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in health and social care.
- Staff told us they received supervision from the senior staff that met their requirements. One member of staff told us, "I'm happy with support and supervision, if not happy I can request, and it includes reflection on practice, for example medicine errors and what we should do".

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

- Staff worked with other health and social care professionals to ensure positive outcomes for people.
- Staff supported people to access other services. A relative told us, "If [the person] is poorly staff are on the phone and will tell me what they are doing, for example going to hospital for a check-up".
- Staff were aware of when access to healthcare services was needed in unforeseen circumstances.

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

- Rubery Court provided an environment for the specific needs of the people who used it. For example, there was wheelchair accessible external space, there was lift access to all floors, bedrooms were personalised/large, and appropriate equipment was available that reflected people's individual needs.
- A relative said the person's, "Bedroom is personalised".

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

- Initial assessments were completed to ensure people's care was planned and reflected their individual needs and preferences. A person admitted on the day of our inspection was seen spending time with staff to discuss what was important for them, so staff could complete their care plan and check their assessment.
- Staff had information to allow them to provide care which reflected people's choices and needs. Staff understood what people's needs were and what was important to them as an individual.

- The provider considered protected characteristics covered by equality legislation such as disability, and we saw reasonable adjustments were in place, for example assessments considered how the needs of people with a learning or physical disability would be met.

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

- A relative told us "[The person] has a good appetite. I have seen their meals and they eat more than me. May not have dinner at time as others by choice. Meals are fantastic".
- Lunchtime was relaxed, and people had the assistance they needed to enjoy their meals. Whilst people could not always communicate their preferences, we saw people's choices reflected what they indicated they liked by sampling meals and through relative's knowledge.
- Staff were aware of any specialist requirements or risks in respect of people's nutrition or dietary needs. We found the meals for people at risk of choking were appropriately presented and at the consistency needed to reduce any risk of choking.

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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 and found they were.

- People were always asked for their consent by staff when receiving care, or when asked about any support offered.
- Assessments were clear what specific decisions people could make, and how or when they may need assistance with these decisions.
- Staff demonstrated a good understanding what the MCA meant in respect of gaining people's consent and how any restrictions were to be managed so they were minimal.

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

- Staff treated and supported people in their care well and were conscious of their diverse and at times complex needs. People were relaxed in the presence of staff and there was evidence of warm and friendly relationships.
- A relative told us, "Some staff are friends and there is not a lot of staff turnover. It does not matter what people want they [staff] are there". Another relative told us their relative was supported on a one to one basis and the person is, "One to one and [the person] gets on very well with this particular staff. They will try and listen and get what they say".
- The registered manager told us it was important staff supported people with their human rights and diversity. Relatives told us these rights, and the person's background was respected by staff. A relative told us, "If [the person] says I want to go out they will not restrict them".

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

- Some people were not always able to clearly voice their opinions, but the staff told of us of ways in which they empowered people to make choices. For example, a member of staff told us, "We used pictures to talk to one person about whether they would be happy to have bed rails to stop them falling from their bed".
- Staff were seen to offer people choices routinely and would consider their reaction when the person was unable to say what they thought. For example, when assisting people to eat they asked if people were ready for the next mouthful and did not give this until the person accepted the food.
- A relative told us, "Staff would follow [the person's] cue", indicating they would read their body language or through knowledge of what they say and what this means.

Respecting and promoting people's privacy, dignity and independence

- The building allowed for people to have privacy if they wished and when people wanted to be alone staff supported people's wishes. For example, a relative told us a person did not always like to mix with others and liked time in their bedroom.
- People could be independent where possible and we saw staff provided people with support when needed but not to the extent that they would detract from a person's independence.
- There was very limited use of any restriction which reflected the service's proactive approach to when people may be anxious. There were occasions where people challenged staff, and this was managed well through diversion, listening to the person and offering choice.

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

- Relatives told us they or another family member were involved in any changes to people's care but said the staff would seek to validate any changes, so they were what the person wanted.
- Staff were knowledgeable about people's needs and personal preferences.

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.

- Information about the service was available to people in various formats to assist with communication. For example, we saw people's care plans were available in an easy read, visual format and staff told us how they use pictures to assist with discussion with people.
- People's individual communication needs were explored, and staff could easily tell us how individual people communicated and what we needed to consider when talking to people. The registered manager told us how they were developing one person's abilities to communicate with Makaton (a communication method that uses signs and symbols to help people communicate).

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

- A social care professional told us they thought the staff could be more proactive in telling families what their staff are doing and offering them wider community involvement. The registered manager told us they were planning to look at reviewing activities on offer and increase people's involvement in these.
- Relatives told us people could participate in activities and pastimes they enjoyed. One relative told us staff took their loved one, "Out for meals - Asda, park and they do tell us about this. They like to go out shopping". Another relative said their loved one did not like to mix with others, but staff supported them to do things they liked such as listening to their chosen music and going out to places they enjoyed.
- Relatives told us they were able to visit at any time, were supported to maintain relationships with people and they were made welcome by staff

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to.
- The provider had a complaints policy and procedure. Written information about how to raise a complaint was available to people, this in accessible formats when needed.

- People were seen to have a good relationship with staff who were aware of what to look for that may indicate a person was unhappy.
- Relatives told us they knew how to complain and would know if their loved ones were unhappy. A relative told us, "Everything is up to standard so why do I need to complain".

End of life care and support

- The provider was not catering for any person that was on an end of life pathway at the time of the inspection.
- The registered manager told us they would respond to any wishes or advance wishes they were made aware of should they support anyone with end of life care. They had held some discussions with people or relatives when they were comfortable expressing what these wishes were. They also said as needed contact would be made with other appropriate services.

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

- Relatives and staff expressed confidence in the service. A relative told us, "The manager seems polite, always speaks, always great, he makes drinks. All staff are nice people and friendly".
- Staff told us the management team were open and staff were motivated and told us they were confident to raise any concerns through a whistleblowing policy.
- Staff said the registered manager was approachable and listened. One member of staff told us, "We have meetings about every six weeks. All the staff attend and if there have been issues we would discuss and look at how we are going to solve it".

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

- Relatives told us staff were approachable and open and if there was any concerns they were able to raise these with the staff, and they would do their best to resolve them.
- The registered manager was open about the challenges they had encountered since taking up the post and they and the senior management told us how they had worked together to identify solutions.

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

- The registered manager told us they wanted to improve the service and was not complacent about the service's performance. Relatives told us they thought the standard of care their loved ones received was good.
- The provider had a range of effective quality monitoring arrangements in place. For example, there was regular audits of medication and safety, and there were regular checks on the quality of differing aspects of the service, these involving management at different levels with the organisation. □
- The registered manager demonstrated they had a good understanding of legal requirements. For example, they had ensured we were notified of events as required by the law and the previous CQC inspection rating was conspicuously displayed at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives views were sought. Staff used on going reviews and communication as well as observation to gain people's views. Relatives also confirmed their involvement in people's care.

- The provider used surveys to canvas people's views and relatives told us staff kept in touch with them and they could discuss any matters with the staff team. A relative told us, "The manager is out on the floor more than not. They are easy to talk to and there is a good atmosphere".
- Staff told us they were involved in the service. A staff member told us, "I would make suggestions and we would learn off each other".

Continuous learning and improving care

- The registered manager said senior managers visited on a regular basis and would monitor the service's performance.
- Where any incidents had occurred, they were reviewed by senior staff and the registered manager to ensure that policies and procedures had been followed and whether there was any learning from the incident to help with improvement. For example, changes in medicines administration practices had reduced the number of medicine errors.

Working in partnership with others

- Relatives and staff all told us the provider worked in conjunction with other organisations and professionals to offer better opportunities for people. For example, as required medicine protocols were completed collaboratively with other health professionals.