

Benslow Management Company Limited

Robin Hood House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Robin Hood House is a residential care home providing personal care to 19 people aged 65 and over at the time of the inspection. The service can support up to 23 people.

The home accommodates people over three floors. People had access to various communal areas, such as lounges and dining rooms, where they could spend their time in private or with others. The home had a generous garden and surrounding countryside views which people could enjoy from their bedroom windows.

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

Risk to people were not always fully mitigated. Risk assessments in place were not always completed fully to indicate the level of risk to people's health or well-being. Guidance for staff was not always in place to help support people safely to manage the medical conditions they lived with. Medicines were not always managed safely. There were not enough staff to keep people safe. Staff were allocated additional tasks like meal preparation which took the support away from people in the communal areas. We found a high number of falls in the home were unwitnessed and in communal areas.

Care records were not always up to date and not completed in enough detail to ensure staff could fully meet people's needs. Governance systems in place were not always effective in identifying areas in need of improvement. Lessons learnt process was not embedded in daily practice to ensure continuous learning and improvement of care practices.

People and relatives were positive about the staff team and management in the home. People told us they felt safe. However not all safeguarding incidents were reported to the local authority or CQC.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, a detailed record of the least restrictive methods considered for people who had one to one support in place was not kept.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

At the last inspection the service was not rated (published 22 March 2022.). The last rating for this service was good (published 08 August 2020).

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about medicines, pressure care, falls and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only and examine those risks.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

The provider developed a service improvement plan following the inspection to ensure they effectively planned the improvement needed. They also increased staffing for day and night shift to ensure the safety of the people in Robin Hood House.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Robin Hood House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Robin Hood House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Robin Hood House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives. We spoke to seven staff members including care staff, senior staff, deputy manager and registered manager. In addition, we spoke to the chef and the provider's operations manager and managing directors.

We 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 reviewed six people's care records, staff recruitment files, medicine records and other documents relevant to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we did not rate this key question. At the inspection prior to that, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- Risk assessments were in place to assess the level of risk to people in areas like falls, skin integrity, mobility and nutrition. However, some risk assessments were not fully completed to accurately reflect the severity of the risk or were not updated after an accident or incident. For example, although one person had a fall in the previous month their risk assessment still recorded, they had no falls in the last year. This meant measures to further mitigate the risk may not have been considered.
- Risk was not always fully recognised and managed. For example, one person had a medical condition which at times affected their well-being. Their medical care plan detailed that symptoms could be treated with medicines as well as a recommended diet. Measures were not in place to promote and offer this diet to the person and the nutrition care plan had no reference to the person's medical condition or recommended diet.
- Medicines for people were not always administered as prescribed. For example, on the first day of the inspection we found that a person newly admitted from hospital missed a whole day of some of their medicines. These were not recorded by staff on their medicine administration records (MAR) on admission. On the second day of the inspection we found one person missed their morning dose of antibiotic. This increased the risk of the antibiotic not being as effective.
- Staff had completed and signed MAR without ensuring that people had taken their medicines at the correct time. We were told by one staff member that this practise occurred, and senior staff left the medicines with care staff to administer but they signed the MAR. This increased the risk of medicine errors. Staff had signed the MAR for teatime medicines, even though they had finished their shift an hour beforehand. The medicine audits did not identify this practice.

Risks to people's health and safety were not always fully assessed and mitigated. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had identified fire safety issues through a fire risk assessment. Although most actions had been completed, fire detection and prevention measures were still required to be completed. The registered manager organised for these to be completed after our inspection.
- Staff had completed fire safety training, however a fire marshal was not in place to oversee the evacuation of the home in an emergency. Regular checks of equipment were carried out along with regular drills. Plans to keep people safe in the event of a fire were in place recorded in personal emergency evacuation plan (PEEP's) which gave guidance for staff in an event like a fire.

Staffing and recruitment

- There were not enough staff deployed to meet people's needs safely and this impacted the support they received.
- The registered manager told us they required five care staff during the day to meet people's needs. Rota's we looked at showed there were regularly only four staff working. In addition to their caring responsibilities staff were expected to prepare meals for people in the morning. This took them away from their key care role meaning less staff were available to meet people's needs.
- The reduction in staff numbers may have had a direct impact on people's safety. For example, there were 27 falls recorded from the 13 June 2022 to 30 September 2022. 23 falls were unwitnessed and the majority of these happened whilst people were in communal areas. Staff told us there were not enough of them to have a regular presence in communal areas when people were there. The provider had not deployed additional staff on review of these falls to support people in the communal areas.
- Although people and relatives told us they felt there were enough staff, staff told us they were very busy and felt additional staff would allow more personalised support. One staff member said, "At times we are very busy, and more staff would be better for people. We could spend more time with them."
- Three people required the assistance of two staff with either personal care or positioning to minimise the risk of developing a pressure wound. At night, two staff were deployed and when they assisted these people, there were no staff available to assist others in an emergency or with personal care. This also meant there was a risk in the event of a fire that staff may not be able to evacuate people safely and quickly.
- People required hoisting from bed across all floors of the home. The provider requested a hoist was sent to another of their homes, leaving the staff with just one to use across all floors. This meant increased pressure on staff time to transfer the hoist between floors and made evacuation in case of a fire more difficult if this was required.
- There was regular use of agency staff. However, the registered manager did not assure themselves that agency staff had the appropriate training or competence to care for people safely. Observations of competency were not completed.
- Despite some people developing pressure wounds in the service, the provider had not implemented training in areas such as skin integrity. Equally, further training in relation to falls, supporting people living with dementia or how to support people when they became distressed was not implemented following incidents.

The provider had failed to ensure there were sufficient numbers of suitably trained staff. This placed people at risk of harm and was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider increased staffing for the day and night in the home. The registered manager told us this had a positive impact on people. For example, one person who had numerous falls prior to the change had none since the increase in staff numbers.
- The recruitment of staff to the home was safe. Recruitment documentation was fully completed, references were gathered, and confirmation of an appropriate level DBS check obtained. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Lessons learnt

- People told us they felt safe. One person said, "I do feel safe here. Staff are all lovely". A relative told us they were happy with the care their family member received and felt it was safe.
- Staff were trained and understood their responsibilities to raise safeguarding concerns, record safety incidents, concerns and near misses. Staff understood how to report internally and externally, where appropriate.

- However, incidents reported to the management team were not always recognised as safeguarding incidents and were not reported to the local authority safeguarding team. For example, when one person was found to physically harm another person.
- Lessons learned were not embedded within the team to reflect on incidents or staff practice to minimise recurrence. For example, one person in September had four falls, all without injury, but staff had not reflected on the cause as a team and how they could mitigate recurrence. These falls were mostly at night, but the management team had not considered areas such as staffing when reviewing those incidents. Particularly as this person who was high risk of falls frequently refused to go to bed at night.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA in most cases and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- However, there were occasions when the registered manager requested one to one support for people in the home to ensure they and others were safe from harm. A record of the MCA process and best interest decision were not always in place to evidence the process they followed and what other less restrictive practices were considered before this decision was taken.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was following current government guidance and were not limiting or restricting visitors for people

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 our last inspection we did not rate this key question. At the inspection prior to that, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The systems in place for checking the quality and safety of the home were not always effective. Risk assessments were not always completed accurately and there were not enough staff deployed to meet people's needs safely.
- The registered manager and the provider completed a range of audits, but these did not identify some of the concerns found at this inspection. For example, safe medicine management, incidents not always reported to safeguarding, identifying trends in relation to falls or distressed behaviour, or insufficient staffing levels. The kitchen audit completed did not identify that staff in the absence of the chef were preparing food without the required training.
- The registered manager completed care plan audits, however these had not identified that care plans were not in place for all areas people needed support with, or that these were not always up to date and at times gave conflicting information for staff. For example, one person's care plan in some areas referred to two other people.
- Care records were incomplete and not reflective of the care people received. For example, when we checked how many people had baths and showers in the last month, four people had none according to the records. We found gaps in recording when people had been supported to reposition. The registered manager told us they reminded staff about recording the care they provided to people, however they have not considered further actions when this was not effective.
- The provider recently identified some areas where staff lacked skills and they sought support from an independent training provider to develop staff further. However, staff had not yet received additional training to understand how to support people who were anxious at times and in danger of hurting others, management of falls or skin integrity.

Systems were either not in place or not robust enough to oversee the quality of the service and drive improvement. Care records were not always contemporaneous, and this placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were positive about the support they received from the management team. One staff member told us, "There is so much better since the [registered manager] came. Things got better, like people have baths and showers and there is support for us. The managers are helping."

- The provider and the registered manager developed a service improvement plan following the inspection to ensure all actions and measures needed to improve the concerns found were captured.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People, relatives and staff told us they had confidence in the registered manager and the home was well-led. Staff told us the registered manager was visible on the floor and was approachable and supportive.
- One relative said, "Communication is very good here. Everyone is approachable and it's a nice atmosphere. It's so much better here for [person] than where they have been before. This is homely."
- Staff felt valued and supported. One staff member said, "I go home with a smile on my face. I feel valued and supported."
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. The provider and manager understood their role and responsibilities about most incidents. However, they had not notified CQC or the safeguarding authority about all important events that had occurred. For example, incidents between two people had not always been reported to local authority or CQC.

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

- People told us they were confident in approaching staff if they had any concerns. There were meetings with people to discuss what activities they liked to do. Part of the care plan audit the registered manager carried out asked people if they were happy with the care they received.
- Staff told us there were staff meetings where they could discuss any issues they may have had, and they felt listened to. However, staff meetings were not used as a learning opportunity to discuss any safeguarding lessons learnt, incidents and reflect on staff's practice.

Working in partnership with others

- The service worked in partnership with the local authority and other health and social care professionals such as nursing teams, speech and language therapists (SALT), dieticians and GP's.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider and the registered manager failed to assess and effectively mitigate risk to people's health and safety. People were placed at risk of harm by not having their medicines administered as intended by the prescriber.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or not robust enough to oversee the quality of the service and drive improvement. Care records were not always contemporaneous, and this placed people at risk of harm.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure there were sufficient numbers of suitably trained staff deployed at all times to meet people's needs safely.