

# Mrs Susan Mary Robinson

# Robleaze House

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

We carried out this inspection on 19 January 2016 and this was an unannounced inspection. When Robleaze House was last inspected in September 2014 there were two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010 in relation to cleanliness and infection control and the safety and suitability of the premises. Following the inspection in September 2014, the provider wrote to us to say what they would do to meet the legal requirements. We followed up on these actions as part of this comprehensive inspection under our new methodology and found improvements had been made.

Robleaze House provides accommodation and personal care for up to 10 adults with a learning disability. At the time of our inspection there were 9 people using the service who were aged between 40 and 75. Most of the people in the service had lived there for between 20 and 25 years since the service had first opened.

The service had failed to complete safe recruitment procedures to fully ensure people were safe.

The provider had taken action in relation the cleanliness and safety of the premises. It was highlighted that some

# Summary of findings

areas of the service required renovation and attention and the provider told us that certain areas of the service had been prioritised. A maintenance and refurbishment plan had been created.

The provider was unable to demonstrate a clear understanding of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS) and the current status of DoLS applications being made within the service. DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and it is in their best interests to do so.

The provider had failed to send a legal notification to the Commission as required and quality assurance systems were not always completed timely.

Staff understood how to identify and report actual or suspected abuse. Staffing levels met people's assessed needs and people received their medicines when they needed them. Risks to people were assessed and risk management guidance was produced where risk reduction measures were required.

People received effective care reviews of people's health were completed. People had access to healthcare professionals when required. People were supported to eat and drink and were actively involved in purchasing and preparing their own meals.

Staff understood their obligations under the Mental Capacity Act 2005 and had completed training. Where required, best interest decisions were held to discuss people's health needs.

Staff received supervision and appraisal. The provider told us that all subsequent inductions undertaken by new staff would be aligned to the care certificate.

People felt the staff were caring and there were positive interactions observed during the inspection. Staff understood the people they cared for well, and demonstrated a good awareness of any additional health needs. People had privacy if they wanted it and this was respected by staff.

People said they could make choices about their daily lives and there were a variety of social and therapeutic activities people could partake in. People had the opportunity to comment on the service they received and care records were personalised. Care plan reviews were completed we saw examples of how the service had been responsive to people's changing healthcare needs. The provider had a complaints procedure available.

Staff were positive about the provider and the staff team, and there were systems to communicate key messages to staff. The views of people, their relatives or representatives and staff were sought in an annual survey.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# 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 consistently safe.

Safe recruitment procedures were not completed.

The provider had taken action in relation to cleanliness and the condition of the service.

People were safe and commented positively about the service.

Staff could identify and respond to actual or suspected abuse.

Staffing levels met people's assessed needs and people received their medicines on time.

**Requires improvement**



### Is the service effective?

The service was not consistently effective.

The provider was unable to demonstrate a clear understanding of their responsibilities in regard to the Deprivation of Liberty Safeguards.

People's healthcare needs were met and annual health reviews were completed.

Staff received training and a supervision and appraisal programme was in place.

People were supported with nutrition and hydration.

Staff understood the principles of the Mental Capacity Act 2005.

**Requires improvement**



### Is the service caring?

The service was caring.

People felt the staff were caring.

We observed caring relationships between people and staff.

Staff understood the needs of the people they cared for.

People's privacy was respected.

**Good**



### Is the service responsive?

The service was responsive.

People could be involved in social and therapeutic activities of their choice.

Care plans clearly showed what actions to follow to support people with their range of care needs.

We found the service had responded to people's changing health needs.

**Good**



# Summary of findings

People had the opportunity to comment on the service they received.

The provider had a complaints procedure available.

## Is the service well-led?

The service was not consistently well-led.

A legal notification had not been sent to the Commission as required.

There were quality assurance systems in place however these had not always been completed.

People said they knew who was responsible for the service.

Staff were positive about their employment and the provider communicated with staff.

People, their relatives or representatives and staff could give their views of the service.

**Requires improvement**



# Robleaze House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector. When Robleaze House was last inspected in September 2014 there were two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010 in relation to cleanliness and infection control and the safety and suitability of the premises. We followed up on these actions as part of this comprehensive inspection under our new methodology and found improvements had been made.

Before the inspection we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

During the inspection we spoke with five people who lived at Robleaze House, the provider and three support staff. We also used a number of different methods to help us understand people's experiences of the service which included undertaking observations of people and how staff interacted together. We reviewed three people's care and support records.

We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

# Is the service safe?

## Our findings

The provider did not undertake safe recruitment procedures. We saw that within the staff files of the two most recently employed members of staff the provider had not undertaken the appropriate pre-employment checks. The files showed that both of the staff members Disclosure and Barring Service (DBS) checks had been completed after the staff member had commenced employment. The provider told us they had used a historical DBS certificate from the staff member's previous employment as an interim measure to allow the staff member to commence work.

The DBS ensures that people barred from working with certain groups such as vulnerable adults are identified. This method of recruitment meant the provider had not ensured the staff member was of good character prior to them commencing employment and potentially placed people at risk. In addition to this, we were unable to locate a reference for one member of staff. Despite the provider and staff member informing us the reference had been received, it was not produced during the inspection.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in September 2014, we found that people were at risk of cross infection as people were not cared for in a clean and hygienic environment. The provider wrote to us and told us how they would achieve compliance with the legislation. We followed up this action as part of this comprehensive inspection and found improvements had been made. We found the service was clean and there were schedules in place for the daily, weekly and monthly cleaning requirements. People said they felt the service was clean and staff stated there had been a noticeable difference in the standard of cleanliness. In addition to the cleaning schedules used by staff, there were management systems to monitor the cleaning completion by staff.

At our inspection in September 2014, we found that people were at risk of injury as areas of the premises were unsafe and the building had not been kept up to a suitable standard. The provider wrote to us and told us how they would achieve compliance with the legislation. We followed up this action as part of this comprehensive inspection. We found improvements had been made within the building, and the areas undergoing renovation at our

last inspection had been completed. It was identified to the provider that other areas of the service required attention to ensure they were kept to a standard. This was acknowledged by the provider, who showed us a maintenance and renovation schedule for the service. It was highlighted that an upstairs bathroom and the bedroom of one person was in need of renovation in the very near future. The provider told us these rooms were highlighted as a priority and discussions were already underway with the person about colour schemes for their bedroom.

People were relaxed in the company of staff and it was clear that staff knew people well. We asked people if they felt safe and enjoyed the service. People who wished to communicate verbally with us answered positively. One person commented, "I'm happy here – yes."

Staff received safeguarding training to enable them to keep people safe and respond to actual or suspected abuse. Staff understood how to report concerns and the provider had a policy in place relating to safeguarding. It was highlighted that although the provider had a safeguarding policy, details of external third party agencies were not included on this policy. Staff understood whistleblowing and the concept of reporting matters in confidence to third party agencies. The provider had a policy for whistleblowing that provided staff details and contact information of who they could contact. There was also an easy read guide for people who lived at the service that provided information on how they could contact external agencies should they wish to report any concerns confidentially.

The provider had ensured there was sufficient staff on duty to meet people's needs and support them safely. There was a stable team of 10 members of staff including the provider who supported people at the service. The staff team was staggered throughout the day to ensure there was sufficient staff at different times of the day to support people. Where people had funded 'one to one' care time the staff numbers ensured this was completed. Staff told us they were able to meet people's needs and felt staffing levels in the service were sufficient. We made observations during the day that staff were able to attend to people's needs where required and also that staff had time to engage with people on a 'one to one' basis when the person was involved in an activity.

## Is the service safe?

Medicines were managed safely and people were given them when they needed them. The service had a system for the ordering, retention, administration and return of medicines. People's medicines were collected from the local pharmacy or where a short term course of medicines was prescribed, this was delivered to the service. There was a system to record and return medicines. We saw that where medicines had been returned, the pharmacist receiving the medicines had signed to confirm receipt. Medicine charts were accurate and up to date. They showed when people were given their medicines and all medicines given to people were countersigned by two members of staff. Medicine stock was stored securely and regular stock audits had been carried out by the provider.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk. These assessments were personalised to people's individual assessed support needs and reflected their own daily lives. For example, where people accessed the local community with staff the associated risks were highlighted in relation to road safety. One person's record advised staff the person was at risk and needed reminding of basic road safety as they would forget to look when crossing or take note of traffic flow.

Additional risk assessments and management plans were recorded within people's care records to guide staff in relation to positive behaviour management. For example, where people may occasionally present behaviour that may be challenging, guidance showed how staff could support the person during these periods. The guidance showed what events may trigger a change in behaviour. For example, one person's record showed crowded places or some things on the TV may cause a change in the person's behaviour.

Incidents and accident forms were completed when necessary and reviewed. This was done by the provider with the aim of reducing the risk of the incident or accident happening again. Only three accidents were recorded in the accident book during 2015 and no action was required by the provider. There were separate records held when an incident had occurred in the service or community where people had presented behaviour that may be challenging. The record showed the location of the incident, the immediate action taken and any contributing factors or triggers that may have contributed to it.

# Is the service effective?

## Our findings

The provider was unable to demonstrate a clear understanding of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS) and the current status of DoLS applications being made within the service. DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and it is in their best interests to do so.

At the outset of our inspection, senior member of staff informed us that one person in the service was currently subject to DoLS. On reviewing the associated records for this person, it was highlighted that the application had expired. We were then informed the person no longer required a DoLS so no application was required. The provider told us they believed the application had been concluded and had been authorised. From a further review of the person's records it was apparent there was an application in with the local authority to deprive this person of their liberty dated 29 June 2015. We instructed the senior staff member to make contact with the local authority. It was established from the local authority there was a current application in process for this person and was to be approved in the very near future. Although at the time of our inspection there was no clear risk or impact to the person, the absence of knowledge and understanding may expose people to the risk of being unlawfully deprived of their liberty.

People received effective care and were positive about the staff that supported them. We explained to people why we were at the service and asked them about the people who supported them. One person we asked if they were happy with the staff and felt they were well looked after replied, "Yes thank you" to all of the questions we asked. Another person said, "Yes - staff good."

People were effectively supported to use healthcare services where required. People had an annual care review and were supported to see their GP if they were concerned about their health. We discussed healthcare professional access with the provider. They explained that annual care reviews were completed in January and February every year and a nominated GP attend the service to do this. Outside of this annual review, we saw records that showed people had been supported by staff at hospital outpatient's appointment and to other healthcare professionals such as opticians.

People's nutrition and hydration needs were met. The provider explained how the service had previously identified a person was losing weight and involved the person's GP and a dietician and the person was no longer a risk. People were actively involved in choosing their food and some people chose to be involved in food shopping and preparation with support of staff. On the day of our inspection some people went to the local shop in the morning and purchased food items and then prepared the ingredients to make a soup. People all ate independently using different methods.

Staff had completed Mental Capacity Act 2005 (MCA) training and during discussions it was clear the staff understood how the MCA was important in their role. Staff explained about the principles of the Act and how people should be encouraged and supported to make choices when possible. Staff also demonstrated they knew that more important decisions, for example health and financial matters, may require a meeting with others. Staff understood who may be at these meetings, for example a GP, a member of the support staff from the service, a relative of the person or an Independent Mental Capacity Advocate (IMCA) where necessary.

The provider had acted in accordance with legal requirements when required. We saw that best interest decision meetings had been held and recorded for certain people. For example, where a person had had been assessed as requiring medical treatment following the diagnosis of a significant illness, a meeting had been held to establish if the course of treatment suggested was in the person's best interest. The records showed that a meeting was held between staff, the person's family, with input from the person's GP. The meeting concluded it was in the person's best health interests for them to receive the treatment.

Staff received regular training to carry out their roles. The provider used a recognised training provider and training was provided in DVD and workbook format. Staff had completed training in Fire awareness, infection control, MCA and safeguarding. Training in first aid at work was provided by an external provider. Staff completed additional training to understand and meet the needs of people in the service. This included dementia training, autism awareness training and choices and capacity. Staff



## Is the service effective?

were satisfied with the level of training they received and some staff had achieved nationally recognised qualifications and were also currently working towards a higher level of this qualification.

Staff felt supported by the provider and told us they received performance supervision. The provider told us that supervisions were due to be held approximately every four to six weeks however the records we reviewed did not reflect this frequency. We reviewed recent supervision records that showed subjects such as any goals set from the last supervision, people's needs, staffing issues and management issues were discussed. All staff received an

annual appraisal in January and February. This focussed on what motivates the staff member, strengths and weaknesses, any difficulties the staff member had and if the staff member needed any help or support.

The provider was aware of the new care certificate and told us that any subsequent induction would be based on the requirements of this. The provider also told us that currently employed staff at the service would all be given the opportunity to complete the care certificate. This was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support.

# Is the service caring?

## Our findings

People said they were cared for by the staff. One person commented, "I'm good here." Other people we spoke were asked the question if they felt cared for by the staff. Some people responded with "Yes" and others signalled by nodding their head in an affirmative manner.

We observed that staff interactions were positive. People were at ease in the company of staff and it was evident that people knew the staff well. It was observed that there was a relaxed and calm environment within the service. People could spend time alone in their rooms, however we saw that in the main people chose to socialise together in communal areas. All of the observations between people and staff were positive. We observed one person returned from an event in the local community they regularly attended. When this person returned staff showed a genuine interest in the person's day and what they had been doing.

The staff demonstrated in conversations with us that they understood how to provide people with personalised care that met their needs. Staff had a very good understanding of the people they cared for and showed a good knowledge of people's care and support needs. All of the staff we spoke were able to provide an in depth knowledge of people, their personalities and behaviours. Staff also

demonstrated they knew of people's current health and any associated outpatient appointments people were attending in relation to their health needs. This showed that staff communicated people's healthcare concerns when required to ensure people's needs were met.

Each bedroom promoted people's privacy and people could have a key to their room if they wished. Each person's bedroom was personalised with their own possessions, for examples photographs and personal mementoes. This helped to make each room look personal and homely. The provider explained how people were involved in choosing the colour of their rooms, and that two people were currently in the process of selecting colour schemes and decoration and that their rooms were due to be decorated in the very near future. This showed that people were involved in their care and that personal decisions were made.

Staff assisted people in a way that showed they were kind and caring. This was evident in a number of ways the staff used a calm, gentle approach and manner with people. They also used humour at times and we saw that the people involved in this responded well by laughing and joking with staff. Staff had time to spend with people just talking, or to sit with people whilst they undertook an activity such as watching TV or painting.

# Is the service responsive?

## Our findings

People we spoke with told us they did the things they enjoyed and that staff supported them to do this. One person we spoke with told us, "I like my room here, and I have enough to do." We asked another person if they could do as they wished and they said, "Yes, and I like the television."

People were supported and encouraged to take part in social and therapeutic activities they enjoyed. There were set activities available that people could take part in weekly. The provider told us that if people chose not to take part that this was respected. People we spoke with confirmed this. The weekly timetable for the week of our inspection showed that people had the opportunity to go to a locally rented allotment, cooking sessions, walking, games and life skills. We also saw that people in the house were all undertaking lessons in trampolining at a local sports centre. People said they enjoyed this and we saw that some had earned awards and certificates.

Other activities were also completed to suit the needs of the people at the service. For example, if people wanted support to go to the local shop to purchase anything the staff would support them to do this. In addition, if people fancied going for a walk in the local area or slightly further the provider had a minibus available to facilitate this. On the day of our inspection, some people went to the local shop with staff and purchased ingredients to make a soup. Following returning from the shop staff supported people to make the soup and people ate it for dinner. Other people chose to go out in the minibus to a local venue for a walk.

The registered manager had a communication book in operation. This ensured that staff communicated about people's care needs to enable the service to be responsive where required. The handover book showed any significant events that may have happened during the day, any changes or alterations to staff rotas or any changes in matters such as people's medicines. Staff told us they always read the communication book during their shift to ensure they were aware of any significant information.

We saw examples of when the service had been responsive to people's changing health needs. For example, within one person's records it was established they had suffered a short term difficulty with their hearing. The provider had been responsive and involved the person's GP, but had also created some communication cards with pictures to aid and improve communication with the person during the time their hearing was poor.

Care records were personalised and described how people preferred to be supported. People's individual needs and preferences were highlighted and specific personalised information was documented. Care records were reviewed every three months and people were involved in their reviews. People's records showed their preferred way their personal care to be given, and also what personal care tasks they preferred to do for themselves. They also showed people's different level of ability for things such as household tasks, money skills and decision making. There was information that showed what may make a person anxious or distressed in the community and how to support the person during these periods.

People were able to express their views about the service and give feedback about their care. Group meetings were held with people and we saw that matters such as people's keyworkers, activities and menu choices were discussed. The provider told us that in addition to the meetings, people had the opportunity to speak in private with staff to discuss matters if they didn't want to discuss things in a group setting. The previous meeting records did not highlight any concerns that people had raised.

The service had a complaints procedure. We reviewed the complaints policy and saw that guidance on how to make a complaint was available together with information on who people could escalate a complaint to if required, for example the local government ombudsman. The complaints procedure was also available in an 'easy read' format for people at the service. The provider told us the service had not received any complaints from people or their relatives for a significant period of time.

# Is the service well-led?

## Our findings

The provider had failed to notify the Commission of an incident as required. During our inspection, we found a record of a significant incident involving a person living at the service. The incident happened in June 2015. A notification was required by law to be sent to the Commission as a result of this incident and this had not been sent by the provider as required.

The provider had a management auditing system to monitor the service. A monthly audit was completed by provider. This reviewed all aspects of the service including care records, staffing records, staff training and the management of the service. We saw from recent audits and action plans that the provider had completed some of the management audits, however this had not been consistent. For example, a monthly food hygiene check of the kitchen that monitored cleanliness, food storage, food dates together with food and refrigerator temperatures had not been completed since August 2015.

People said they were happy with the way the service is run, and when we asked if they knew who was in charge all said yes and others nodded their head.

We received positive feedback from the staff team about the provider. Staff told us they felt there was a good staff team in place and that everyone worked well together. No negative comments were received about the service, and the provider had a good staff retention ratio which supported the comments made by staff. One member of staff said, "We have a good team, I have no concerns about the way the home is run."

The provider had surveys to monitor the quality of care provided. People completed an annual survey with support

from staff or independently if they could. The survey asked people questions such as if they liked living at the service, if they understood they had a care plan, if they had a key to their room and menu choices. All of the survey results were positive.

The provider communicated with staff about the service. The provider told us that team meetings were held monthly. We saw that during the meetings, matters such as cleaning, people's personal care needs, activities, policies and procedures and holidays were discussed. Staff we spoke with confirmed the meetings happened regularly and told us they were useful to share ideas and discuss the people.

A survey was also completed by people's families or representatives. This asked questions such as if they were happy with the care provided, if they knew the person at the service had a keyworker and if they felt welcomed when they attended. One matter was highlighted by a relative during the survey about the length of the hair of the person living at the service. The provider had responded to the relative explaining the hair length was the person's own choice and preference and that the person's preference would be respected.

Staff had the opportunity to complete an annual survey. This focused on areas of job satisfaction. For example, staff were asked if they were happy with their shifts, if they felt any suggestions they made were acted upon, if they felt care plans were accurate and followed by other staff, if people's needs were met and that the service promoted choice and dignity. All of the results from the last staff survey were positive with just one staff member commenting about possible shift changes. This had been responded to by the provider.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  Safe staff recruitment procedures were not always completed.  Regulation 19(3)(a)