

HICA

Isaac Robinson Court - Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
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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

Isaac Robinson Court provides personal care and support to up to 40 adults who have a learning disability. The service is located close to local facilities and bus routes into Hull city centre.

There are five purpose built single storey bungalows, three with eight single en suite bedrooms and two with six single bedrooms. There are two self-contained flats in the main building.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People were supported by staff who understood the importance of protecting them from harm. Staff had received training in how to identify abuse and report this to the appropriate authorities. Staff who had been recruited safely were provided in enough numbers to meet the needs of the people who used the service.

People were provided with wholesome and nutritionally balanced diet which was of their choosing. Staff were provided with training in how to meet people's needs and were supported to gain further qualifications.

People were supported to access health care professionals when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff had a good understanding of people's needs and were kind and caring. They understood the importance of respecting people's dignity and upholding their right to privacy.

A wide range of activities were provided for people to participate in, these included involvement with the local and wider community.

Complaints were investigated and resolved wherever possible to the complainants' satisfaction. People received care which was tailored to their individual needs.

People who used the service, and those who had an interest in their welfare and wellbeing, were asked for their views about how the service was run.

Regular audits were carried out to ensure the service was safe and well run.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 21 February 2017 and was unannounced. The inspection was completed by one adult social care inspector.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection. We also looked at the information we hold about the registered provider.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI allows us to spend time observing what is happening in the service and helps us to record how people spend their time and if they have positive experiences. We spoke with 10 people who used the service and two relatives who were visiting during the inspection. We observed how staff interacted with people who used the service and monitored how they supported people throughout the day, including meal times.

We spoke with nine staff including care assistants, senior care assistants, team leaders, the registered manager and the domestic staff.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation such as incident and accident records and 17 medicine administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training record, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building.

Is the service safe?

Our findings

People who used the service told us they felt safe and trusted the staff, comments included, "Yes I trust the staff, they are kind to me and look after me" and "I trust the staff they are my friends."

Staff were able to describe to us how they would protect someone from abuse and what signs may be presented when some was being subjected to abuse. They said, "We are here to protect the residents and to make sure they are safe", "I would report it straight away they need us to protect them" and "I would go to the manager and to outside agencies if they didn't do anything, it's our duty to protect people from harm." Staff also told us they had received training in how to identify and report abuse, this was updated regularly. Training records we saw confirmed staff had received training in how to protect people from harm.

The care plans we saw contained risk assessments which were updated on a regular basis or when the person's needs changed, for example, following an illness or a stay in hospital. The risk assessments covered areas of daily life which the person may need support with, for example, personal hygiene, mobility, seizures and behaviours which may challenge the service and place the person and others at risk. These risk assessments were detailed and instructed the staff in how to keep the person safe.

The registered manager used a staffing tool to ensure there were right amount of staff on duty to meet people's needs effectively. The staffing levels on the day of the inspection were adequate to meet people's needs and staff told us there was enough staff on duty so they could spend time with the people who used the service. Recruitment processes ensured people were not exposed to staff who had been barred from working with vulnerable adults.

Systems were in place to ensure medicines were ordered, stored and administered safely. Suitable arrangements were in place for the storage of specific medicines that required cooler temperatures and checks were carried out on a daily basis to ensure the manufactures' guidance was adhered to.

We observed a medicines round and saw people who used the service received them as prescribed. Medicines Administration Records (MARs) were used to record when people had taken their prescribed medicines. The MARs we saw had been completed accurately with minimal omissions. People's abilities to self-administer had been assessed and action had been taken to support people who were able to do so.

Staff had access to personal protective equipment. The service was clean and tidy and free from offensive odours.

Is the service effective?

Our findings

People who used the service told us they enjoyed the meals, comments included, "I really like the food" and "We get plenty to eat, I like the fish and chips."

Records showed staff received training which was relevant to their role and equipped them to meet the needs of the people who used the service. Staff confirmed they received training on a regular basis, this included health and safety, moving and handling, safeguarding and fire training. Staff were provided with the opportunity to undertake more specialist training which was relevant to the needs of the people who used the service; this included epilepsy training, diabetes and how to support people with behaviours which may challenge the service and place the person at risk of harm.

Staff told us they thought the training was good and equipped them to do their job effectively. Comments included, "The training here is excellent, I've learnt a lot working here", "We have the opportunity to go on further training if we want, the training is brilliant" and "We get regular training and its updated all the time, I think we do safeguarding training every six months."

Newly recruited staff completed induction training which was based on good practise guidelines. During the induction their competency was assessed and any ongoing support or training was provided. Staff received regular supervision and an annual appraisal.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. We found applications had been made to the supervisory body by the registered manager and they were awaiting the outcome of these.

Throughout the inspection we saw staff gaining people's consent before care and support was provided. People's ability to provide consent was assessed and recorded in their care plan. Best interest meetings were held when people lacked the capacity to make informed decisions themselves, which were attended by a range of healthcare professionals and other relevant people who had an interest in the person's care and welfare.

People's dietary intake was closely monitored by the staff and healthy eating was promoted. There was a choice at all meal times and drinks and snacks were offered throughout the day. Records showed that health care professionals were involved with people's dietary needs and visits were made when required.

We saw people's care plans contained information about their health needs and how staff were to support the person to maintain a healthy life style. Previous and current health issues were documented in people's care plans and health care professional were contacted when support was needed, for example, epilepsy nurses and dieticians. People were supported to access their GP when required and regular reviews were

undertaken to ensure people were healthy.

Is the service caring?

Our findings

People we spoke with told us they liked the staff and enjoyed their company, comments included, "All the staff are kind, I like them all" and "The staff are brilliant." People we spoke with told us they had been involved with their care plans, comments included, "We have a meeting and I say what I think" and "I know I have a care plan and I know what's in it, it's about me and the things I like to do."

We saw people who used the service and the staff had good, respectful relationships. Staff were aware of people's needs and the support they required to lead a fulfilling life. There was lots of laughter and good humoured banter around the service and people clearly enjoyed the staff and each other's company.

Care plans we looked at clearly showed the people who used the service had been involved with planning their care and support. Meetings had been held where the person's care needs had been discussed and their input was recorded. Staff were also heard to ask people what they would like to do and how they would like to be supported.

Staff could describe to us how they would uphold someone's dignity. They said "We always wait to be invited in before we go into someone's room", "I always make sure people are covered over when I help them with personal care." The staff also told us they asked people what they would like to do and provided options, for example, when to get up, what activities they would like to undertake or how they would like to spend their day.

From speaking with staff we could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

People's wishes for end of life care had been recorded in their care plans. Staff told us they had recently supported people with end of life care and although this was emotionally demanding they found it rewarding.

Is the service responsive?

Our findings

People we spoke with told us they enjoyed the activities which were provided at the service. Comments included, "We get to do lots of different things" and "We go the main building to do activities there's something to do every day." Another told us "We have meetings about the activities and we can suggest things." People we spoke with told us they would approach the registered manager if they had concerns or complaints.

There was a wide range of daily activities provided at the service, these included board games, craft days, art classes, movement and exercise classes and film nights. We found the service had been proactive in making links with the community. This showed a responsiveness to people's individual needs and fully supported them to become part of the local a wider community. The registered manager told us the people who used the service had become very enthusiastic that Hull had been awarded 'City of culture 2017' and had expressed their pride and enthusiasm this had happened. People had been supported to communicate with the organisers via Twitter (social media). This had led to the organisers inviting representatives from the service to a meeting where they had suggested an activity for 'Challenge Hull'. This suggestion was accepted by the organisers and will be used later in the year.

The activities organiser told us "I have the best job in the world, this is because I have the opportunity to bring joy and happiness to people on a daily basis." This was through the activities and events which they organised with people who used the service. An event which had been organised by the coordinator had included a 'Cruise'. This meant that a different country had been selected to 'sail' to each day and the service then embraced its culture. The food of that country had been cooked and the service had been decorated with flags, pictures and other things associated with that country. On the day of the inspection the people who used the service had elected to revisit China and a Chinese evening had been planned which included Chinese food prepared by the cook.

The care plans we looked at showed people's needs were assessed prior to living at the service to ensure these could be responded to and met. From these assessments care plans described how the person would prefer to be supported with their care. The care plans contained information which described the person in detail and this had been formulated with their input. This made the care plans person centred. Staff told us they found the care plans useful and these helped them to get to know the person. One member of staff said, "It's important we ask people how they want to be cared for, it's their choice." Another said, "The care plans are really good; we use them to help us to get to know the person and what they like to do." The care plans were reviewed on regular basis.

The provider had a complaints procedure which was displayed around the service. This was also available in alternative formats to meet people's individual needs. All complaints were investigated and responded to. Other agencies were signposted for complainants to contact if they were not satisfied with the way the investigation had been conducted. The registered manager told us they saw complaints and concerns as positive and an opportunity to learn and to change.

Is the service well-led?

Our findings

People we spoke with told us they found the registered manager and the staff approachable, comments included, "I like [manager's name] she's kind to me" and "I like all the staff they ask me if I'm happy." People we spoke with confirmed they were asked for their opinions about the running of the service and had attended meetings with the registered manager. One person said "We have meetings, we all talk about what's going on and what we think should happen, we talk about the activities."

The registered manager undertook meetings with the people who used the service on a regular basis. Minutes of the meetings showed the topics under discussion and included meals, activities, holidays, the city of culture project and any other changes people would like to see happen. The registered manager told us they tried to create an open culture where people could approach them and discuss anything. The service provided was directed by the people who used it and they had an input in to the way it was run.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. They understood their responsibility to ensure the CQC was informed of events which happened at the service which affected the people who used the service.

All the staff we spoke with told us they found the registered manager approachable and they were visible around the service. Comments included, "You can go to the manager and she will listen to you", "The manager is very approachable" and "I don't feel as though there are any silly questions, she [registered manager] keeps us well informed."

The registered manager had systems in place which sought the views and opinions of the people who used the service and those who have an interest in their welfare, for example, relatives and health care professionals. These were usually in the form of surveys but meetings were also held with people who used the service and their relatives. The registered manager told us they had changed the way these meetings were held to make them more informal and now called them 'coffee mornings', they hoped this would mean more relatives would come. Meetings were held with the staff and minutes taken showed information is shared about any changes or new ways of working.

The registered provider had a quality monitoring system in place which ensured the smooth running of the service, this included audits which the registered manager had to undertake on a regular basis. Independent audits were also undertaken by other registered managers from other services. Time limited action plans were put in place to address any issues.

The registered manager had developed good working relationships with local health and social care professionals. Those we spoke with confirmed the service was well-led and staff were knowledgeable about people's needs and followed their guidance.

