Rymacare Limited

Roberts Lodge

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
Roberts Lodge is a residential care home which can provide care and accommodation to up to five people. At the time of the inspection four people were living at the service. Roberts Lodge provides support to adults who have a range of health and social care needs including learning disabilities, autism spectrum disorder and/or physical disabilities.

Roberts Lodge is a domestic style property and people's accommodation and living areas were spread across three floors. People had their own ensuite bedrooms and access to a range of communal areas including a lounge, dining room and secure garden area.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were supported in the way they wanted, respecting their human rights and enabling them to live a life like anyone else.

People were supported to eat and drink enough and made choices about their food. People were respected and well treated by staff, who supported them as individuals and with regard to equality and diversity. People were encouraged to express their views and make everyday decisions. The provider complied with the Deprivation of Liberty Safeguards when people were at risk of being deprived of their liberty. Staff respected people's need for privacy and dignity. People were supported to maintain relationships which were important to them, for example, by visiting family members.

The provider had policies and procedures in place designed to protect people from the risk of harm and abuse. Risk assessments were in place and equipment was checked and maintained regularly. The provider ensured there were enough staff to meet people's assessed needs and had robust recruitment procedures in place. Staff were supported through induction, training, supervision and appraisal.

The provider ensured they assessed people's needs with a view to identifying whether the service could meet their needs, before they moved into the home. People's care was planned to meet their individual

needs and preferences. People's care plans gave staff information about their preferred way of communication.

The provider ensured the building layout met people's individual needs and this included a sensory room had been built in the garden.

People were supported to visit healthcare professionals when necessary. People received their medicines as prescribed, by trained staff.

The provider had a complaints procedure in place which was in a relevant format for the reader. The provider had systems in place to identify where things could have been done differently, when things went wrong.

The provider and registered manager promoted a positive culture which was person-centred and achieved good outcomes for people. People, relatives, staff and external professionals were involved in how the home was run. The registered manager and provider were committed to continuous learning and improving care. Staff worked in partnership with external professionals and followed guidance which was offered.

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

Rating at last inspection and update
This is the first comprehensive inspection of this service. However, we previously inspected the key questions Safe and Well-led and found breaches which led to a rating of requires improvement (published 14 October 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

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.

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 responsive findings below.

Is the service effective?

Good

The service was effective.
Details are in our responsive findings below.

Is the service caring?

Good

The service was caring.
Details are in our responsive 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.

Roberts Lodge

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.

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 one inspector.

Service and service type
Roberts Lodge is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. 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 also looked at our previous inspection report.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection
On the day of the inspection, some people were at home and we observed how staff interacted and communicated with them. We spoke with one relative, two staff members, the registered manager and the provider.

We reviewed a range of records. This included two people's care records and medicines records for four people. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke with two relatives, two staff and a healthcare professional. We also received written feedback from two healthcare professionals.

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection we found the provider failed to recognise where safeguarding information should have been shared with the local authority. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- The provider had policies and procedures in place designed to protect people from the risk of harm and abuse. Staff had completed safeguarding training; they were aware of the different types of abuse and told us what they would do if they suspected abuse or had concerns.
- The registered manager had reported any safeguarding concerns to the local authority as required.
- Relatives felt people living at the home were safe. One relative told us, "I trust the staff, they don't leave [my relative] on their own and the garden is secure."

Assessing risk, safety monitoring and management

At the last inspection, the legionella risk assessment showed work was needed to make the water systems safe, but the work had not been completed. We also found fire risks were not always effectively managed and people's risk assessments used to assess risk were not always effective. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found the work had been completed and improvements had been made. Therefore, the provider was no longer in breach of this regulation.

- Systems were in place which ensured safety checks and maintenance were completed on water, gas and electric installations.
- Fire equipment was tested regularly and staff received fire safety training.
- Personal emergency evacuation plans had been updated since the last inspection.
- Risk assessments were in place and reviewed monthly or sooner if necessary. Risks assessments showed where risks had been identified, for example, undertaking activities such as swimming.

Staffing and recruitment

- The provider followed a recruitment procedure which ensured pre-employment checks were in place before new staff started work at the home.
- People were involved in the recruitment of new staff, where appropriate, for example, one person used to

sit on the interview panel. The registered manager told us. "We match new employees with our current resident's needs and we have photos of new staff so that [people] have an idea who is starting."
● The provider ensured there were enough staff to meet people's assessed needs and told us there was a low staff turnover. This meant people benefitted from a consistent and stable staff team.
● A relative told us, "The staff are friendly, everyone says 'hello', they are all so helpful. [My relative] is so much happier, laughing and smiling more." They went on to say they phoned the home regularly and staff always gave them the answers to their questions. Another relative told us there was, "Plenty of staff."

Using medicines safely
● People received their medicines as prescribed, by staff who were trained and had their competence assessed. Medicines were reviewed each year or sooner if necessary.
● Medicines were stored safely, and staff completed medicines administration records (MAR) after giving people their medicines. MAR charts were completed appropriately, which helped to ensure there was an accurate record of medicines administration.
● There were care plans in place for medicines which were prescribed, "as required" (PRN) which meant people were supported in a consistent way with their medicines. Some PRN medicines were prescribed to support people when they started to display behaviour which may challenge others.
● Staff were aware of the risks of relying on the overuse of medicines for people with a learning disability and autism and therefore PRN medicines were used as a last resort. Staff knew people well which meant they were aware the person could be in pain. Therefore, they attempted pain relief medicines first. A staff member said, "We always try to rule out pain first."

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 meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using personal protective equipment effectively and safely.
● We were assured that the provider was accessing COVID-19 testing for people using the service and staff. However, there had been a misunderstanding regarding guidance, which had resulted in a laboratory test not being done each week. We raised this with the registered manager who immediately re-instated weekly testing for staff. Staff had been completing tests which did not go to the laboratory, twice a week.
● 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.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
● A named staff member was responsible for ensuring the home met infection control standards and they had completed a training course in this subject.

Learning lessons when things go wrong
● The provider had systems in place to identify where things could have been done differently, when things went wrong.
● For example, following a last minute staffing issue, a new policy was put in place which clearly stated what staff should do in a similar situation. This was communicated to staff who told us they were clear about the procedure to follow. This change meant shifts could be covered quickly if, for example, staff were sick at short notice.

Good

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.

This is the first inspection of this key question for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider ensured they assessed people's needs with a view to identifying whether the service could meet them, before they moved into the home.
- The assessment process included looking at how the needs of everyone could be met. Staff spent time talking with people to prepare them for a new person moving in and understanding the impact this may have on everyone.
- The assessment process for one person took a number of weeks to ensure there was enough time to get to know the person and explore any concerns they might have.
- A healthcare professional told us, "Roberts Lodge did a great transition for the service user I worked with. They have helped them settle in really well, with them becoming more familiar with staff and the environment."

Staff support: induction, training, skills and experience

- Staff were supported through induction, training, supervision and appraisal.
- For staff new to care, completion of induction training resulted in staff achieving the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Induction training also focussed on people's individual needs, such as learning disability, autism and mental health.
- The provider had an extensive training programme in place which included general topics as well as topics specific to people's needs.
- Staff told us about the training provided. One staff member said, "The training is really good, there is a lot of on-line training, but also in-house, face to face. If someone has new needs, we will source the training. Management is really good at this."

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

- People were supported to eat and drink enough and made choices about their food. Some people liked to help with food preparation or bake cakes.
- Relatives told us people enjoyed their food and were offered choice and one relative told us the person enjoyed a more varied diet than they used to.
- People chose where they wanted to eat and when. If people were out during the day they would take a packed lunch or buy a meal. People chose what time they wanted to eat their breakfast and lunch.
- Staff prepared a main meal, based on a menu designed around people's preferences and nutritional

needs. Pictures were available to show people what was on the menu that day and they could choose to have something different. A relative told us, "[Staff] wouldn't give him something he didn't like."
● Every two weeks, people took it in turns to choose a takeaway meal one evening.
● Staff were creative when supporting people to drink enough. For example, one person needed more encouragement to drink, but staff noticed they were more likely to drink cartons of drink. Therefore, they made cartons of drinks available, which had a positive impact on the person.

Staff working with other agencies to provide consistent, effective, timely care
● The provider worked proactively with other agencies to improve the way staff supported people.
● A healthcare professional told us the home worked well with healthcare providers and that communication was good. Where healthcare professional supplied staff with ideas and strategies to better support people, staff applied these well and understood the aims and impact for people.

Adapting service, design, decoration to meet people's needs
● The provider ensured the building layout met people's individual needs.
● Since our last inspection, a sensory room had been built in the garden. This was purpose built and people had been involved in choosing the equipment. The room included infinity mirrors, bubble machines, lights and sound, and people found this beneficial.
● Also since our last inspection, the garden had been developed in ways which met people's individual needs and to support access to fresh air. One person liked the feel of stones, so there was a gravel pit with a robust shelter above it. This meant the person could go outside whatever the weather. There was also a suitable swing and a trampoline because people liked to use this type of outdoor equipment.

Supporting people to live healthier lives, access healthcare services and support
● People were supported to visit healthcare professionals when necessary.
● Staff had noticed some changes in one person's health and started to work with professionals on a tool which formally monitored their health. The tool is used in care homes and staff are trained to undertake observations of physical health.

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).

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.

● The provider complied with the Deprivation of Liberty Safeguards when people were at risk of being deprived of their liberty and applied to the Local Authority for the relevant authorisation.

● Where mental capacity assessments were needed for specific decisions, these were completed in line with the MCA and its code of practice. Where people were assessed as not being able to make a specific decision, records showed decisions had included the relevant people and had been made in the person's best interests.

Good

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

This is the first inspection of this key question for this newly registered service. This key question has been rated good. 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

- People were respected and well treated by staff, who supported them as individuals and with regard to equality and diversity.
- Comments from relatives included; "[My relative] can go anywhere, can move about as he pleases and he seems calm and relaxed. I can see [my relative] coming out of himself", "[My relative] is really happy, he classes [Roberts Lodge] as his home, they look after him really well. He goes out, he buys what he wants, and they've got him interested in things" and "[The home] is a lovely place, I am very happy with it. [My son] has grown so much since he's been there, they have invested so much time in him. Staff are warm towards him and I have seen the same with other people living there. It has a family feel."
- A healthcare professional told us staff understood how and why people interacted with them in the ways they did. They told us, "Staff don't ask how they can 'manage' people, but 'how can we sit alongside them to support them."
- People living at the home had diverse needs such as age and religion. The registered manager ensured staff supported people in ways which met their needs. For example, based on staff knowledge of one person, staff supported them to visit a religious building and respected the decision they made about returning at a later date.

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

- People were encouraged to express their views and make everyday decisions. The provider's ethos was that people living in the home were adults and could make their own choices.
- A relative told us, "Staff offer [my relative] choice, for example, they show him two shirts or two different types of food [for them to make a choice]."
- A healthcare professional told us, "Staff seek to enable people."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's need for privacy and dignity. For example, staff ensured they knocked on doors, shut doors and covered people with a towel, when they supported them with personal care.
- One person had previously needed their food cut up to minimise the risk of choking. The food was always cut up in the kitchen, so attention was not drawn to this in the dining room.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this key question for this newly registered service. This key question has been rated good. 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

- People's care was planned to meet their individual needs and preferences. For example, the registered manager visited a person at home and noted a specific activity they liked to do. The registered manager purchased similar equipment and placed it in their room for when they moved in. The provider, registered manager and staff thought about people and came up with ideas which they thought they might like to try, based on their knowledge of them.
- Each person had a care plan in place which outlined what support they needed and gave staff guidance on how to meet their needs.
- A relative told us, "[Staff] meet all his needs. [My relative] has complex needs and they observed behaviours, completed records and got the intervention team to come in. [Staff] did everything the intervention team said, plus more."
- Care plans included assessments and strategies to support people and external professional guidance had been sought where required.
- There was a 'key worker' system in place, which meant a named staff member had specific responsibilities around a person's care. For example, the staff member was responsible for talking to the person about issues which affected them, such as a new person moving in or a tradesperson visiting. The time was used to discuss their concerns and reassure them.

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.

- People's care plans gave staff information about their preferred way of communication. Staff communicated with people in the way the person chose, including the use of objects of reference, for example, apples and crisps. Another person had their own book with symbols and pictures which they used to communicate.
- People's sensory and emotional needs had been identified and care plans showed staff what equipment or possessions to offer people to support them. For example, one person responded well to tactile objects which helped them to relax.

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

- People were supported to maintain relationships which were important to them, for example, by visiting

family members.

● One relative told us staff drove their relative to visit them each week. They said, "The staff drop him off at home, but they stay local and give me their number, just in case [my relative] needs to leave earlier."

● People were supported to follow existing interests and find new ones. A relative told us, "Staff are enthusiastic to get [my relative] out, they've given me some beautiful photos, he went somewhere he hasn't been before, and it was amazing to see him really happy with staff."

● A healthcare professional told us: "I feel people are living their best lives. [One person] likes to go out in the car, but staff go to inordinate lengths to ensure variety. They don't just go anywhere, but think where he might like to go, and take him somewhere enriching and interesting."

Improving care quality in response to complaints or concerns

● The provider had a complaints procedure in place which was in a relevant format for the reader. The form given to people living at the home was in a pictorial format and included photographs of the registered manager, so they knew who to talk to about their complaint. The home had not received any complaints.

● Relatives told us they would feel able to complain and knew who they would talk to if necessary. One said, "[The provider and registered manager] are fantastic, I know they would sort it out."

End of life care and support

● The service did not offer end of life care as a specific service, but people and their relatives had been asked about their advance wishes. People had end of life care plans in place and covered information such as what music they might like and any cultural information.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we found the provider could not demonstrate that there had been effective monitoring and review of the service and governance of staff records was not always effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered manager promoted a positive culture which was person-centred and achieved good outcomes for people. A staff member told us, "[The home] has a family, homely feeling."
- The provider and registered manager worked in an open and empowering way, which enabled staff to support people effectively.
- The provider and registered manager were visible to people, relatives and staff. A relative told us, "[The provider and registered manager] are both really good, they are both 'hands on', they don't just stay in the office." A staff member told us, "[Management] have a consistent approach, they are around the home and don't hide in the office, they come down and have a cup of tea and a chat, with staff and service users."
- Staff felt supported by management. One staff member told us, "There is lots of communication [from management], they support us 'on the floor' when we need it, they are there to answer questions and I can talk to them about anything."

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

- The provider and registered manager understood their responsibilities if something goes wrong.

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

At the last inspection we found the provider had not always sent us information we needed. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

During this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

● The registered manager understood their role and responsibilities.
● The registered manager was aware of the needs of staff, particularly with regard to the challenges of the previous 18 months. They started the annual appraisal system early, in response to staff needs, to "ensure staff were feeling supported and had clear objectives within their job role and goals to work towards."
● A healthcare professional told us, "The managers have been very responsive via email, over the phone and face-to-face. They appear organised and well-led."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The registered manager and provider's ethos ensured people, relatives, staff and external professionals were involved in how the home was run.
● People's individual needs were considered, for example, their age and what impact this might have on their day to day needs.
● One relative told us they had been concerned about a change in the home which could affect their relative. They spoke with the provider directly, who had reassured them about the planned change. The relative told us this had put their mind at ease.
● Questionnaires had been completed by relatives, staff and external professionals which showed positive responses.

Continuous learning and improving care
● The registered manager and provider were committed to continuous learning and improving care. They identified areas for improvement and an action plan was put in place and monitored regularly. For example, a communication tool was no longer used as they felt it was not suitable for a homely environment.
● There was a system of audits in place, which included the registered manager's audits and a monthly quality inspection report. Records showed improvements were identified and action was taken as soon as possible.
● The registered manager held team meetings and written minutes were kept so all staff were kept up to date.

Working in partnership with others
● We received positive feedback from healthcare professionals. One told us, "[The provider] was very proactive in getting involvement and support from my team, and getting visits booked in."
● Staff worked in partnership with external professionals and followed guidance which was offered.