Choice Support

146 Lower Robin Hood Lane

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:
146 Lower Robin Hood Lane is a residential care home that accommodates up to five people with a physical disability and learning disability. People had complex communication needs and limited vision. The accommodation provided is a bungalow. Some people were not able to communicate using speech and used body language, signs and facial expressions to let staff know how they were feeling. At the time of the inspection there were four people living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:
People's experiences were consistently good, and this was confirmed by feedback about the service.

People were supported by staff, who knew people well and trusting relationships had been developed. Staff were available to support people when they needed it. 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 supported this practice.

Staff continued to treat people with dignity and kindness and to put people at the heart of the service. Staff and managers had championed on people's behalf in situations when professionals had not shown people equal respect.

Staff understood changes in people's body language and how to communicate with people who had limited vision and verbal communication. Despite changes in the management team, staff felt well supported and were motivated to provide personalised care.

People could be assured that staff understood their health, social and personal care needs. Strong partnerships had been developed with a range of health care professionals. Everyone worked together to find the best outcome for the person. People continued to receive their medicines when they were needed. Risks to people's well-being and in the environment continued to be effectively managed.

People were given informed choices about how to spend their time. They took part in regular sensory activities which met their individual needs. People's relatives were assured that people were safe and well cared for and they were kept up to date with their loved one's well-being.

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

Rating at last inspection: Good (last report published 25 October 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remains Good.

Follow up: We will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

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 remained safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service remained effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service remained caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service had remained responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service remained well-led.

Details are in our Well-led findings below.

146 Lower Robin Hood Lane

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector.

Service and service type:
146 Lower Robin Hood Lane is a 'care home'. People in care homes receive accommodation and nursing or 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 registered manager had left the service in December 2018 and a manager, who was registered with another of the provider's locations, had applied to register with the Care Quality Commission. At the time of the inspection, this manager was supporting a person who in March 2019, had been appointed to manage the service on a permanent basis. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced.

What we did:
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse or when a person dies. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also received feedback from a local authority commissioner and a speech and language therapist. We used all this information to plan our inspection.

We spoke with one person and introduced ourselves to two people. We joined two of these people for lunch. We spoke with the both managers, the operations manager, the assistant team leader and one support staff. We looked at a range of records including one person's care record; medicines records; staff training records; health and safety records; accidents and incidents; audits; and quality assurance reports. After the inspection we gained feedback from two relatives.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
● Staff had created a peaceful environment in which people could feel safe. They recognised changes in people's body language which indicated they were anxious or upset, so they could offer reassurance.
● When asked if people were safe at the service, one relative told us, "Yes, I have no concerns about my family member's care". Another relative responded, "I have absolute confidence in and admiration for staff".
● People were protected from harm as staff and managers knowledge and skills in safeguarding people was regularly refreshed. Potential abuse had been reported to the local authority safeguarding team.
● In 2018, staff had supported National safeguarding week by providing information and advice about safeguarding in the local community.

Assessing risk, safety monitoring and management
● Regular checks were made on the environment and equipment to make sure it was safe and fit for purpose. Electrical and gas appliances were maintained, and fire equipment regularly serviced.
●Staff knew how to evacuate people safely in the event of an emergency as they received regular training and took part in a programme of fire drills. The fire evacuation procedure was available in audio and played to people at regular intervals, so people knew how staff would support them if there was a fire.
● Potential risks to people's safety and well-being were identified such as going out, choking and moving around the service. For example, step by step guide was in place for staff about how to use a hoist to move people safely. Staff knew how to follow guidance and strategies to keep people safe.

Staffing and recruitment
● Staffing levels were assessed according to people's individual needs and kept under review.
● Everyone needed one or two staff members to support them with their daily living tasks and to go out. There were enough staff available to support people in their home, so they were not rushed.
● Different strategies, including attending a job fayre were used to recruit to staff vacancies. There were arrangements with a staffing agency to deal with situations when care staff were not able to work.
● Checks on new staff included obtaining a person's work references, identity, employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

Using medicines safely
● Medicines systems were organised, checked and audited. The provider followed safe protocols for the receipt, storage, administration and disposal of medicines. Staff felt confident to report and seek medical advice if they made an error when administering medicines.
● Staff completed training in medicines administration and their competency was checked to make sure

they continued to practice safe medicines administration and to be clear about their roles and responsibilities.

● Staff understood how to follow medicines guidance. People had a medicines profile which detailed why the person was taking each medicine and any side effects. Protocols directed staff when people should be given medicines prescribed as to be given 'only when needed' and for topical creams that needed to be applied to specific areas of the body.

Learning lessons when things go wrong

● Staff knew how to report and respond to incidents and accidents.

● The managers had monitored and analysed all events so that action could be taken to reduce the chance of the same things from happening again. For example, a 'Do not disturb' tabard had been ordered for the staff member administering medication. This was to reduce the risk of other staff members disturbing them, leading to a medication error.

● Discussions about how to support improvement were communicated at staff team meetings and supervisions.

Preventing and controlling infection

● A staff member had been appointed as an infection control champion. They took the lead on making sure the staff worked according to the provider's policies and procedures on infection prevention and control.

● The service was clean and free from unpleasant odours.

● Personal protective equipment was available to staff and they followed laundry procedures to help prevent the spread of infection.

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

Good: 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
- People's physical, social, emotional, cultural and religious needs were assessed in line with best practice and guidance so the provider could be confident they could be met by the staff team.
- A relative explained, "The move here was distressing for us and him. But he soon settled in. On a day visit he was well away joining in with staff and doing exercises".

Staff support: induction, training, skills and experience
- Induction procedures continued to ensured staff were trained in the areas the provider identified as relevant to their roles. Ongoing training included supporting people with swallowing difficulties, visual impairment and an endoscopic gastrostomy (PEG). A PEG is a tube that feeds directly into a person's stomach.
- Staff demonstrated they had the skills to move people safely. When assisting a person to transfer using a hoist, staff explained and described what was going to happen next to the person, so they were reassured.
- Relatives said staff had the right skills and knowledge to support people. One relative said, "His health has deteriorated, and he is more demanding, but staff know how to manage him".
- Staff were given opportunities to review their individual work and development needs through individual supervision sessions, team meetings and staff appraisals. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development.

Supporting people to eat and drink enough to maintain a balanced diet
- Staff knew what people did and did not like to eat and developed the weekly menu around these preferences. At lunchtime people were given a choice of drink and pudding.
- A health care professional told us that records of what people had to eat and drink were completed with relevant information.
- People received one to one support at mealtimes as they were at risk of choking. Detailed information about how people should be seated when eating and their specialist dietary requirements was available for staff to follow.
- The lunchtime meal was relaxed, and staff supported people to eat and drink at their own pace.
- People were protected from the risk of poor nutrition as staff encouraged people to eat and sought professional advice if there were any changes in their eating patterns. When people had a hospital stay, staff attended at mealtimes to make sure they had sufficient to eat.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

● People's health needs were identified and monitored by staff through observation and discussion. A record was made of all medical appointments and outcomes, so their needs could be met.
● People continued to be supported to access health care services when they were needed, and relatives kept informed of any changes in their family member's health.
● Each person had a hospital passport which set out the most important things medical staff needed to know, should they be admitted to hospital.
● The service was proactive in helping to prevent people from unnecessary hospital admissions. Specialist medical equipment had been obtained for one person and staff trained in how to use it, so they could remain at the service.

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
● People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● Staff continued to understand the requirements of the MCA. People's consent was sought before providing any care. When people did not have the capacity to make a specific decision, decisions were made in their best interest.

Adapting service, design, decoration to meet people's needs
● Consideration had been given to the design and decoration of the property, so it was easier for people to find their way around their home and to be mobile.
● The lighting in the lounge had been improved for people with poor vision, through the use of uplighters and a non-reflective screen on the adjacent conservatory.
● Specialist equipment had been obtained to help people. This included a celling track hoist in the bathroom and a comfortable chair on casters, which had been assessed by the occupational therapist.
● Funding had been secured through successful bidding and a community scheme to obtain sensory equipment which would benefit everyone at the service. At the time of the inspection, the most appropriate equipment was being sourced to provide a sensory walk through experience and a wheelchair swing.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People continued to be treated with kindness. A relative told us, "They are very well cared for by the staff, loved, respected and kept safe". A health care professional described the service as "Homely" and "Extremely caring".
- People's well-being was enhanced through the development of trusting relationships with staff. When staff described people, they did so in a way that valued their contributions. For example, one staff member explained how they missed a person when they were away from the service due to their unique characteristics and sense of humour.
- When people became anxious, staff offered reassurances. One person was anxious that they were talking some time to drink their drink whilst staff were assisting them. The staff member reassured the person that they were doing well and maintained a calm demeanour. When the person had finished their drink, they shared a joke with the staff member.

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

- Staff continued to support people to be involved in tasks and activities that they liked and enjoyed.
- Everyone had complex communication needs. Staff knew people well and had insight into each person's body and facial expressions and what that meant to the person. For example, staff knew that a person made a particular sound when they were unhappy.
- People met with their keyworker to discuss and review progress towards their goals and aspirations.

Respecting and promoting people's privacy, dignity and independence

- The operations manager was passionate about ensuring people were always treated with dignity and respect. They gave an example of how they had advocated on behalf of a person who was not able to communicate verbally. They had challenged a health care provider for not respecting the person's dignity and wishes.
- People's independence was promoted. At lunchtime, people were asked if wanted to eat by themselves or to have assistance from staff.
- Relationships with family members and those who were important to people were developed and maintained. A relative told us, "Staff contact me in between when I visit, to let me know how he is getting on".

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● A health care professional told us that the ethos of the service was that the person was put at the centre.

●Care plans contained detailed information about people's likes, dislikes, routines, personal history, cultural and religious needs. A one-page profile gave staff a clear summary of the most important things they needed to know about each person. Staff knew about people's interests and preferences which helped them to provide care in a personalised way.

● People were supported to follow their interests and be involved in regular sensory sessions such as massage and aromatherapy. One person told us they enjoyed playing bingo at a day centre.

● People's communication needs had been identified, recorded and highlighted in care plans in accordance with the Accessible Information Standard. This meant that people received information in a way they could understand. For example, safeguarding guidance was in easy read format and the fire evacuation policy were in audio format to help people understand who were visually impaired.

Improving care quality in response to complaints or concerns

● The complaints procedure was available in easy read and audio format. The audio version was played to people at regular intervals, so people were assured that they could raise any concerns.

● The provider understood that people may not always be able to make a complaint verbally. Staff compensated for this by being aware of any changes in people's moods, routines, behaviour or health.

● Relatives said they were in regular communication with staff and therefore felt confident to raise any concerns or complaints.

End of life care and support

● Best interest meetings had been held to discuss where people wanted to live and the things and people they wanted with them at the end of their lives. People's specific wishes with regards to funeral arrangements were also included.

● Staff had working closely with healthcare professionals to make people could spend their last days at home, in a familiar environment and with staff who knew they well. Staff understood the specific importance of this for people who had multiple communication difficulties. This collaborative working ensured people had a comfortable, dignified and pain free death.

● The provider understood the importance of supporting a person's family members and staff at a time of bereavement. Debriefs and home visits had taken place with members of the staff team.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There had been three different people managing the service since the last inspection. Each manager had ensured the service continued to be well-led. The present manager had been in post since March 2019. They were supported by a registered manager from another of the provider's services, who had applied to add this service to their registration.
- A health care professional told us each person who had managed the service had been proactive in communicating with them about people's well-being.
- A relative told us, "I am always singing its praises. It is not like a care home, but it is a care home. It is a proper home for people and not institutional. You would have to go a long way to beat Robin Hood Lane".
- The staff team had consistently put people and their wellbeing at the centre of what they did.

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

- People benefitted from being supported by a staff team who were motivated and understood their roles and responsibilities. Staff were champions for defined areas such as infection control, health and safety and mental capacity.
- There was a structured programme of checks and audits which continued to be effective in highlighting areas for improvement.
- The managers understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths.

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

- There were regular service user meetings where people were asked about things they had done. Staff used these meetings to share information with people, such as what information staff were required to record in their records.
- A district nurse had completed a comment card praising the staff team. "Staff are doing a brilliant job in caring for 'named service user'. The service was devising surveys for professionals and relatives, so their feedback was regularly sought and could be acted on.
- Staff engagement included staff meetings, supervisions and daily communication. Staff said they received praise from the manager, which was motivating.

Continuous learning and improving carer

● Information gathered from audits was used to develop the service and make improvements. An audit in February 2019 had highlighted that some staff medication competencies, training and supervisions were overdue. The managers had indicated on the service's action plan when these shortfalls had been completed.

● The managers kept up to date with guidance and advice through accessing the providers polices and attending registered managers forums. The managers worked together to ensure best practice was disseminated the staff team.

● Staff were actively encouraged and supported to undertake continuous learning and had opportunities for promotion, to pursue a fulfilling career.

Working in partnership with others

● The provider continued to work and develop positive relationships with other social and health care professionals such as GP's, community nurses, physiotherapists and Kent Association for the Blind.

● A health care professional explained how when working in partnership, staff gave a valuable insight into how they person might react to any plans they put forward. They described the staff joint working as an "In it together" approach.