

Conquest Care Homes (Soham) Limited

Robinson House

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Robinson House is a care home providing accommodation and personal care for up to ten people with a learning disability.

The service is delivered in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people. Ten people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size.

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

People liked the staff that cared for them. People received kind and compassionate care and staff respected people's privacy, dignity and independence. People were involved in all decisions about their care.

People felt safe, and relatives felt reassured and confident that their loved ones were in a safe and caring environment. Staff knew how to keep people safe from avoidable harm and abuse; they gave people their medicines safely and followed good infection prevention and control procedures.

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.

Staff had undertaken training and received support from the registered manager to ensure they could do the job well.

Systems to monitor how well the service was running were carried out. Concerns were followed up to make sure action was taken to rectify the issue. People and their relatives were asked their view of the service and changes were made to any areas they were not happy with.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was Good (published 8 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring 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.

Robinson House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by two inspectors.

Service and service type

Robinson House 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 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

We spoke with one person who used the service about their experience of the care provided. We spoke with

four members of staff including the provider's representative and the registered manager.

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

We spoke with five relatives on the second day of inspection.

After the inspection

We contacted the Nominated Individual to clarify that they understood and were working within the principles of Registering the Right Support. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Robinson House. One person was able to tell us this, and we could see from people's body language and interactions with staff, that they were happy living there. Relatives told us that they felt their family members were safe. A parent we spoke with said, "You get a feel for a place when it is your relative and you just know (when the service is good)."
- Staff received safeguarding training, and they discussed safeguarding guidelines at each team meeting. Staff were aware of the policy and knew where they could find external contact details to report concerns. Safeguarding was on the agenda at the 'Your voice' service user meetings, and people had access to an easy read version of the safeguarding policy and a DVD.

Assessing risk, safety monitoring and management

- Staff had completed detailed risk assessments in people's care plans which were updated regularly. They were also supported to take positive risks which was supported with planning.
- People had PEEPS (personal emergency evacuation plans) in their care plan, advising emergency services how they needed to be supported to safety.

Staffing and recruitment

- The provider had a recruitment process to ensure that staff were suitable to work in Robinson House. One member of staff told us the process had involved DBS checks (Disclosure and Barring Service record check) and previous employment checks. Why did we check the records?
- There were enough staff to support all the needs of people using the service. People, staff and relatives were satisfied there were enough staff to carry out personal care duties, housekeeping and support people to do what they wanted to do. The registered manager showed us that staffing was arranged depending on the needs of the people and service.

Using medicines safely

- Staff managed medicines safely and gave people their medicines as the prescriber intended.
- The provider and an external pharmacist carried out regular audits to ensure that medicines were being stored and administered safely.

Preventing and controlling infection

- The provider had systems in place to ensure that staff practices prevented and controlled infection. Staff had received infection control and food hygiene training.

- Staff were using personal protective equipment in the kitchen and when supporting people.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and appropriate actions taken as a result. Trends were analysed, and action plans put in place to minimise the likelihood of the same incident occurring.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People's needs were reviewed monthly with their keyworker. This gave people the opportunity to reflect on what was working well for them and what they would like to achieve.
- People's needs were assessed and reflected in every day planning and staff scheduling. Due to some people finding change difficult, staff worked a long day to avoid anxieties arising over staff team changes.
- The registered manager and staff worked closely with the Learning Disability Partnership (LDP) and Speech and Language therapists (SALT). This ensured that staff supported people effectively and in line with current legislation and best practice guidance to achieve effective outcomes.
- There was a new stair lift recently fitted for people needing support now or in the future to go upstairs. The registered manager told us that this had really helped people to be able to move about the house independently. People had bespoke wheelchairs which meant they could move around the home without needing staff support.

Staff support: induction, training, skills and experience

- All new staff completed an induction training programme, and staff who did not hold a national certificate were required to complete the Care Certificate. This is a nationally recognised training programme to support staff to develop the knowledge and skills required to work in health and social care. Staff kept updated on all mandatory training courses and attended refresher courses.
- Staff told us they received both supervision and competency checks to support them to carry out their role effectively. Staff also completed 'What I know about you forms'. The registered manager explained, this was a good way to show how well staff knew the people they were supporting.

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

- Staff promoted people's right to choose what they wanted to eat. One person had been supported to the shops to choose their lunch, and another person was supported out in to the community to eat in a café.
- Staff supported a person to receive their food and fluid through a percutaneous endoscopic gastrostomy (PEG). This is a tube passed through the wall of a person's abdomen to provide a means of feeding. The staff included the person in this task, indicating their knowledge of both the individual and the procedure they were following.
- People were weighed monthly, and any actions necessary recorded in people's daily notes. The registered manager contacted a dietician when staff raised concerns about people's weight.

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us that they had received training from professionals in other services which was tailored to the specific need of the people they were supporting, including PEG feeding training.
- Staff supported people to go to GP and hospital appointments. A relative confirmed that when people stay in hospital staff stay with them to ensure people are supported consistently and by people they know.

Adapting service, design, decoration to meet people's needs

- Each person had their own bedroom. They chose the colour the bedroom was painted, and people could choose whether to have a double or single bed, and the bedroom furniture. One person had designed his own bedroom door sign with his favourite things which staff had then drawn for him. This sign was then used by staff as an object of reference for the person to use to talk about some of his favourite things.
- Communal areas were decorated with ideas and suggestions discussed in the 'Your voice' meetings. The garden was designed to be accessible and a sensory space for everyone, with raised flower beds, solar lit animals and fruit trees, which were picked for baking. Friends and family were fundraising with the registered manager to provide a summer house for the garden so that people would have access to a sheltered quiet space.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to attend external health appointments. The registered manager and staff were supported by healthcare professionals and had regular input from SALT, psychology, psychiatry and specialist nurses.
- One relative told us that the staff knew a person so well, they had rightly suspected he had dental pain and arranged for them to see a dentist urgently.

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

- People were supported by staff who had a good understanding of the principles of MCA and DoLS. They knew how to support people to continue making decisions and who to go to if the person was unable to do so.
- Applications had been made to the Court of Protection to deprive people of their liberty and staff respected the outcome of these applications.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- Relatives had very positive opinions about the care and support that people receive. One relative told us, "They are fabulous. I never want [person] to move, they have given her a new life. They seem to really love the people." This was because staff treated people with kindness and compassion.
- Staff respected and promoted people's diverse needs and preferences. The care plans included a section on 'how I like to be supported' and included a personal profile including identity, culture and faith.

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

- People were able to express their views about their care in meetings held each month with their keyworker.
- Staff told us that care plans included people's views and how they liked to receive their care and that all staff read these before working with people. Staff told us that people could tell staff either verbally or through gestures and body language at the time of being supported. Staff explained that, "The key is getting to know people and how they express themselves."
- Staff told us that two people in the service had an advocate to support them.

Respecting and promoting people's privacy, dignity and independence

- Staff fully respected and promoted people's privacy and dignity. Personal care was offered discreetly and carried out in private.
- People's confidentiality was maintained because records were kept out of sight and held securely.
- People were supported to maintain relationships and friendships and visitors were made welcome to the service. People were also supported to visit family in their own homes with the support of staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 had a fully person-centred support plan, which detailed their preferences about the way they wanted to receive care and support.
- Staff had a detailed knowledge and understanding of each person and their care and support needs. A social worker told us, "I felt that the manager knows her residents and their needs well and that this has been cascaded through to the support workers appropriately."

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.

- Staff communicated with each person in the way that the person understood best. We saw one member of staff communicating to a person using Makaton and another member of staff using signs and gestures.
- There was accessible signage throughout the building so that communal spaces, bathrooms and bedrooms were easily identifiable. Several documents were available in an easy-read format, including parts of the care plan informing staff of what was important to the person.

Supporting people to develop and maintain relationships to avoid social isolation

- People accessed different activities on the day we visited, and when we arrived two people were on their way to the local bowling centre.
- The registered manager showed us a 'You said, we listened' picture board in the communal dining room. During 'your voice' meetings people were encouraged to discuss activities they would like the service to run or attend. We saw one person had said that they would like to visit the zoo, and we saw pictures next to this goal of people at the zoo. There was preparation for an American themed 'July 4th' party being made, which was also a request on the board.
- People were encouraged and supported to maintain relationships with their families. One person was supported to go and visit their relative who was unable to visit them. A social worker we spoke with told us they were, "Particularly impressed by the efforts they make to enable residents see their families where possible."

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place which was clearly displayed. People living in Robinson House had a copy of the complaints procedure which was in an easy read format.
- Relatives told us that they would know who to complain to and would feel happy to do so if there was a need. No complaints had been received by the service in the last 12 months

End of life care and support

- No one using the service was receiving end of life care.
- People had an easy read document in their plan called 'when I am very sick or might die', this included people's preferences and wishes for arrangements to be made including; financial, funeral, burial, flowers and any special instructions. This had been completed with people's family and staff present.

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 Good. At this inspection this key question has the same.

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

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

- The registered manager was committed to developing a person-centred culture within the service. People and their relatives were very happy with the care they received at Robinson House. One relative told us, "My sister is a very complex person, she changes all the time and they just look at new ways to deal with it, they never give up, they are absolutely amazing."
- Staff understood their responsibilities to ensure people received the care they needed. When people's needs changed this was discussed in team meetings.

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 registered manager complied with legal requirements for duty of candour, the previous inspection rating was displayed, and they sent notifications to us when required to do so.

Relatives told us that the staff communicated well and were confident they were kept well informed.

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

- The service was well-run. Staff understood their roles and responsibilities and worked well as a team.
- Staff felt supported and understood the provider's vision and values for the home. One member of staff said, "She [registered manager] is a brilliant manager, you can go to her about anything. She has an open-door policy."

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

- People completed a form each month with their keyworker reflecting on what had worked well, what they would like to do again and what hadn't worked well. The registered manager told us they had worked hard with one person to ensure they could access the community in a safe and effective way.
- People had strong links with the local community. They used local facilities such as shops, cafes, leisure centres and bowling alleys.
- Meetings were held each month for people to give feedback and suggestions for the service. Relatives were asked for formal feedback on a yearly basis.

Continuous learning and improving care

- Records of incidents and accidents were analysed to find trends or themes. Processes were in place to identify solutions from the themes identified.
- Audits were completed on a wide range of processes within the home. Action plans showed who was responsible for the actions and when they had been completed.

Working in partnership with others

- Information available to us before this inspection showed us that the home worked in partnership with other organisations, such as the Local Authority. The registered manager contacted other organisations appropriately.
- We received positive feedback from health and social care professionals. One healthcare professional told us, "I have always found the service to be well run and the residents happy."