

Benslow Management Company Limited

Robin Hood House

Inspection report

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Date of inspection visit:
06 January 2020
27 January 2020

Date of publication:
07 February 2020

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

Robin Hood House is a residential care home providing personal and nursing care to 17 people aged 65 and over at the time of the inspection. The service can support up to 23 people.

The home accommodates people over two floors. People had access to various communal areas like lounges and dining rooms where they could spend their time in private or with others. The home had a generous garden and surrounding countryside views which people could enjoy from their bedroom windows.

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

People told us they felt safe at the home. Staff knew how to recognise possible signs of abuse and how to report their concerns internally and to external safeguarding authorities. Risks to people's well-being were assessed and plans were in place to mitigate these. There were enough staff recruited through robust procedures to meet people's needs safely. Trained staff safely administered people's medicines.

Staff felt supported and had training to understand and meet people's needs according to best practice guidelines. People's dietary needs were met and if they were at risk of malnutrition health professionals were involved in their care.

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.

People, relatives and health professionals praised staff for their caring attitude. People where possible were involved in their care and if appropriate their relatives supported them with this. Staff demonstrated good knowledge about people's likes dislikes and preferences.

Care plans were developed for each identified support need people had and regularly reviewed. Activities were provided to people including opportunities of day trips and involving in daily tasks like laundry folding. People and relatives told us they knew how to complain; however, they were happy and had no concerns.

A range of audits were carried out by the registered manager and provider to check on the quality of the service provided. Where needed actions were in place to continuously improve the care people received.

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 (report published 04 July 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.

Robin Hood 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

The inspection was carried out by one inspector.

Service and service type

Robin Hood 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 the 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. 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.

During the inspection

We spoke with two people a relative and a health professional. We also spoke with five staff members

including care staff, deputy manager and registered manager. We also spoke with the provider's regional manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple 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.

After the inspection

We contacted two relatives of people to seek feedback about the care people received. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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; Learning lessons when things go wrong

- People told us they felt safe. One person told us, "I am very safe here." Relatives told us they had no concerns about people's safety. One relative said, "I am not concerned at all. I think [family member] is safe here."
- Staff received safeguarding training and understood their responsibility of reporting their concerns. One staff member said, "I will report anything I am concerned about. We have posters displayed to remind us about who can we call externally."
- Lessons learned were shared at team meetings, supervisions or as needed.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being were assessed and regularly reviewed. Staff were knowledgeable about what measures were in place to mitigate such risks. For example, staff knew the amount of thickeners used in drinks for people who were at risk of choking
- Risk assessments were used to help manage risks like mobility, nutrition, skin integrity and others.
- Personal emergency evacuation plans were in place for each person to give staff guidance how to safely evacuate people in case of an emergency.
- Regular fire drills and an annual fire risk assessment was carried out and reviewed to ensure the environment people lived in promoted their safety and was in line with current fire regulations.

Staffing and recruitment

- People told us there were enough staff to meet their needs in a timely way. One person said, "They come straight away (when ringing the bell)." Relatives told us they had no concerns about staffing and they could always talk to staff when visiting.
- Recruitment procedures continued to be robust. This helped ensure that all staff were of good character, and that they were physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and criminal record checks with the Disclosure and Barring Service before they were employed by the service.

Using medicines safely

- Staff administering people's medicines were trained and had their competencies checked.
- Protocols were in place for medicines prescribed as needed (PRN). However, when PRN medicines were prescribed as variable dose like one or two tablets staff did not always recorded the amount given. This meant that an accurate check on the amount administered could not be carried out.
- There were regular checks in place for all aspects of medicines management including a monthly audit.

Preventing and controlling infection

- The home was free of unpleasant odours, however some areas and furniture needed replacing as these were stained even after cleaning. For example, dining room chairs and carpets. The provider had plans in place to replace these.

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 had an assessment done before they moved to the home. The assessment covered people's health needs, mobility, falls risk, skin integrity and required equipment. Also, to assess if they had capacity to understand and retain information to take decisions.
- Guidance and advice to improve health and social care issued by The National Institute for Health and Care Excellence (NICE) were followed by staff. For example, when administering people's medicines, involving health and social care professionals in people's care and when meeting people's health care needs.

Staff support: induction, training, skills and experience

- Staff continued to receive training, which enabled them to meet people's needs and recognise when people's health needs changed.
- Newly employed staff received training in line with the nationally recognised qualification in care, the 'Care Certificate'. They worked alongside other experienced colleagues until they were competent in their duties.
- Staff received on-going supervision and appraisals for them to feel supported in their roles and to identify any future professional development opportunities. One staff member told us, "The training is good and regular. I have supervision and I feel supported. I like working here."

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

- People told us the food was good and they were always offered alternative choices in case they disliked the meals on the menu. One person said, "It's good on most days. When I don't fancy the menu, I have a different choice."
- Assessments had been undertaken to identify if people were at risk from poor eating and drinking.. Where needed staff provided fortified diets to people and monitored their weight closely. They involved people's GPs and dieticians in supporting people with their nutritional needs.
- People were offered a variety of hot and cold drinks throughout the day.
- Meal times were busy and staff tried to support people who sat in different areas in the home to have their meals in a timely way. This made the dining experience less relaxing with raised noise levels which made conversation difficult between people. The registered manager told us they were observing meal times and were planning to put actions in place to improve this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff knew people's needs very well and ensured that any changes in a person's condition was noted and discussed with the person or their relative if needed.
- Staff worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided.
- Staff made referrals to professionals such as GPs, physiotherapists, opticians and chiropodists as necessary.

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

- The environment was undergoing regular refurbishment, painting and decorating to ensure it was well maintained and comfortable for people.

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.

- People told us staff listened and respected their choices. One person said, "They do listen to me and I can choose what I want to do. I like sitting in my room and look out of the window. I have a lovely view."
- Care plans evidenced if people had capacity to decide about their care or treatment and what was done in case people lacked capacity to make certain decisions. Where people were found to lack capacity, the registered manager applied for DoLS.
- Decisions for people who lacked capacity were taken following a best interest process. This involved relatives, health and social care professionals to ensure the care people received was in their best interest. For example, a person received their medicines covertly. The GP, their family and staff agreed that it was in the person's best interest to receive their medicines this way to keep them healthy.

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

- People and relatives praised staff for being kind, caring and respectful towards them. One person said, "They are all nice to me. They are very kind." One relative told us, "Staff are fantastic and really friendly and kind."
- People received care from staff in a personalised way. We saw throughout the day how staff listened to people had a laugh and small banter.
- A visiting health professional told us, "The care here is good. Staff are really kind and caring. I find them very respectful and they have a lot of patience."

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

- The majority of people living in Robin Hood House were not able to directly participate in their care planning and meaningfully express their views due to them living with dementia.
- The care plans evidenced where relatives held Lasting Power of Attorney for people's health and welfare so that they could take decisions and act as a voice for people.
- Staff gathered information about people's past lives, likes and dislikes to ensure they could provide care in a personalised way. They also gave people choices and empowered them to express their will as much as possible. For example, they asked people if they wanted to sit at the table in the dining room at meal times or if they wanted tea or coffee.

Respecting and promoting people's privacy, dignity and independence

- People were well-groomed and dressed appropriately for the weather. We saw staff supporting people with their needs discreetly to protect their privacy. Doors were closed when staff were giving personal care.

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 told us the care and support they received met their needs and took account of their preferences. One relative said, "[Staff] are considerate and responsive. An example being, [family member] in hospital at the moment and they are moving them to ground floor room (on the person's return) because is hard with them walking [from the first floor]."
- People's care plans were kept electronically and addressed all areas people needed support with. Staff knew people's likes, dislikes and preferences. We discussed with the registered manager how people's care plans could benefit from having the information staff knew about people recorded.

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 detailed what communication needs they had.
- We saw staff adapting their approach to people's ability and gave them time to respond if it was needed.

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 told us staff provided activities they could attend. One person said, "They tell me about things going on like music and others, but I like sitting in my room and watch TV. I like the outings and I go out."
- Staff organised events where they relatives were invited. One relative said, "They always include family for events, we get an invite. There are plenty of activities for [family member] to do."
- We observed staff involving people to help fold the washing and they regularly stopped and chatted to people. There was a lot of laughter, music and things for people to do. Relatives told us they always felt welcome when visiting people.

Improving care quality in response to complaints or concerns

- People did not have cause to complain. Relatives told us they had opportunities to raise any issues in relatives' meetings or directly with the registered manager who they found very responsive. One relative said, "The management team are around a fair bit, but staff are always helpful and friendly and answer any questions."

End of life care and support

- Care plans included end of life care arrangements so that staff had guidance for when this was needed. Staff discussed people's wishes with them for when they were nearing the end of their life.
- Care plans needed more personalised information to guide staff about how to provide personalised care when people were in their final days. For example, what music they liked or if they wanted someone to sit by their side all the time. People were asked to provide information on their preferred place of death.

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 remained 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

- People and relatives were happy how the home was run. They praised the management team for being visible and available for them to ask questions or discuss any issues.
- The registered manager effectively used the provider's established governance systems to monitor the support people received and needed.
- Accidents and incidents were recorded and analysed for trends and patterns. Where actions were needed to further mitigate risks to people these were recorded and checked for accuracy. For example, a person had been supported to change rooms to the ground floor and to have a new set of prescription glasses to keep the safer.

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 told us they promoted transparency within the team. They openly communicated with people, family members and health and social care professionals.
- When events occurred in the service that required notifying to CQC or the local authority these were completed promptly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits were completed on a regular basis by the registered? manager and the provider to ensure the quality of the service was regularly checked. For example, checks reviewed people's care plans and risk assessments, medicines, incidents, accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up.
- Staff told us they worked in a supportive team, which enabled them to share learning and develop in their roles.
- Staff knew what was expected of them to ensure good standards of care were always maintained.
- Staff had their competencies assessed in different areas like medicine administration and moving and handling. The registered manager also supported new staff in senior roles on their first shift to assess their confidence levels and skills.

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

characteristics

- People, relatives and other stakeholders had opportunities to regularly give feedback about the care and support provided.
- Survey results were analysed, and any actions or suggestions were considered by the registered manager and the provider. For example, a health professional commented on how friendly staff were, but the environment was tired and needed cosmetic work. There was a rolling maintenance program in place and decoration was in progress.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, like health care professionals and the local authority to ensure that people received joined-up care.
- The registered manager was developing the home's relationship with a GP surgery to ensure people could have their health regularly reviewed.