

# Benslow Management Company Limited

# Robin Hood House

## 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

We carried out an unannounced inspection at Robin Hood House on 22 June 2017. The home provides accommodation and personal care for up to 23 people some of whom live with dementia. At the time of our inspection there were 22 people living in the home.

At the last inspection on 07 April 2015 we rated the service Good. At this inspection we found the service remained Good.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were safe and their needs were met by staff. Staff were knowledgeable of people's needs likes, dislikes and preferences. Staff were aware of safeguarding processes and how to report any concerns to the registered manager or local safeguarding authorities.

Staff and the registered manager were aware of people's choices and provided people with support in a person centred way.

The provider had a robust recruitment process in place which ensured that qualified and experience staff were employed at the home. Staff received training and support and were aware of their responsibilities when providing care and support to people at the service.

People and their relatives where appropriate were involved in the development and the review of their care and support plans. Support plans were kept electronically and automatically updated. Staff recorded on their hand held devices what support people received daily. People were supported to take decisions about their care and be independent.

People were supported to have sufficient food and drink. People had access to healthcare professionals such as their GP as and when required. People received appropriate support from staff to take their medicines safely.

The registered manager carried out regular audits and surveys to ensure they maintained effective monitoring of the quality of the services they provided.

## 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 Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# Robin Hood House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 June 2017 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service this included information we had received from the local authority and the provider since the last inspection, including notifications of incidents and action plans. A notification is information about important events which the provider is required to send us.

During our inspection we spoke with two people who used the service, two care staff members, the deputy manager and the registered manager of the home. We also spoke with the provider. We reviewed the care records of three people who used the service, reviewed the records for three staff and records relating to the management of the service. Following the inspection we received feedback about the service from three relatives.

We also reviewed the latest contract monitoring report carried out by the local authority.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I really like it here. Staff treat me like a king. I do feel very safe." Another person said, "I do feel safe here. I know the staff and it's very nice."

Staff we spoke with were able to describe to us how to identify possible abuse and were clear on how they would report this. Staff told us that they received safeguarding adults from abuse training and were also aware of external organisations they could report their concerns to.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of their changing needs and circumstances. This included areas such as falls, mobility and nutrition. This meant that staff were able to provide care and support safely. For example, a relative told us that staff were addressing their loved one's changing mobility needs. They said, "My [relative] got bad knees so sometimes it's hard for [person] to get up and go to toilet and that, but we are trying to sort out with the carers about walking frame to help [them] get up."

People told us there were enough staff at all times to meet their needs. One person said, "We are very well looked after. I think there is enough of them [staff]." Relatives told us they felt there were enough staff, however on weekends staff seemed lower in numbers. This was because the registered manager and the deputy manager were not in the building.

Safe and effective recruitment practices were followed to help 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 (DBS) before they were employed by the service.

People received their medicines safely by trained staff who had their competencies checked regularly. We found that medicine administration records (MAR) were completed accurately and signed by staff each time after they administered people's medicines. All the medicines we counted were correct and accounted for.

## Is the service effective?

### Our findings

People told us staff were very good at supporting them if and when they needed help and support. One person said, "Staff are wonderful in looking after me." Another person said, "Staff are really good and people here are very well looked after."

Staff told us they had regular training and they were happy with the support they received from the registered manager. One staff member told us, "We have regular training and regular supervision. I feel supported by the deputy manager and [registered] manager." Another staff member said, "I had induction training when I started. The team work is very good. We are all supported by the managers."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate DoLS applications had been submitted and were pending authorisation. People were asked for their consent before care was given and involved in decisions about their care. People's care plans contained a range of documents that had been signed to indicate people agreed and consented with the decisions made relating to their care. For people who were identified as lacking capacity, their appointed relatives were involved in their care.

People told us they liked the food and had plenty of choices. One person said, "The food is lovely. When I came here I was only 8.5 stones now I am 10.5. We have plenty of choices." People's likes and dislikes were catered for. We found that staff regularly monitored people's weight and where they identified any significant weight loss, people were seen by the GP or dietician.

People told us they had access to other professionals and where needed staff made sure they were visited by their GP. People were supported to see a chiropodist and optician on a regular basis.

## Is the service caring?

### Our findings

People told us that they developed a good relationship with staff and that staff were understanding and kind. One person said, "Staff are very kind to me and the other people here." Another person said, "Staff are lovely. They are doing everything they can to keep us happy." Relatives told us staff were caring and patient with people. One relative told us, "Staff are very caring and patient."

People told us that staff respected their privacy and dignity. One person said, "I have my own room and staff always knock on the door and wait until I say they can come in. They respect my privacy." Staff spoke about people in a respectful way and told us they had good relationships with them.

People told us they were encouraged to be independent and work towards their goals. One person told us they were encouraged to get involved in doing work around the home. They told us they liked gardening and they were also singing for people. Staff were aware of people's preferences and interests, as well as their health and support needs. They told us they knew each person's personality and they provided care and support as people wanted. This showed that staff knew people well and were aware of the importance to value each individual.

Care plans contained information about how people liked to be supported. The registered manager told us they were very aware of people's changing care needs and also how best to identify changes to people's care and support. This included observations around people's behaviours and interactions within the home. However the electronic care plans were still under development to reflect the personalised care people received.

Care plans showed that staff responsible for care planning had obtained people's views, and this was confirmed by people who used the service.

Confidentiality was well maintained by staff and information held about people's health, support needs and medical histories was held securely. Staff understood the importance of confidentiality and respected people's privacy.

## Is the service responsive?

### Our findings

People told us that staff knew them well and they received the care they needed and wanted. One person said, "Oh! Staff know me very well. They know what I like." Another person told us, "We do all kind of activities with the others [people living in the home] and staff. Staff know what we like."

People told us staff took them on holidays every year and they were looking forward going this year as well. In addition people were going on regular outings. One person told us what a great time they had on a boat trip when they were able to navigate the boat themselves. One relative also told us, "[Person] goes down stairs and chats to quite a few other residents which is nice to see, and gets involved in games, sing songs trips out etc."

The registered manager told us they were able to recruit an activity coordinator and they were working to develop a more personalised activity programme for people who were not always able to actively participate in group activities.

People's care records contained limited information about them, such as their hobbies, interests, preferences and life history, however the registered manager was aware of this and they were further developing the electronic care plans.

We saw that people's needs had been assessed and the assessments were used to inform care plans. The registered manager told us they knew the people who lived at Robin Hood House very well and knew their every need. Care and support was planned and delivered in accordance with people's personalised care needs. The registered manager and staff demonstrated a person-centred strategy, which was intended to ensure that people who used the service received care and support that met their individual needs and enabled them to live their life to the full.

People told us they felt able to feedback their views on the service and were encouraged to do so. One person said, "I can talk to the [registered] manager and the staff any time. We also have regular meetings where we discuss anything we want." People we spoke with told us that they had not had cause to complain but knew they could raise any concerns with the registered manager of the home and were confident that their concerns would be addressed quickly. Relatives told us they had opportunities to raise any issues in relative's meetings or directly with the registered manager who they found very responsive.



## Is the service well-led?

### Our findings

People, relatives and staff were positive about the leadership in the home. One person told us, "I know the [registered] manager, they are nice." Relatives told us they felt the home was well run and they trusted the management team. Staff also told us they appreciated the registered manager's and deputy manager's 'hands on' approach. One staff member told us, "They [registered manager and deputy manager] come and help on the floor. They know when we are busy so we don't even have to ask." Another staff member said, "The [registered] manager will come and help if needed."

The registered manager carried out a regular programme of audits to assess the quality of the service, and we saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. However, some of the governance systems still needed developing further to ensure they were efficient. For example, the registered manager analysed accidents and incidents for each person to identify trends and patterns, however they had no overview about these for the whole home. They also completed dependency assessments for people to assess their level of needs; however they were not using this to inform their staffing. The registered manager told us they were developing these following the inspection.

Relatives told us they were happy with the quality of the care people received and they felt welcome when they visited. One relative said, "I think that all the staff are very welcoming! Robin Hood House I feel personally that it's safe effective and very caring to all residents, the staff and carers all meet [people's] needs."

People and their relatives were able to attend regular meetings to raise any concerns or suggestions with the management team. There were also regular staff meetings held. The registered manager sent surveys out to people, relatives, staff and other professionals to gather their views about the quality of the services provided. One relative told us, "[There are] regular relatives meetings with the [registered] manager. Innovations like the digital monitoring/recording of residents' care plans, medical needs etc. are embraced to allow the staff to concentrate on being with the residents as much as possible. Quality of life of the residents is enhanced by the additional fundraising that is done to support trips for the residents."