

Mrs Susan Mary Robinson

# Robleaze House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection was carried out on 8 March 2017 and was unannounced. When Robleaze House was previously inspected in January 2016, we found the provider had failed to undertake robust recruitment procedures to fully ensure people were safe. It was also highlighted that some areas of the service required renovation and attention. In addition, the provider was unable to demonstrate a clear understanding of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS) and the current status of a DoLS application made within the service. The provider had also failed to send a legal notification as required.

The provider wrote to us in February 2016 and told us how they intended to meet the recruitment regulation. During this inspection, we found that although some improvements had been made in relation to recruitment, further action was still required.

Robleaze House provides accommodation and personal care for up to 10 adults with a learning disability. At the time of our inspection there were nine people using the service who were aged between 40 and 75. Most of the people in the service had lived there for between 20 and 25 years since the service had first opened.

The provider had not ensured that recruitment procedures were robust. Despite improvements in procedures since our last inspection, we found a reference had not ensured the provider had ascertained relevant information before appointing a staff member. Areas of the service had been poorly maintained and required repairs. The current condition of the service could present a risk to people.

Appropriate records had not been maintained by staff for people in relation to their activities and meals. Records had not been made where required when an accident had occurred. This shows that current governance arrangements and systems were not robust in identifying these shortfalls. The provider had failed to send a serious injury notification and a notification to advise the Care Quality Commission that a person living at Robleaze House was being lawfully deprived of their liberty.

People at the service felt safe. Staff received safeguarding training and appropriate policies were in place to help keep people safe. There were sufficient staffing numbers on duty and we made observations that people could be well supported by staff. People's assessed needs and risks were recorded. Where required, identified risks were highlighted to ensure staff were aware of concerns. People's independence was promoted through positive risk management. People received their medicines as prescribed.

People received effective care from staff. The provider was aware of their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to care or treatment or need protecting from harm. Staff were aware of how the Mental Capacity Act 2005 was relevant to their role and applied the guiding principles through choice and enablement.

There were systems that ensured staff received induction, supervision and appraisal to support them in their roles. People were supported to eat and drink sufficient amounts and were actively involved in the choosing and cooking of food. People had access to healthcare professionals and services when needed. The GP for the service spoke highly of the care provided.

People commented that staff were caring and we made observations of staff interactions with people to support this. Staff support to people was kind and caring and staff evidently knew people well. Staff were able to tell us about people's individual current and historical healthcare concerns. People had individualised rooms and there was a positive social atmosphere in the service. People's care records were personalised and showed information about people's choices and preferences. People had an allocated keyworker and there were activities for people to be involved in.

It was evident from our observations that people knew the provider well. Staff did not raise any concerns about the leadership at the service and positive feedback had been received from healthcare professionals. There were some effective governance systems in operation and there were systems to communicate with staff. Feedback about the service was sought from people, their relatives and staff through annual surveys.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, a breach of the Care Quality Commission (Registration) Regulations 2009 was also identified. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Recruitment procedures were not robust.

The service was poorly maintained in areas.

People felt safe and there was sufficient staff to support people.

People received their medicines as prescribed.

People's identified risks were managed.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People said their needs were met by staff.

The requirements of the Deprivation of Liberty Safeguards were being met.

Staff received training, supervision and appraisal.

People received support to eat and drink sufficiently.

People had access to relevant healthcare professionals.

**Good** ●

### Is the service caring?

The service was caring.

People were positive about the staff at the service.

Staff supported and interacted with people in a caring way.

People's rooms were personalised to them.

Staff understood the needs of the people they supported.

There was a positive social atmosphere in the service.

**Good** ●

### Is the service responsive?

The service was responsive.

People's communication needs were recorded.

Care records were personalised and showed people's preferences.

People had a keyworker to support them.

There were activities available for people.

The provider had a complaints procedure for people to use.

Good 

### Is the service well-led?

The service was not consistently well led.

Notifications had not been sent as required.

People's records were not completed accurately and this was not identified.

People knew the provider well.

There were systems to communicate with staff about the service.

There were systems to obtain the views of people, their relatives and staff.

Requires Improvement 

# Robleaze 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 was carried out by one inspector. When Robleaze House was previously inspected in January 2016, we found the provider had failed to undertake robust recruitment procedures to fully ensure people were safe. It was also highlighted that some areas of the service required renovation and attention. The provider told us that certain areas of the service had been prioritised. The provider was unable to demonstrate a clear understanding of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS) and the current status of a DoLS application made within the service. The provider had also failed to send a legal notification as required.

The provider wrote to us in February 2016 and told us how they intended to make improvements within the service. During this inspection, we found that although some improvements had been made in relation to recruitment, a reference for one member of staff did not fully comply with the relevant schedule of the Health and Social Care Act 2008. Certain areas of the service still required renovation and maintenance to ensure they were safe for people to use. We also found people's records were not fully completed and further notifications had not been sent as required.

Before the inspection we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us. We spoke with six people who used the service and a GP who visited the service on the day of our inspection. We also spoke with three members of staff and the provider.

We looked at three people's care records and additional records relating to the management of the service such as policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

# Is the service safe?

## Our findings

At our inspection in January 2016, we found that safe staff recruitment procedures were not always completed. This was because we found some staff members Disclosure and Barring Service (DBS) checks had been completed after the staff member had commenced employment. The DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified. The provider told us they had used a historical DBS certificate from the staff member's previous employment as an interim measure to allow the staff member to commence work. This placed people at risk because the staff member's suitability for employment was not fully ascertained until after they had commenced their role.

The provider wrote to us in February 2016 and told us how they intended to meet the recruitment regulation. During this inspection we reviewed staff files for some of the most recently employed members of staff at Robleaze House. We found that whilst most of the files met the requirements of the relevant schedule and regulations, one did not. Within one staff members file they listed a care home service in the local area as their previous employer. The staff member had provided a reference for this, however this reference was from a former colleague and not the registered manager or other senior manager at the care home service. The reference was also posted by the provider to a private home address and not to the relevant location that the former staff member was employed.

The relevant schedule of the Health and Social Care Act 2008 requires the provider to obtain satisfactory verification of why their prospective new staff member had left their previous employment when it involved working with vulnerable adults. This is to protect and safeguard people from being supported by unsuitable staff. Following the inspection, we sought assurances from the provider that they would obtain this reference from the care home service which was satisfactorily completed. We have since been informed by the provider they had confirmed the staff members employment dates with the relevant care home service.

This was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in January 2016, we identified to the provider that some areas of the building had not been kept up to a suitable standard. This was acknowledged by the provider, who showed us a maintenance and renovation schedule for the service. It was highlighted that an upstairs bathroom and the bedroom of one person was in need of renovation in the very near future. The provider told us these rooms were identified as a priority and discussions were already underway with the person about colour schemes for their bedroom.

During this inspection, we found that no improvements had been made to the bedroom or the bathroom we highlighted. In addition to this, other areas of the service required attention due to their current state of disrepair. The bathroom still required significant attention, for example there were stained areas on the flooring and significant repairs required to the sealant on the bath and tiled areas. There was rust on the radiator and some paintwork was required. In addition to this, the door to the bathroom would not close easily. In the bedroom we discussed with the provider at the previous inspection, there was wallpaper coming away from the walls and the sealant around the door had come away. There was also a sunken area

in the flooring which may present a trip hazard.

We found in another upstairs bathroom there was issues with sealant around the bath and stained flooring. In a bathroom next to the laundry on the ground floor there were numerous cracked tiles, a rusty radiator and areas on the ceiling where mould had grown and been wiped off indicating a damp problem. In another person's bedroom we also found a stained carpet and wallpaper coming from the wall. There was also loose fitting carpet in an upstairs corridor presenting a trip hazard. This did not show that the premises used by the provider was suitable for the purpose for which it was being used, or that it was being properly maintained.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

It was clear that staff understood the needs of the people they supported. We asked one person if they were happy at the service and they replied with, "Yes Yes." We asked another person if they were happy with the way they were looked after, the person responded by saying, "Yes thank you."

Medicines were managed safely and people were given them as prescribed. The service had a system for the ordering, retention, administration and return of medicines. People's medicines were collected from the local pharmacy or where a short term course of medicines was prescribed, this was delivered to the service. There was a system to record and return medicines. We saw that where medicines had been returned, the pharmacist receiving the medicines had signed to confirm receipt. Medicine Administration Records (MAR) we reviewed were accurate and up to date. There were no recording omissions on the MAR indicating people received their medicines as prescribed.

Where people received 'as required' medicines, for example paracetamol for pain relief, there were protocols in place. The records showed why people may need the 'as required' medicine, and the maximum daily dosage they may have. We found that medicines were stored securely and kept in a locked container. We did highlight to the provider that two bottles of non-prescription cough medicine were unlabelled and undated. Although they knew who the cough medicine belonged to, there was a risk it could be used past its recommended period following opening as no start date was recorded. The provider told us these cough medicines would be discarded and new products would be purchased if required.

The provider had policies and procedures in place for safeguarding vulnerable adults and whistle blowing. This contained guidance on what staff should do in response to any concerns identified. Staff had also received training in safeguarding vulnerable adults. The policies gave staff guidance on how to report concerns in the workplace both internally and externally in confidence. The policy listed external agencies, for example the local safeguarding team and the Care Quality Commission as external agencies staff could contact. Staff we spoke with could explain reporting procedures.

The provider had ensured there was sufficient staff on duty to meet people's needs and support them safely. During our observations we saw there were sufficient staff to support people. When we asked people if there was always staff around to help them if they needed it, they said there was. There was currently a fairly new but stable staff team. The provider explained how staffing numbers were varied at different times of the day to ensure at peak times there were sufficient staff. Where people were funded for 'one to one' support time this was factored into the staffing numbers. We made observations during the day that staff were able to attend to people's needs where required and also that staff had time to engage with people on a 'one to one' basis when the person was involved in an activity.

People received a safe service because risks to their health and safety were identified. Care records included information on how people could be kept safe. We saw people's care records contained information about risks that were evident in their daily lives, for example personal care, eating, household skills, community skills, money skills and road safety. Where a risk was identified, for example with road safety, the person's behaviours were recorded that showed staff why the person was at risk.

People's additional risks were recorded, for example one person's record highlighted how they could use a knife and fork effectively at meal times. The record then showed that although the person could eat independently, they required reminding that they should eat at a slow and sensible pace to avoid them overfilling their mouth and creating a choke risk. This demonstrated that people's independence was promoted whilst identified risks were managed. Other examples included staff supporting people to make a hot drink with the kettle. It showed that people could use the equipment and make the drink, but may need prompting by staff to ensure they didn't overfill the kettle or cup.

## Is the service effective?

### Our findings

People received effective care and support at Robleaze House. People, where possible, told us they were happy with the care they received. We asked one person if they got everything they needed and they told us, "Yes Yes, alright mate." Another person was asked if they were happy and enjoyed it at the service. They commented, "Yes - I'm alright." Another person said it was, "All good here."

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.

Staff were observed seeking consent from people when supporting them. We also heard that people were offered choices such as activities they could do, meal choices and drinks. Within people's care records there was a section entitled, 'Decision Making' that gave detail on people's level of capacity in relation to making decisions and their understanding of certain things, for example medicines. Additionally, the provider had discussed information sharing with people, and had put a pictorial guide together. It had information under the headings, 'What information do we keep' and 'How do we use information to help you' and an explanation about who may have access to data, such as healthcare professionals. We saw that people had signed these records to show they were happy for their information to be shared.

Within the providers office it was evident that one person's bedroom was being monitored by the use of camera equipment. We discussed this with the provider as there was no record of this equipment's use or purpose within the person's care records. The provider told us that due to the person's night time behaviours, it was decided in conjunction with the person that for their safety the night staff should be able to monitor the person's activity. They told us the person was aware of the camera and agreed to its use. We spoke with the person and checked the camera in their bedroom, which was clearly overtly placed. The person was asked if they knew the camera was there and if they understood why. The person nodded and replied, "Yes thank you" to both questions. We asked if the person was happy with it there and they nodded and replied, "Yes." The provider told us the person's family also knew it was there. Following a discussion about the recording of such a decision, the provider advised us they would ensure this was formally documented within the person's records to show how consent had been obtained and that discussions had been held to support the process.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider had met their responsibilities with regards to the Deprivation of Liberty Safeguards (DoLS).

Within the service, one person was subject to a DoLS authorisation. This had been authorised since June 2016. We spoke with the provider who told us there were no conditions attached to this person's DoLS. This was confirmed by the paperwork we reviewed that the service had received from the local authority. The provider was aware of the expiry date of the DoLS authorisation and told us they would be liaising with the local authority shortly to discuss a review and further authorisation of the DoLS.

New staff completed an induction aligned with the Care Certificate. We spoke with a senior member of staff who told us the induction involved mandatory training and familiarisation with the people, the home and policies. They told us new staff shadowed more experienced staff initially to enable new staff to learn about the people they would be supporting and how people preferred their care and support to be given. We were told there was currently no formal recording of the induction completed by staff as their induction was recorded through their Care Certificate workbook. It was highlighted to the provider that a written record of the in house induction would ensure a written record of staff competency was maintained. One member of staff we spoke with confirmed they had an induction, and said it was, "Easy to understand." We saw evidence that three month reviews were completed with new staff following starting employment to discuss their performance and development.

Staff said they had regular supervision and appraisals and this was confirmed in the records we reviewed. The provider told us that staff supervision was completed every two months, however due to the small size of the service and staff team, they communicated frequently with staff. We reviewed a sample of supervision records that showed topics such as goals set at the last supervision, people's care and support needs, staffing issues and performance and training were discussed. The staff member also had the opportunity to set goals for the next supervision. An annual appraisal was also completed, which focused on what motivated the staff member to do their job, strengths and areas for improvement and any short or long term goals the staff member may have.

Staff received regular training to carry out their roles. The provider used a recognised training provider and training was provided in DVD and workbook format. Staff had completed training in fire awareness, infection control, MCA and safeguarding. Training in first aid at work and moving and handling was provided by an external provider when required. Staff completed additional training to understand and meet the needs of people in the service. This included dementia training, equality and aggression. Additional nationally recognised training in health and social care was being completed by some staff. Staff were satisfied with the level of training they received. A member of staff described the training as, "Useful."

People's nutrition and hydration needs were met. People's weights were monitored and where required a referral was made to the relevant healthcare professional. People were supported by the staff in food choices to ensure people at the service were involved in the menu and ate meals of their choices. In addition to this, people were also supported by the staff to prepare and cook some meals. People we asked said they enjoyed the food and told us they had enough to eat. Where needed, people received prescribed nutritional supplements to support them.

People had access to healthcare professionals when required. Within people's care records we saw that when the need was identified, the service communicated with people's GP, dentist and optician. The district nursing team were also involved in some people's care regularly. Other healthcare appointments noted included hospital appointments for more in depth medical support. Records showed that where required, people were supported to follow the direction of health professionals, for example by brushing their teeth for longer. The community psychiatric team were involved in some people's care and guidance and recommendations had been followed by the service where needed.

We spoke with a visiting GP who was responsible for all nine of the people at Robleaze House. They spoke very positively of the care provision at the service and said they felt the provider and staff at the service did a "Fantastic job." They commented that the staff were really helpful and said that the provider and staff communicated well with them about people's healthcare needs. They described the service as, "Great and really caring."

## Is the service caring?

### Our findings

People were supported by staff who were respectful, kind and caring. We spoke with people and asked them questions about their care and support. We asked about the staff that supported them and if they enjoyed living at Robleaze House. The responses from people we received were positive. When we asked people if they enjoyed living at the service, all replied, "Yes." When asked about the staff, one person said, "I like them." Another person commented, "I am happy," and, "I like the TV."

People were not always able to tell us about their experiences, so we observed people and staff interacting and listened to them speaking with each other. It was clear there were good relationships between people and staff. People were at ease with staff and there was a relaxed atmosphere in the service, with people free to do as they wished. We saw staff sat down and engaged with people in conversation and discussing matters such as what was in the news and other world events. We observed staff support a person with an activity on the dining room table. Staff were on hand to offer assistance if needed but gave verbal encouragement during the activity. The person appeared to be enjoying their time with staff as they were smiling.

During our conversations with staff they demonstrated a very good understanding of people's care and support needs. The staff we spoke with were able to provide an in depth knowledge of people, their personalities and behaviours. Staff spoke about people's behaviours and told us how they supported them in a manner they knew the person liked. Staff told us how they managed some people's behaviours by ensuring the environment was calm and relaxed. Staff understood people's current and historical health needs and concerns. Staff could explain how people had been supported with hospital visits and other healthcare support which indicated they knew the people they cared for well.

Staff assisted people in a way that showed they were kind and caring. This was evident in a number of ways the staff used a calm, gentle approach and manner with people. People responded well to staff when they were interacting. We also saw that staff enjoyed engaging in humour and jokes with some people at times. When people spoke with staff, we saw staff took an interest in what was being said, with staff being patient to ensure they understood what the person had said. In the morning we heard staff asking people, "Did you have a good night sleep" and, "How are you today?" People responded well to this and it created conversation over the breakfast table giving a nice social atmosphere.

Bedrooms promoted people's privacy and people could have a key to their room if they wished. Each person's bedroom was personalised with their own possessions, for example photographs and mementoes. This helped to make each room look personal to the people living in them.

There was a positive social atmosphere in the service. Many people in the service had lived together for in excess of 20 years since the service opened. The provider described the service as a 'family' and the bond between people demonstrated as much. When not engaged with staff, people were sat together in communal areas of the service either talking or watching television together. In addition to this, we saw that when people wanted time alone or privacy, this was respected by staff and people could choose where they

wished to spend their time. People were observed moving frequently between communal areas and their own bedrooms during the day.

## Is the service responsive?

### Our findings

We spoke with people and asked them questions about their care and support. We asked people if they got to do things they enjoyed, everybody responded positively with one person saying, "I get to go out. I've been to the shop." We asked other people if they got things they needed and people also replied positively, by either nodding their head in a positive manner of saying, "Yes."

Care records contained current, personalised information about people. This included information such as if people had any living relatives or were under the care of the Office of the Public Guardian. There was information such as people's preferred name, an overview of what they may be a fan of, for example a music artist, and a one sentence pen picture. For example, one record said, 'Generally cheerful gentlemen who enjoys doing impressions.' Information on people's personal care needs and preferences was recorded, showing when people may need support. One record showed, 'Unaware of when nails need cutting and therefore staff to do this for him.' Another record showed, '[Person's name] is able to apply shampoo to her hair but needs assistance to rinse it out.'

People's support needs around communication were described in their care plan. This gave staff guidance on how to communicate effectively with people in their preferred way. For example, one person's care record showed they were deaf in one ear and had an aid in the other. Their care plan read, 'Due to her hearing impairment, staff need to speak clearly and slowly whilst facing her. If approaching her for a conversation, staff should talk to the left of her as this is the ear with the hearing aid.' We observed this guidance was followed during the inspection.

Other more general information about people's communication abilities was recorded. This could aid new staff to understand a person's social skills when in the community. One person's records said, '[Person's name] can communicate effectively. He can be shy with people he doesn't know but will still make his needs and wishes known.' There was guidance for staff on people's particular behaviours in the community. For example, a care record showed that on occasions a person had said inappropriate phrases to members of the public, however the record highlighted this had developed from the person's love of a specific genre of older comedy films and was not said maliciously.

When people could display behaviour that may be challenging, this was recorded within their care records to allow staff to support the person appropriately. For example, the records showed the kind of behaviours that may be exhibited by the person during these times. Additional information included any potential triggers or incidents that may cause this behaviour and a behaviour outline plan gave an overview of the strategies to reduce and de-escalate the behaviours.

People had an allocated keyworker to help ensure the service could be responsive to people's identified needs. We spoke with the provider who told us the keyworker oversaw care and support and ensured people's care needs were being fulfilled. People's key worker also ensured people received the support they needed in relation to keeping their bedroom clean and support with shopping and purchasing toiletries. We spoke with people about their keyworkers and people were able to tell us the names of their keyworker.

People were supported and encouraged to take part in social and therapeutic activities they enjoyed. There were set activities available that people could participate in weekly. People said they had enough to do when asked. The timetable for the week of our inspection showed that people had the opportunity to be involved in cooking sessions, walking, games and life skills. We also saw that people in the house were all involved in going to trampoline sessions at a local sports centre. People said they enjoyed this and we saw that some had earned awards and certificates. It was clear from people's positive reactions when we mentioned this to people they enjoyed this activity. People also had the benefit of a minibus and car at the service to gain access to the local area.

People were able to express their views about the service and give feedback about their care. Group meetings were held with people every month and we reviewed the supporting meeting minutes. The meetings were held to discuss if people were happy overall with the service. In addition to this, people chose any particular activity or trip they would like to do that month. We saw from the records of the two meetings held in 2017 that most people either wished to go out for a meal or a drink. When we spoke with people about these activities, they told us that staff took them to do the things they asked to do. We did highlight to the provider there was no record of this held that demonstrated people's wishes had been achieved.

The service had a complaints procedure. We reviewed the complaints procedure and saw that guidance on how to make a complaint was available. The complaints procedure was also available in an 'easy read' format for people at the service, however it was noted that the email address for the Care Quality Commission required updating. The provider told us the service had not received any formal complaints from people or their relatives for a significant period of time.

## Is the service well-led?

### Our findings

Quality assurance and governance systems at the service were currently ineffective. The ineffective governance meant shortfalls such as poor record keeping, the failure of notifications to be sent and unsafe recruitment processes were not identified. This had resulted in the service failing to meet three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The service had failed to notify the Care Quality Commission of Deprivation of Liberty Safeguards (DoLS) notifications as required. During our inspection, we established that one person living at Robleaze House had been lawfully deprived of their liberty in June 2016. The provider had not notified the Commission of this DoLS authorisation as required by law. In addition to this, in October 2016 a person at the service had sustained a fracture that required a hospital diagnosis. The provider is legally required to notify us of this serious injury and had failed to do so.

The failure to send these notifications was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People's care records had not been completed consistently by staff. The provider had introduced records for staff to record the food and drink people had eaten each day. We reviewed a sample of records relating to people's food and fluid intake and saw they had been poorly completed. For example, within one person's records we saw an entry had been made on 26 December 2016. There were then no further entries until 16 January 2017. There were other periods of no recording for this person, for example between 28 January 2017 and 2 February 2017. Other records that had been completed for this person were also partially completed. For example, on the 4 and 5 March 2017 only one entry per day was recorded. A further record we reviewed for a person returned similar results, with missing entries on several days in January, February and March 2017 and on other days the records were only partially complete.

Other records relating to the completion of people's funded 'One to One' time had not been completed to clearly evidence people had received the individual care they were funded for. We looked at two examples. One person was funded for 21 hours 'One to One' care a week and the other person for eight hours. The first records for the person funded for 21 hours showed they had received just over 11 hours 'One to One' care in January 2017 over five days and just under two hours on one occasion in February 2017. There were no further entries since 6 Feb 2017 in the person's records. The other record for the person funded for eight hours showed they had received two and a half hours 'One to One' care on two occasions in January 2017. The provider told us that people had received their funded care, however we explained that more robust recording would support this. It was noted that most of the records that had been completed had been entered by one member of staff who had since left the service.

Other recording omissions we identified related to the recording of accidents and incidents. During our inspection the provider told us that three days prior to the inspection a person at the service was believed to have fallen in the laundry area of the service in the early hours of the morning. Although the provider was

aware of this, no entry had been made in the accident book and the provider told us the staff member involved would be completing this shortly. Accidents and incidents of this nature should be recorded without delay. In addition to this, a person at the service fractured their toe in October 2016 requiring hospital attendance for diagnosis. Although it was unknown by the person or staff how the incident happened, a formal record of this incident should be made due to the resulting injury.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw people at the service in the company of the provider and it was evident they knew the provider well. Throughout the inspection, people entered the provider's office and spoke with them demonstrating they had a good relationship. Staff we spoke with commented positively about the management of the service. They told us that the provider was available for support if needed and that they received their supervision and appraisal. When asked about the provider a staff member told us, "She's really lovely, I really enjoy my job."

The provider had received positive feedback from healthcare professionals who were directly involved with the people at Robleaze House. As reported in the 'Effective' section of this report, the GP for the service spoke positively about the care and support provided. In addition to this, a letter from a consultant psychiatrist was received. This letter thanked the provider for involving medical students at Robleaze House to spend time at the service to help them gain experience in how to adapt their approach and communication in a clinical setting when dealing with a person who has a learning disability.

There were some effective governance systems in operation. The provider had systems that ensured fridges were operating at a safe temperature and there was a monthly food hygiene checklist completed. This ensured the kitchen of the service and the equipment within it was clean, and also that the food was safe for consumption. Daily cleaning schedules were also completed. There was also a quality assurance system that monitored if staff supervision, appraisal and training was current.

The provider communicated with staff about the service. The provider told us that team meetings were held monthly. In addition to this and due to the small size of the service, the provider and staff communicated frequently and this was observed during the inspection. We saw that during the meetings, matters such as cleaning, people's personal care needs, key working, medical appointments and any communication from the services GP were discussed.

The provider had annual surveys to monitor the quality of care provided. People, their relatives and staff had the opportunity to complete this survey which was last done in January 2017. People completed the survey with support from staff or independently if they could. People were asked if they liked living at Robleaze House and if they had choices. No concerns were raised in the survey. People's relatives commented positively. One comment written was, 'After all the years [person's name] has lived at Robleaze, I can feel assured that [person's name] is receiving the best care he could want.' Staff feedback in the surveys about their employment was also positive.

The provider was a member of Care and Support West and had attended meetings arranged by the organisation. The meetings aimed to ensure the provider was aware of current guidance, legislation and best practice. They told us they also received regular emails and updates from the organisation. The provider also attended meetings with the local authority to discuss matters such as care provision, contractual obligations and changes.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  Notifications had not been sent as required.  Regulation 18(2)(a)(ii) and (4)
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The premises used by the provider was not properly maintained.  Regulation 15(1)(c)(e)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were not effective and accurate records were not maintained.  Regulation 17(2)(b)(c)
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Safe staff recruitment procedures were not always completed.  Regulation 19(2)(a)

