Brunelcare

Robinson House Care Home

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

Robinson House is a care home with nursing for up to 70 people, many of whom are living with dementia. The home is split in to four houses, Blaise, Dundry, Clifton and Ashton.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in place. 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.

At our last inspection in March 2015, although the service was good overall, a breach of regulations relating to medicines was found. At this inspection we found that improvements had been made and the service was meeting the regulation. A new electronic system for administering medicines had been introduced and was in the process of being spread to all areas within the home. Since our last inspection, staff reported they had received medicines training to refresh their skills. Processes for administering covert medicines had been improved.

People reported feeling safe living in the home. Staff were trained in safeguarding vulnerable adults and confident about reporting any concerns they had. There were sufficient numbers of staff available to ensure people's needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Where people lacked capacity to make decisions, the principles of the Mental Capacity Act were followed in making decisions in their best interests.

Staff received good support and training to carry out their roles effectively. New staff to the home completed the Care Certificate. This is a nationally recognised set of standards that staff in the care sector are expected to meet. Staff were supervised regularly so that their performance and development needs were monitored.

People were supported by kind and caring staff. Staff were respectful in their interaction and told us about the ways in which they supported people's independence. The views of people and their relatives were taken in to consideration when making decisions about their care. Relatives were made welcome in to the home and able to visit as they wished.

Care was responsive and met people's individual needs. Staff were knowledgeable about the people they supported. There were person centred care plans in place to guide staff in how people wanted to be supported. People could be assured their complaints and concerns would be listened to and action taken to resolve them.

The home was well led. Staff were positive about working in the home and felt that communication was good. There were systems in place to monitor the quality and safety of the service provided.

Further information is in the detailed findings below

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

At our last inspection, the service was rated as required improvement. At this inspection the service was rated Good. This was because improvements had been made to the administration of medicines.

Staff were knowledgeable about how to protect people from abuse and knew the procedures to follow in reporting concerns.

There were risk assessments in place to guide staff in providing safe care.

There were sufficient numbers of staff to ensure people's safety and meet their needs.

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

Robinson House Care Home

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 checked 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 an updated rating for the service under the Care Act 2014.

This inspection took place on 23 and 25 May and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we gathered information about the service including a Provider Information Return (PIR). This is a form completed by the service to outline what they do well and any improvements they plan to make. We also reviewed notifications sent to us by the service. Notifications are information about specific events the provider is required to send us by law.

As part of our inspection, we spoke with 8 people who used the service and 3 sets of family members. We spoke with seven members of care staff, including senior carers and registered nurses as well as the registered manager and deputy manager. We reviewed the care records of five people living in the home and reviewed other records in relation to the running of the home such as staff records and quality monitoring documents.

Good

Is the service safe?

Our findings

People living at Robinson House told us they felt safe. One person commented, "I feel safe here and the staff are lovely". Another person told us, "I feel safe here and the staff are good to me and they paint my nails. I think it is a good place to live, staff look after you alright I would tell them if they did not! I do not find them nasty most of the staff are kind". We did receive comments from some people that on occasion people living in other rooms would enter their room uninvited and this could make them anxious. However they confirmed that they were able to use their call bell and staff would attend promptly which reassured them. We fed back to the registered manager that some people had raised a concern about other people entering their room. The registered manager told us that the problem had recently been resolved with a person having moved to a different part of the home. However, steps were taken to check with residents and staff that there were no ongoing issues with anyone feeling anxious about the security of their room.

There were risk assessments in place to guide staff in providing safe support for people. For example there were risk assessments in place to assess whether people were at risk of malnutrition. Where it was identified that people were at risk, there were measures in place to manage the risk. For example, information was given about the kind of diet a person required and whether they were supported with nutritional supplements. For those people at risk of developing pressure damage to the skin, we saw measures described to manage the risk, such as specialist mattresses and the support required to reposition and relieve pressure on vulnerable areas.

Where bedrails were in use, there were specific risk assessments in place that considered the risk of entrapment and whether the rails were at a safe height to avoid the risk of the person falling over the top of them.

At our last inspection we found a breach of regulation in relation to medicines. At this inspection we found that improvements had been made and the regulation was being met. The home was in the process of changing their system for administering medicines to an electronic system; this was being used in some areas of the home but not all. The system was due to be in place for the whole home by the end of July 2017. It was hoped that the electronic system would reduce the risk of errors occurring. For example at our last inspection we found that medicines that needed to be given at a particular time in order to be effective weren't always given at the correct time. The electronic system alerted staff to when time specific medicines needed to be given. For areas of the home where paper systems were still in use, we saw that for pain relief medicines, staff recorded the times of administration so that they could be given at the correct intervals to maintain their effectiveness.

Medicines were stored in people's rooms and the temperatures recorded to ensure they were being kept at an appropriate temperature. Medicines requiring additional measures to ensure their security were stored appropriately. We checked the stock levels of two medicines and these were found to be correct.

Where medicines were given covertly (without the person's knowledge), it was clear that a mental capacity assessment had been undertaken and a best interests decision made. The best interests decision included

the person's GP. If it had been decided that a person's medicines needed to be crushed in order to administer them covertly, this had been checked with a pharmacist to ensure that crushing the medicine would not affect how well the medicine worked.

We did find some examples of where there were gaps in the recording of topical creams. In one case we saw that a person's cream was prescribed to be applied 'regularly'. On the recording chart there were several days when nothing was recorded. The nurse explained that the person concerned would sometimes refuse the cream but staff wouldn't necessarily record this. We fed this back to the registered manager who was aware that recording for applications of topical creams needed to improve.

Staff who administered medicines were aware of the issues found at our last inspection and had been given training since that time to ensure their practice was updated and refreshed.

There were sufficient numbers of staff to ensure people's safety. Staff told us that in the main staffing levels worked well and they were able to meet people's needs. We observed that staff were prompt in responding to alarm calls from individual rooms and made time to spend with people outside of personal care tasks. For example, we observed staff spending time giving people a hand massage or taking interest in a book together. One relative commented, "In my opinion all the staff are excellent and they all seem to have a lot of time and patience".

Staff were trained in safeguarding vulnerable adults and were confident about recognising and reporting any concerns about abuse. Staff knew where to find relevant policies and procedures if they needed them. Staff also knew about the procedures for whistleblowing. Whistleblowing is the term used to describe the action staff can take to report concerns about their workplace. Staff identified that if they wished to report bad practice, they could contact the Care Quality Commission, Police or social services. There was information about the whistleblowing procedures on display in the home. One member of staff told us about a situation in a previous care home where they had needed to raise concerns about bad practice. This demonstrated they understood safeguarding procedures and were able to apply them in a care setting.

New staff recruited to the service undertook the necessary check to help ensure they were safe and suitable for the role. This included a Disclosure and Barring Service check (DBS). A DBS check identified whether a person is barred from working with vulnerable adults and whether they have any convictions that might affect their suitability.

Accidents and incidents were monitored. Each time an incident occurred, a form was completed to describe what immediate action had been taken such as the wound being cleaned and care plan put in place. Falls were monitored each month and plotted on a chart to show the time of day they occurred. This gave opportunity for the registered manager to identify any trends in the kind of incidents that were occurring. Following a significant, event there were systems in place to monitor people's wellbeing for a 24 hour period. There were systems in place to protect people in the event of fire, including personal evacuation plans, fire risk assessments and fire service inspections.

Good

Is the service effective?

Our findings

People received effective care. People's health needs were well described in their care files and plans in place to address them. Where a person had a wound to their skin, we saw that photographs were taken regularly to monitor how they progressed. A 'wound assessment tool' was regularly completed to record how the wound was healing. This allowed the nurses to effectively treat and manage any damage to the person's skin. The deputy manager of the home was a specialist nurse in tissue viability and so had been able to support nurses in treating skin damage.

The registered manager also told us about a 'Dementia Flexi bed' they had in the home that was commissioned by the Clinical Commissioning Group (CCG). The bed was for people who had a particular short term need that they required support with and helped to prevent emergency admissions to hospital. The deputy manager told us about a particular person with very complex needs who had used this bed and whom family had wanted to be cared for in their own home. The deputy manager told us how they had worked with the dementia wellbeing service and other health care professionals such as the psychiatrist to ensure the person was able to go home.

People in the home were supported to see health professionals when required. A GP carried out a visit on a weekly basis and staff identified people who needed to be reviewed. A log was kept in people's care files to show when healthcare professionals had visited the person.

People received support to ensure they had enough to eat and drink. We received a number of positive comments from people about the food in the home. One person told us, "The food here is very good there is always plenty to eat, I certainly would not go hungry here. Every Friday is fish and chips and I really enjoy that". We observed the lunch time meal in one house and saw that people had their meals according to their needs. For example, some people required a soft diet to manage the risk of choking. Food was presented in an attractive manner and served promptly so that it remained warm for people. We observed that there were snacks available for people in communal areas of the home, such as biscuits and fresh fruits. We saw staff offer to make drinks for people throughout the inspection.

We spoke with the member of staff responsible for food preparation. They were knowledgeable about people's different needs and had important information recorded such as those people who required modified diets or who required a particular diet for their health. They also told us about the things they could do to support a person who was at risk of malnutrition, for example by fortifying foods with cream and cheese. People were able to choose from options on the menu which included meals suitable for vegetarians.

Where people were at risk nutritionally, records were kept of their fluid and food intake. From the sample of these records that we reviewed, regular recording was made of people's intake, including when anything had been declined by the person. The amount of fluids a person had was totalled each day so that action could be taken if there were any concerns.

Staff were positive about their training and support. Staff told us they received regular training to update their knowledge; this included particular training in supporting people with dementia as well as other important topics such as safeguarding vulnerable adults, the mental capacity act and health and safety. Registered nurses and senior carers received clinical training twice monthly. This included topics such as syringe drivers, medication management and end of life care.

There was a training board on display in the home with courses that staff could sign up for. The registered manager told us they tried to arrange training for times that ensured staff could attend.

New staff employed by the service had a seven day induction to Brunelcare. This included days both at the provider's head office and the home. The induction included learning about the provider's values and their history. Staff then began working towards the Care Certificate. The Care Certificate is a nationally recognised set of standards that all staff working in the care sector are expected to meet. There was a senior member of staff within the home with a specific role in supporting staff through the Care Certificate. This included meeting with staff regularly, observing their practice and supporting them through the written elements of the programme. After completing the certificate we were told that spot checks would be completed to ensure staff were carrying out their role effectively. The member of staff responsible for overseeing the care certificate told us they would adapt their programme to meet the learning styles of the staff going through the programme. Staff could be given more time, for example to complete the programme if they required it.

Staff undertook a three month probationary period to ensure they were suited to the role and able to perform to an acceptable standard. Staff also confirmed that had regular supervision sessions with a senior member of staff. Supervision is the process whereby a member of staff's performance and development is monitored to ensure they are fulfilling the requirements of their role.

People's rights were protected in line with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

Where there were concerns about a person's capacity to make decisions, we found that a capacity assessment had been completed. We saw these in relation to numerous decisions such as for the use of sensor mats in people's rooms, administration of medicines and use of bed rails. Where a person had been found to lack capacity, a best interest decision had been completed on their behalf.

For those people requiring DoLS authorisation in order to receive safe care and support, we saw that appropriate applications had been made to the relevant local authority and a log was kept. For those people who had authorisations in place, staff had completed a DoLS care plan to ensure that any conditions on the authorisation were being met. For two people with conditions on their authorisation it was clear from their care records that the conditions had been met.

Good

Is the service caring?

Our findings

People in the home and their relatives told us; "I feel very confident and I have nothing negative to say about the care here" and, "I feel assured that Dad is well cared for and I have no worries. The staff are very professional and the atmosphere is very warm and welcoming. If I had to score out of 100 and I would give them 101%". We also observed numerous thank you cards from families on display in the home. Comments included; "thank you so much for caring for our mum" and, "thank you for everything you did".

We observed how staff didn't wear a uniform whilst working at the home; the registered manager told us that this was to ensure a homely and friendly atmosphere.

Prior to our inspection we received feedback from a professional working with the dementia wellbeing service. They told us, "I find that the carers are very person-centred and show great empathy. They become very involved in their clients and know them so well. They care greatly about their welfare. Part of my role is to help to prevent hospital admission- Robinson House give time to each of their clients and do their very best to avoid a client from moving on. They manage to care for very challenging clients".

The home had achieved the Gold Standards Framework (GSF) accreditation. The GSF is an evidence based approach to support people at the end of their life and required the home to meet 20 standards. The accreditation was recognition of the high quality of care given to people at this time and was awarded at 'commend' level. We saw documents in people's care files to show that people's wishes at the end of their life were discussed. Families were involved and supported through the process. The registered manager told us that staff attended the funerals of those people who had passed away. This demonstrated the caring nature of the staff team and the accreditation represented exceptional practice in this area of people's care.

The registered manager told us they had nominated the staff team for a regional award in the 'specialist palliative care 'and they had been chosen as finalists for this.

During our inspection, there was a service held at the home to remember the people who had passed away over the previous year. Families were invited to attend the service and people in the home who wished to attend were supported to do so. This reflected a caring and respectful approach to supporting people in the home. Where people did not have capacity to make decisions about their care at the end of their life, the principles of the MCA were followed in making decisions. For example, where a person had a document in place stating that they did not want resuscitation to be attempted (DNACPR), a capacity assessment had taken place and the views of relatives taken in to account in making the decision. One relative told us, "We have agreed that do not resuscitate is appropriate due to mum's health. Both I and my sister feel fully involved in Mum's care".

Throughout our inspection, we observed staff interacting with people in a respectful and caring manner. On one occasion we saw a person become agitated and verbally aggressive, staff remained calm and walked away in recognition that the person didn't want to interact with them at that time; the person soon settled and the situation didn't escalate further. When talking with people, staff spoke in a gentle tone and

crouched down to the same level as the person so that they could easily interact.

We observed that staff took time to spend with people outside of care tasks. For example, we observed staff paint a person's nails, encouraging them to choose which colour they would like.

Families and relatives were welcomed in to the home and able to visit when they wished to. We saw that staff made relatives feel welcome by offering drinks as soon as they arrived and engaging them in conversation. One relative raised a query with staff about an issue that was clearly important to them. We saw that later staff came back to answer the person's query and reassure them. Relatives were able to come and eat meals with their loved one if they wished to do so. One person told us, "Mum has been here a couple of years. I feel mum is very safe here the food is excellent delicious and nutritious. I enjoy coming on Sundays and have lunch with my mother. The care here is excellent I see mum 5 to 6 times a week. Staff work very hard I feel they couldn't do anything more". This person also told us, "I take mum for a walk the surroundings are lovely. I can see mum whenever I want access is very easy, I can visit when I want and I have a code to access the building. I am totally involved in Mum's care plan and the staff are been very supportive for example if mum has become seriously unwell". Another relative commented, "I cannot praise the staff enough as it gives us great peace of mind to know my father is well cared for. It was a massive thing for mum to let him go into a home".

Staff told us about the ways in which they supported people to be independent and maintain the skills they had. For example one member of staff told us about how they would support a person to make a hot drink for themself. Another member of staff told us about how it was important to offer people choices, for example about what they wore for the day. Staff told us about one person who was visually impaired and so it was important to describe the person's clothing to them so that they could visualise what they were wearing.

Good

Is the service responsive?

Our findings

The home was responsive to people's needs. Prior to arriving in the home, a pre assessment was carried out which looked at a range of physical and emotional needs. This helped inform care planning and to ensure that the person's needs could be met in the home. People's care plans were person centred in nature. We saw that a 'this is me' document had been included in people's care files. This is a document produced by the Alzheimer's Society which records important details about a person's life prior to arriving in the home. It was evident that staff knew important details about people's lives, such as where they were born and the jewellery they liked to wear. Staff confirmed that they read the 'this is me' document when people arrived in the home. For some people we saw that the document had been used to inform a care plan about activities for the individual.

Where a person had a particular need, it was evident that staff were proactive in devising a plan to address it. For example, for one person it had been observed that their leg was swollen. Following this a plan was drawn up which included ensuring the person's legs were raised and that the GP was involved in the person's care.

There was a member of staff employed by the home to arrange activities for people living there. The registered manager told us they were looking to increase the team by recruiting 'homemakers'. The Homemaker role is to enhance the lives of the people living in the home and promote independence. Attempts had already been made to recruit to these posts but had been unsuccessful and so plans were in place to readvertise.

The activity coordinator told us about the organised trips that people were able to go on. A trip took place each week, though due to transport limitations numbers were limited. The activity coordinator told us they would make sure that the opportunity to go on these trips were shared equally amongst people in the home. Examples of trips included, to the local garden centre and occasional longer trips to the museum or other local towns. There were also activities taking place in the home such as a gardening club and entertainers coming to visit. We were told how the gardening club was accessed by people with varying levels of abilities. Some people liked to just come and watch for a few minutes whilst others would take a more active role. We saw evidence of what the gardening club had achieved on display in the gardens of the home.

During out inspection, we observed a physical activity called Boccia taking place with people being encouraged to throw a ball through a hoop. People were evidently enjoying this. We also observed staff engaging people on a one to one basis in hand massage and nail painting activities. The activity coordinator told us they had worked with a specialist organisation in providing activities for people with dementia. This had involved an art project working with local school children. We saw photographs of this activity taking place. The organisation had also supplied 'sensory boxes' for staff to use with people.

There were occasions when links had been made with the local community, for example at Christmas local school children came to sing for people at the home.

One person in the home commented, "I go to gardening club one day a week. I plant seeds and make little pots and wind tunnels. I enjoy painting, recently girls from a local secondary school came to do painting with us". We did receive feedback from some individuals that the activity programme didn't meet their needs. We fed this back to the registered manager. It was hoped that improvements to the activity programme would be possible once staff had been recruited to the homemaker roles.

The environment of the home was pleasant and well maintained. There were 'memorabilia' items throughout the home relevant to the people living there. For example, in one corner of the home we saw an old fashioned red telephone box had been constructed. Areas of the home were themed according to people in the home's suggestions, these were called cup cake corner, seaside area, poppy aisle and Bristol Balloons. A 'pub' had also been created within the home as a place for people to spend time and meet with other people.

The outside area of the home was used by people in the warm weather and provided space for people to access fresh air and to smoke if they chose to do so. Chickens were kept outside and these were looked after by one person in particular. The registered manager told us that the fencing in the gardens had been painted by volunteers. We were also told that a local organisation had purchased a bird house that would soon be arriving for people to enjoy. There was a hairdressing salon located within the building, which the registered manager told us was well used by people there.

People's views were listened to and responded to. There was a board on display in the home entitled 'you said, we did'. For example, one family had requested ice creams were available for people in the home. In reception we saw a freezer available where people in the home could help themselves to ice cream if they wished. People had also requested more trips out and so on the board it detailed the number of trips that had taken place.

There were systems in place to respond to complaints. We saw example of concerns that had been responded to and it was clear that they had been investigated thoroughly. For example when a concern was raised about the conduct of an agency member of staff, it was clear that the agency had been contacted as part of the investigation. Reponses to complainants were open and transparent and apologised for any shortcomings.

Good

Is the service well-led?

Our findings

People benefitted from a service that was well led. There was a registered manager in post supported by a deputy manager and senior staff including registered nurses. The registered manager had gained a diploma in dementia care and was an accredited dementia care trainer. The home was also supported by senior staff within the organisation; the Head of Clinical Excellence was present during our inspection. Overall, people and their relatives were positive about their experiences of the home. Comments included; "I would recommend Robinson house to anybody as the next best thing to being at home". Prior to our inspection a professional who knew the service contacted us with feedback about the home, their comments included; "They have very good leadership with a very supportive manager- if there is a training need she will provide it. There is always training taking place there".

There was a culture of continual improvement within the leadership team. The home had achieved the Gold Standards Framework accreditation for their care of people at the end of their life. The registered manager told us that they also had plans to achieve the butterfly project kite mark. This is a project aimed at promoting best practice for people living with dementia. The registered manager told us they would be supported by another registered manager within the organisation who had already achieved this kite mark.

There were systems in place to monitor the quality and safety of the service provided. This included gathering feedback from families of people in the home. We saw that the last survey from 2016 had been analysed and showed that most people were happy with the home. A range of checks and audits were carried out to monitor how the home was performing. For example, we saw evidence of a three monthly check of infection control and health and safety. Pressure area care was also monitored through a monthly audit. These checks were effective at identifying action required to improve the home, such as improvements required to the physical environment. The registered manager told us about the actions that had been taken in response to the findings of these checks.

There was an open and transparent culture within the home. There was information on display throughout the home to inform families and visitors about important issues. This included a 'duty of candour' board which gave information about accidents and incidents within the home. It also contained a copy of the latest CQC report and rating. It was evident from reviewing information about complaints that any concerns were investigated thoroughly and apologies made if appropriate. This meant that people using the service and their relatives could be assured that their concerns would be addressed in an open and honest manner. This was confirmed by staff; one member of staff told us about specific concerns they'd had about the equipment available for a person in the home. We were told that the concerns were listened to and acted upon promptly.

People's views and opinions were considered and taken in to consideration in the running of the home. Residents meetings took place and we saw from the minutes that this was an opportunity to share important information. For example, we saw that at one meeting activities were discussed and whether people had any suggestions for things they'd like to do. People were also kept informed of staff changes at head office and other developments in the organisation. A newsletter was also produced informing people

and their relatives about important events in the home and wider organisation.

Staff were positive about working in the home and felt that staff worked well together as a team. Comments included;, "it's a really nice staff team" and "I really enjoy working here, we work well together" and, "it's a good strong team". Staff told us that communication was good within the home and that meetings were held regularly. Important information was discussed at handovers so that new staff arriving on shift were aware of any changes in a person's needs or any updates to the care they required.

The registered manager completed notifications to CQC as required. Notifications provide CQC with specific information that enables us to monitor the service provided to people.