

HICA

Isaac Robinson Court - Care Home

Inspection report

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Ratings

Is the service safe?

Good



Overall summary

Isaac Robinson Court provides personal care and support to up to 40 adults who have a learning disability. The service is located close to local facilities and bus routes into Hull city centre. There are five purpose built, single storey bungalows. Three of these have eight single en suite bedrooms for people who live there on a permanent basis and two have six single bedrooms in each for people to have short respite breaks. There are two self-contained flats in the main building. On the day the follow up inspection took place, there were 25 people living in the service and several people using the respite service.

This inspection was unannounced and undertaken on 22 December 2015. We had previously inspected the service in November 2014; it was rated as Good overall but we issued a compliance action for staffing. The registered manager sent an action plan in response to this telling us what measures they were to take to address the issue.

The inspection visit was to check the action had been sustained and staffing levels were sufficient to meet the needs of people who used the service. The findings of this inspection have not changed the service's overall rating, however it did improve the rating of the specific question 'Is the service Safe' from 'Requires Improvement' to 'Good'.

We specifically looked at staffing levels in the three bungalows in the residential side of the service. We found there were sufficient staff on duty on each shift. At the last inspection the main area of concern regards staffing levels affected one of the units, Arcon. This was due to an increase in two people's health related needs which has since been resolved. Staff told us there were sufficient staff on duty to ensure they were not rushed when supporting people who used the service. We saw staff had time to sit and chat to people.

Summary of findings

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 safe.

There were sufficient numbers of staff on duty to meet the current assessed needs of people who used the service.

Rotas reflected which staff were on duty on each shift.

Good



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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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. The findings from this inspection did not affect the overall rating of the service, which was 'Good', however it did improve the rating of the specific question 'Is the service Safe' from 'Requires Improvement' to 'Good'.

The unannounced follow up inspection was undertaken by one adult social care inspector.

We spoke with the registered manager, a team leader and five care support workers. We also spoke with two people who used the service. We spoke to the registered manager and staff team about the staffing rota. We visited each of the three bungalows on the residential side.

Is the service safe?

Our findings

The two people we spoke with told us they liked living at the service. They said they felt safe and there was always staff around to support them when required. Comments included, “[Member of staff’s name] is my keyworker and she looks after me”, “I have my own key to go across there [main building]”, “Yes, if I need staff they are always there” and, when asked what the staff were like, one person said, “Lovely.”

The main issue at the last inspection was that some people’s needs had increased in one of the bungalows and staffing levels had not been adjusted to reflect this. We found this issue had now been resolved as two people had moved to other services; one person had required nursing care and another person moved nearer to their family. The registered manager told us they had regular discussions with staff about care staffing levels in meetings and no further issues had been brought up.

There were eight people resident in two of the bungalows and seven people in the third bungalow. Two people lived in the independent flats in the main building. We saw there was one care support worker allocated to each of the three bungalows over two shifts between 7am and 10pm. An additional care support worker was available from 7am until 2.30pm and 5pm to 9pm each day to assist in any of the three bungalows when required. There was also a team leader on duty between 6.45am and 10.15pm, again over two shifts, and they supported staff in all three bungalows. Their main tasks were to ensure people received their medicines, to liaise with health care professionals and generally manage the shift. Some people were also allocated one to one support for periods of the day; the one to one support was staffed separately from the main rota. There were sufficient staff on duty at night.

People used the respite service in two additional bungalows on a planned basis and at specific intervals. The respite service was staffed separately and in line with people’s admission plans.

Care support staff in the residential bungalows told us there were sufficient staff on duty and there were no impacts on the people who used the service of sharing the additional care support worker. They did say the timings

when people wanted to get up and required support fluctuated and so could not be planned precisely. Staff told us one person woke early but preferred day staff to assist them to get up and dressed so this was respected. Out of the 25 people who lived in the three bungalows on a permanent basis, two of them required two members of staff when manoeuvring in the hoist and one person needed two staff when they walked about the service. The other people required varying levels of assistance and supervision from one member of staff.

We spoke with care support staff about how there could be further improvements to help manage the busy morning shift. There were three areas that staff felt could be improved.

One care support worker told us they could often spend time trying to locate the additional worker in one of the bungalows. The care support workers all had pagers but the additional worker didn’t. We mentioned this to the registered manager and she obtained a pager during the inspection to give to the additional worker. Staff said this would help make a difference to the time spent trying to locate them when assistance was required.

Care support staff told us on one evening a week most of the people who used the service attended a social club in the main unit. This finished at 9pm when people returned to their own bungalow; this meant several people required assistance all at the same time. The additional worker’s shift finished at 9pm so there was one care support worker in each bungalow to provide the support. The registered manager told us there were finances in the budget to extend the additional worker’s hours to 10pm on this specific evening which would afford the extra support required. They were currently looking at how this could be accommodated. Staff spoken with said this would be an additional improvement.

A team leader told us it took them about an hour and a half to complete the morning medicine round, twenty minutes of which was spent with the two people who lived in the independent flats. As these two people both awoke early it was suggested their medicines could be administered by night staff. The registered manager was to discuss this with the two people who used the service and night staff.