

Alphonsus Services Limited

Florrie Robbins 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?

Requires Improvement ●

Summary of findings

Overall summary

Florrie Robbins is a 'care home' for five people with learning disabilities and/or autism. There were four people living in the home when we visited. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The Care Service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

At our last inspection on 10 March 2016 we rated the service as overall 'good' with requires improvement under the question of is the service 'well-led.'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained 'good'. Further information is in the detailed findings below. Audits and quality checks had been completed but they had not consistently identified where there were gaps in records. Risks were known by staff but risk assessments needed updating and care plans needed to be reviewed to ensure they contained up to date information about people's routines.

People were kept safe in the home. Staff knew what signs may indicate abuse and how to report concerns. Staffing levels were good which enabled staff to spend time with people and medication was given and stored safely.

People's consent was obtained before care and support was given and staff had access to training that was relevant to their role. People were supported to remain healthy by ensuring they had access to external health care professionals and to food they enjoyed.

Staff had developed caring and understanding relationships with the people they supported and knew their routines and preferences well. People's independence was respected and promoted where possible and staff enjoyed working with people.

People had access to a range of activities in the local community and they enjoyed these along with the times visitors came in to deliver activities in the home. Information such as menus, complaints policy and future care plans were in an accessible format to help people understand information and make choices. Audits and quality checks had been completed but they had not consistently identified where there were gaps in records. Risks were known by staff but risk assessments needed updating and care plans needed to be reviewed to ensure they contained up to date information about people's routines.

Staff and relatives were happy with the way the service was being led.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Requires Improvement ●

The service still requires improvement.

Florrie Robbins 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 comprehensive inspection took place on 29 October 2018 and was unannounced. The inspection team consisted of one inspector.

When planning our inspection, we looked at information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection, the provider completed 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 also contacted the local authority and commissioners of people's care who purchase the care on behalf of people to ask them for information about the service.

During our inspection we met with all of the people living at Florrie Robbins. People were not able to tell us what they thought of living at the home; therefore we used different methods to gather experiences of what it was like to live at the home. For example, we saw how staff supported people throughout the inspection to help us understand peoples' experiences of living at the home. As part of our observations we also used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We spoke with the registered manager, one senior carer and three staff. We also spoke with one relative by telephone. We looked at a range of records. This included three people's care plans, two people's medicine records, two staff recruitment records and quality assurance systems that were in place.

Is the service safe?

Our findings

At the last inspection in March 2016 the provider was rated as good under the key question is the service safe. At this inspection we found the service remained good.

We saw that people looked happy to be living at the home and were comfortable with the staff that were supporting them. There were processes and equipment in place to keep people safe, such as regular checks of fire safety equipment and mobility aids to help people move around safely.

Staff we spoke with had a good working knowledge of the types of abuse people were at risk from and how to report concerns. All staff had completed recent safeguarding training and one member of staff told us, "I would report any concerns to my manager or CQC."

We saw that most staff had been working with people for several years and had therefore developed a good understanding of the risks to people and the steps they needed to take to reduce these risks. For example, we observed that people were being helped to move around the home in line with their mobility risk assessments and staff told us about one person who required softened food to reduce the risk of choking.

We saw that there were sufficient staff to keep people safe and to support people's needs. One member of staff told us, "The care is very good here. The staff ratios are good which help us deliver a good service and the care that people need". We saw that staff had time to spend with people as well as complete daily tasks such as cleaning and cooking. Another member of staff told us, "I am not rushed at all – I can take my time."

People received medication at the right time on a consistent basis. Medication records showed that doses were not missed and staff told us they were trained to give medication before being allowed to do so. Some people had been prescribed medication to take 'as and when required' and in these cases, protocols were in place to help staff judge whether these were needed. For example, one person was given medication to help them sleep if they had had three continuous sleepless nights.

The provider had a system in place to ensure that staff working at the home were suitable before they started work. Staff files contained evidence of checks that had been undertaken and staff we spoke with confirmed that they had been required to provide references from previous employers.

The registered manager kept records of any incidents and accidents and monitored trends but records showed that there had been very few incidents and accidents in the last 12 months.

Staff reduced the risk of infection by keeping the home clean and tidy and we saw that they had access to cleaning materials and personal protective equipment, such as gloves and aprons. The home had been awarded a five star food hygiene rating by the Environmental Health.

Is the service effective?

Our findings

At the last inspection in March 2016 the provider was rated as good under the key question is the service effective. At this inspection we found the service remained good.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority were being met.

The registered manager told us and records showed all of the people currently living in the home had been assessed as lacking the capacity to consent to their care and treatment. The registered manager had therefore submitted DoLS applications in all cases and was awaiting a response from the relevant local authority.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and the policies and systems in the service supported this practice. People's consent was obtained before care and support was given. We saw staff involve people where possible in making some decisions and choices about everyday life such as what clothes they wanted to wear and what they wanted to eat. Staff we spoke with demonstrated an understanding of the MCA. One member of staff told us, "People will push us away if they don't want something like their medication or a drink."

Staff were supported to develop their skills and knowledge through induction, training, staff meetings and supervision. One member of staff told us, "I get all the training I need. I have put in training requests before and the manager will respond".

People had access to food they enjoyed and were able to use their preferred communication methods to express their choices and wishes. Staff told us that they monitored very carefully what people liked to eat. One member of staff told us, "I've noticed they spit out some of the food I have cooked before but they love the spicy food I cook."

People's health needs were promoted by staff. For example, staff had ensured people had received a flu jab recently and care files contained evidence of people attending recent health appointments. Staff told us that health care professionals such as chiropodists and district nurses visited the home on a regular basis to check people were healthy. Records showed that people had maintained a healthy weight since our last inspection.

People lived in a homely environment with a safe, well- kept garden they could enjoy and large bedrooms which they could sit in if they so wished. The premises were designed to meet people's needs; for example, there was a stair lift to support people's mobility difficulties and a number of accessible toilets and bathrooms.

Is the service caring?

Our findings

At the last inspection in March 2016 the provider was rated as good under the key question is the service caring. At this inspection we found the service remained good.

People were cared for by staff who were kind and respectful. We observed numerous positive interactions between people and staff on duty and staff spent time with people rather than always focussing on carrying out household tasks. For example, when we arrived, we saw that much of the cleaning had been done before people were awake in the morning which gave staff more time to take people out later in the day.

We also saw staff take prompt action to protect people's dignity. For example, we saw staff respond quickly to one person who was removing their clothing in the lounge. One member of staff told us, "It's a brilliant team here; I wouldn't work here if the care wasn't good."

People living in the home could not use verbal communication to express their wishes but staff were skilled in looking out for other noises and body language signs which people used to communicate their preferences. One member of staff explained how they laid out a range of clothes on the bed each morning for one person, who then picked up what they wanted to wear. Care files had good communication profiles which detailed how each individual communicated which meant that staff had a shared and consistent understanding of how they listened to people.

People's independence was promoted and respected where possible. For example, we observed staff supporting people to put their own shoes on rather than doing it for them. One member of staff told us how they supported one person to mobilise independently when they so wished. They told us, "[Person's name] will walk but likes to use their wheelchair for long distances. They will push the chair away and link arms if they want to walk".

Staff told us they enjoyed working in the home and were motivated to provide high quality care and support. One relative told us, "The staff have always been great – they provide everything we want." One member of staff told us, "It's a lovely home; one of the best I have worked in. The people are well cared for here".

Is the service responsive?

Our findings

At the last inspection in March 2016 the provider was rated as good under the key question is the service responsive. At this inspection we found the service remained good.

People's needs had been assessed on an individual basis and care and support was delivered in line with these assessments. For example, one person's care file stated how much they enjoyed playing a keyboard and we saw that this was available to them throughout the day. All of the people in the home had lived there for several years and staff told us they knew people's routines well.

The provider ensured the service was organised to respond to people's needs. For example, one person had been moved from the home next door which is also run by the same provider in response to a change in their needs. Following a hospital stay, it was important that this person had a downstairs bedroom so the provider made arrangements for them to move into Florrie Robbins which had a suitable room available.

People had the opportunity to go out on trips and activities in the local community in line with Registering the Right Support. Staff told us people particularly enjoyed a weekly trip to a sensory centre and local parks. One relative told us, "[Person's name] is very happy there; they get to go out on most days." People had access to a car and a van which was shared with the house next door. This enabled people to get out of the home on most days despite their mobility difficulties. Staff also told us that they also arranged for a series of activities which took place in the home; many of these such as exercise classes and music sessions were delivered by visitors.

The provider had a complaints policy in place and there was also an accessible version for people to use. We looked at records and saw that there had been no complaints in the last 12 months. Relatives told us that they got invited to attend meetings on a regular basis to make sure everything was running smoothly.

No-one living in the home was receiving end of life care but we saw one file contained an end of life care plan. This was written in an accessible format with symbols and pictures which had enabled the person concerned to express some simple choices about their future care.

Is the service well-led?

Our findings

At the last inspection in March 2016, improvement was required with the provider's audits to effectively monitor the management and recording of individual risk assessments, the outcome of DoLS applications had not been notified to us and some policies had not been updated in line with recent guidance. At this inspection, we found the audits had not sufficiently improved and the rating has remained 'requires improvement.'

We found the provider had made all of the necessary notifications but we saw that some policies still needed updating. For example, the provider's safeguarding policy did not reflect the most recent legislation.

Regulations state the provider should maintain accurate and complete records in respect of each person using the service. We found that although people's risks were known to staff, up-to-date information was not recorded and reflected in people's written care plans. For example, care plans contained out of date information which was no longer relevant to people's routines and some risk assessments had not been reviewed or completed. We saw that one person's care record stated they were at risk from pressure sores and a suitable mattress was in place but there was no risk assessment in place for this. Another person's moving and handling risk assessment had not been reviewed since 2015.

A range of audits were in place, including quality checks, which had been completed by the provider and monthly service checks which had been completed by the registered manager and senior staff. The provider audits had identified a range of actions that had been followed through but the latter had not routinely highlighted some of the issues identified at this inspection, such as out of date care records and risk assessments. Staff meetings were taking place but records did not clearly record any actions that had been agreed or who was responsible for completing them.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

Staff and relatives told us they were happy with how the service was led by the registered manager. One member of staff told us, "[Registered manager's name] is a very good manager. If you have any problems, you can tell them and they respond to any problems".

The registered manager told us that they had access to a range of internal and external training events which helped keep them up to date with current practice. For example, they had attended a recent safeguarding course which had been run by the Local Authority.

Registered providers are required by law to display the ratings awarded to each service on their website and in the home. We confirmed that the rating for Florrie Robbins was on display in both of these places. Showing this rating demonstrates an open and transparent culture and helps relatives and visitors

understand the quality of the service.