Rehability UK Residential Ltd

Rubery Court

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

The inspection took place on 22 February 2017 and was unannounced. This was the first inspection completed at this location since it was registered under the provider Rehability UK Residential Ltd in January 2016.

Rubery Court provides accommodation for up to eight people with learning disabilities. The service also provides supported living. At the time of the inspection there were six people with learning disabilities living at the service. There were also two people living in supported living accommodation and receiving support with personal care. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by care staff who could recognise signs of potential abuse and knew how to report any concerns. People were protected by staff who understood potential risks to them and knew how to keep them safe from harm such as accidents and injuries. People received their medicines as prescribed. People were supported by sufficient numbers of care staff who had been recruited safely for their roles.

People were cared for by a staff team who had the required skills to support them effectively. People were supported to consent to the care they received. Where people lacked capacity, staff made decisions in their best interests in line with the Mental Capacity Act 2005. People were supported to have sufficient amounts to eat and drink. Where people needed additional support with food and drink or a special diet, this was provided for them. People's day to day health needs were met.

People were supported by a care staff team who were kind and caring in their approach. People were supported to make choices where possible about the care they received. They were encouraged to remain as independent as possible and their privacy and dignity was protected and promoted. People were enabled to maintain relationships with people who were important to them. Relatives were encouraged to provide support in making decisions where appropriate. Where required people were enabled to receive support from an advocate.

People received care and support that met their needs and preferences. People's care plans were accurate and contained detailed information about the support they required. People and their relatives were involved in developing care plans and reviewing them on a regular basis. People had access to activities in the community. Where people or their relatives raised complaints or areas of improvement needed, these were listened to and responded to appropriately.

People were supported by a care staff team who felt supported and motivated in their roles. The management of the service understood their role and legal responsibilities. They were committed to making improvements to the service provided to people and had developed quality assurance processes to ensure

any required improvements were made.

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 was safe.

People were supported by care staff who could recognise signs of potential abuse and knew how to report any concerns. People were protected by staff who understood potential risks to them and knew how to keep them safe from harm such as accidents and injuries.

People received their medicines as prescribed. People were supported by sufficient numbers of care staff who had been recruited safely for their roles.

Is the service effective?

Good

The service was effective.

People were cared for by a staff team who had the required skills to support them effectively. People were supported to consent to the care they received. Where people lacked capacity, staff made decisions in their best interests in line with the Mental Capacity Act 2005.

People were supported to have sufficient amounts to eat and drink. Where people needed additional support with food and drink or a special diet, this was provided for them. People's day to day health needs were met.

Is the service caring?

Good

The service was caring.

People were supported by a care staff team who were kind and caring in their approach. People were supported to make choices where possible about the care they received. People were encouraged to remain independent. Their privacy and dignity was protected and promoted.

Is the service responsive?

Good

The service was responsive.

People received care and support that met their needs and preferences. People had access to activities in the community. Where people or their relatives raised complaints or areas of improvement needed, these were listened to and responded to appropriately.

Is the service well-led?

Good

The service was well-led.

People were supported by a care staff team who felt supported and motivated in their roles. The management of the service understood their role and legal responsibilities. They were committed to making improvements to the service provided to people and had developed quality assurance processes to ensure any required improvements were made.

Rubery Court

Detailed findings

Background to this inspection

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

This inspection took place on 22 February 2017 and was unannounced. The inspection team consisted of one inspector and a specialist advisor. The specialist advisor was a qualified nurse who has experience working in learning disabilities services.

As part of the inspection we reviewed the information we held about the service. We looked at statutory notifications sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with three people who lived at the service. Most people living at the service were not able to speak with us about their views around the care they received. To help us understand the experiences of people we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people living at the service. We also carried out observations across the service regarding the quality of care people received. We spoke with an area manager, a team leader and four members of care staff, including one senior carer. The registered manager was not available to speak with during the inspection. We reviewed records relating to people's medicines, four people's care records and records relating to the management of the service; including recruitment records, complaints and quality assurance.

Good

Is the service safe?

Our findings

People who were able to share their views told us they felt safe living at the service. Staff we spoke with could describe signs of potential abuse and how they would report these concerns. We found where concerns had been identified about people, this had been reported to the local safeguarding authority as required by law. This means plans can be put in place to protect people from the risk of further harm. Staff we spoke with knew how to whistle blow and told us they felt confident to do this if it was required. Whistle blowing is where concerns are raised by staff to an external organisation such as the local authority or the Care Quality Commission. People were protected by a staff team who could recognise signs of abuse and reported any concerns they had.

People were supported by a staff team who understood how to manage risks to them. Staff kept people safe from harm such as accidents and injury. Staff we spoke with were able to describe risks to people and how they kept them safe. For example, a staff member told us they could not use plastic spoons to support one person to eat. They told us they may bite the spoon and choke on the plastic. Staff described how they prevented another person from choking while they ate by ensuring they had appropriate food and supervision. We saw guidance in risk assessments and care plans around how to keep these people safe. We saw staff were implementing instructions outlined in care plans and risk assessments in order to protect people and keep them safe. For example; where people required lap belts to be secured on wheelchairs to prevent the risk of falling and injury we saw these were in place. We found accidents and incidents were recorded and care staff took appropriate action to protect people from the risk of further harm.

People were supported by sufficient numbers of staff to meet their needs effectively and keep them safe. While most people were not able to share their views we saw staff were available to provide support when it was needed. The staff team consisted of care staff with varying levels of experience and seniority. This meant, there was always a member of staff in charge of each shift who was able to provide additional support or resolve issues where required. We saw care staff were recruited safely for their roles. We found pre-employment checks were in place which meant background checks were completed before staff members started work. These checks included identity, reference and Disclosure and Barring Service (DBS) checks. DBS checks are completed to enable an employer to assess a new staff member's suitability for working with vulnerable people.

People who were able to share their views told us they were happy with the support they received with their medicines. We found people received their medicines safely and as prescribed. We saw that medicines administration records (MAR) were completed accurately as medicines were given to people. The amount of medicines remaining for each person matched the information showing on their MAR. Where people required their medicines to be administered on an 'as required' basis, staff understood how to recognise when these medicines may be required. We saw medicines were stored safely and securely. We also saw that staff monitored the temperature of the room and fridge where medicine was kept. This enabled staff to ensure the medicines stored remained effective and protected people's health.

Good

Is the service effective?

Our findings

One person who was able to share their views told us care staff were very good. Most people were not able to share their views about the skills of the staff team. However, we saw staff were supporting people effectively and providing safe care. We found staff we spoke with had a good knowledge and understanding of people. Staff told us the training and support they received was very good and training records shared with us by the manager supported this. We found the competency of staff members were checked before they were able to complete tasks such as administering people's medicines. This demonstrated that staff skills were checked to ensure they provided people with safe and effective care. People were supported by a staff team who had the skills and knowledge required to support them effectively.

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.

We found most people at the service lacked capacity to provide consent or make decisions about some aspects of their care. Care staff we spoke with understood the basic principles of the MCA and sought to involve people wherever possible. One staff member told us, "Even thought they might not have capacity we always tell them what we're doing". Staff described to us how they use a range of communication methods to involve people in decisions about their care. For example, one person was involved in choosing the gender of their care staff through facial expressions used when staff asked them questions. We found care staff enabled people to make their own decisions and care plans reflected information such as the best time of day for people to make their own choices and decisions. Where staff were required to make decisions on people's behalf in their best interests, we saw these decisions were made in line with the principles of the MCA.

Care staff told us they were required to deprive some people's liberty in order to keep them safe from harm. For example, they needed to restrict some people from leaving the service alone for their safety. Where these restrictions were in place we found the required application had been submitted to the local authority. People's rights were being upheld through the effective use of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to have sufficient quantities of food and drink that met their individual healthcare needs. For example, we found some people living at the service were at risk of choking. Staff had ensured specialist advice had been sought and a special diet was provided to reduce the risk of harm. Staff we spoke with understood people's preferences and individual needs around their food and drink. We saw mealtimes

were made to be a sociable event and people appeared to be happy and relaxed. People were supported to make choices about their food and drink.

While people were not able to tell us if their healthcare needs were met, we found staff were proactive in seeking healthcare advice and intervention for people where needed. Staff had identified concerns about people's health, including issues with people's medicines. Where concerns were identified staff had sought appropriate support for people. We found people were supported to maintain their day to day health.

Good

Is the service caring?

Our findings

People were supported by a staff team who were kind and caring towards them. People who could share their views told us staff they liked the care staff. While most people were not able to share their views we saw people were comfortable and relaxed around care staff. We saw some warm, positive interactions and found care staff knew people well. We saw kind caring interactions, for example, we saw one staff member singing with one person. Staff we spoke with were passionate about and committed to their roles. One staff member told us the best thing about working at the service was the people who lived there. We found care plans supported a kind caring culture towards people in the service. We found details about what others valued about people, such as one person having, 'An endearing smile which makes other people smile with [them]'. Care staff ensured people felt valued and important.

We found care staff promoted choice. Staff used short phrases, facial expressions, body language and other gestures to enable people to be involved in choices about their care. We saw care plans contained information about the meaning of words and phrases used by people. Care staff we spoke with knew and understood these phrases and how people communicated. We found care staff asked people questions which could be answered using facial expressions and other gestures. We also found care staff had learned various other methods to communicate with people. For example, they used one person's duvet to identify if they wanted to get out of bed or not. If the person pulled their duvet up care staff knew to respect their choice to remain in bed for a while longer. Staff told us about work being completed to try to introduce other forms of communication to aid choices and decision making with the help of external healthcare professionals.

People were supported to be as independent in their home. We saw people who could mobilise independently were encouraged to move freely around the service without restriction. Staff could describe the different levels of independence each person had and how they tried to promote this. For example, a staff member told us how they had involved a healthcare professional to try to assist one person to eat independently. We found staff respected people's privacy and dignity. Personal care was completed discreetly and in private and we found people were spoken with in a dignified way. Care staff told us how they tried to promote independence and choice while completing tasks such as washing and dressing in order to protect and promote people's dignity.

We found people were supported to maintain relationships with people who were important to them. We found family members were involved in making choices about people's care where it was appropriate to do so. Where people did not have an appropriate family representative to support them we saw advocates had been involved to provide support to people. People were provided with appropriate support to make decisions about their care.

Good

Is the service responsive?

Our findings

Most people were not able to share their views around their care plan but those who spoke with us told us they were happy with the care they received. Care staff could tell us how they involved people in making decisions about their care and we saw this was recorded in people's care plans. For example, care staff would ask a person questions about their care and the person could use their facial expressions to express their views and agree or disagree. We saw relatives were involved in creating care plans and care staff had a good knowledge around people's individual needs and preferences. We saw care plans were detailed, reflected people's needs and the care we saw provided to them. We saw care plans were regularly reviewed. Both people and their relatives were regularly involved in providing feedback about the care and any changes in people's needs. We saw action plans were developed following reviews of people's care to ensure any required changes took place. People were supported by a care staff team who knew and understood their needs. People had detailed and accurate care plans in place which were reviewed and updated on a regular basis. People and their relatives were encouraged to be fully involved in developing care plans and making decisions about their care they received.

People were enabled to take part in activities and care staff knew people's preferences around daily activities. For example, one person had a favourite film and we saw they were watching this film during the inspection. We found activities were in place for people such as going for a walk, visiting the theatre or going bowling. Care staff told us how weekly activities planners were developed for people. They told us how some people would get involved in day to day activities such as baking and cooking. We spoke with the manager about further improvements that could be made to enhance people's day to day lives through activities. They confirmed they were keen to develop and improve the service for people wherever possible.

We saw people and their relatives were encouraged to share any issues about the care they received at care reviews. We saw any concerns people had were addressed and resolved by care staff and the registered manager. We found a complaints policy and system was in place and where formal complaints were recorded they were listened to and responded to appropriately. We did find where complaints were made or issues raised informally through care reviews, these were not always recorded in complaints records. This could impact on the registered managers ability to effectively identify areas for improvement within the service. We did however find that concerns were treated appropriately in order for improvements to be made to the service each person received.

Good

Is the service well-led?

Our findings

People were not able to share their views around the management of the service. However, staff at the service told us they felt the service was well led. We found the culture within the service was open and transparent. We saw people and their representatives were involved in regular reviews and were encouraged to share their views around any improvements that were needed. We found action plans were developed and were regularly reviewed to ensure care staff or management had taken the required steps to make any improvements needed.

We looked at how the registered manager monitored the quality of the service received. We saw auditing systems were in place for areas such as medicines management, infection control and people's finances. We found that care plans were regularly reviewed and systems were in place to ensure care staff were well trained and had the required skills to support people effectively. We saw systems were in place to ensure daily care delivered, accidents and incidents were recorded. We found the actions taken by care staff were appropriate however, some of these records did not accurately reflect the actions taken by staff. The area manager advised they would take steps to rectify this immediately and ensure all records were accurate. We found systems were in place to identify any changes to people's needs and to ensure any relevant healthcare professionals were contacted and involved where required. People were protected by effective systems that monitored the quality of care they received.

Care staff we spoke with felt well supported by management. They understood their role and responsibilities and could describe when they required a senior member of staff to make decisions or provide advice. Care staff told us they were involved in regular team meetings which helped them to understand areas of improvement required and people's needs. One member of staff told us the content of meetings could change. They told us, "If there has been a [medicines] error this will be discussed". They told us the meetings would be used to help make improvements to the service. We found care staff to be motivated in their roles and they told us they felt the team worked effectively together to provide good care to people using the service. People were protected by a staff management team who understood their responsibilities and were effective in their roles.

The registered manager was not available to speak with during the inspection. However, we found they understood their legal responsibilities and submitted any required statutory notifications to CQC when required. A statutory notification is when a provider is required by law to inform CQC of significant events such as a death or serious injury. We spoke with the area manager who told us they were committed to working with the registered manager and staff team to make further improvements across the service. They were able to show us a new quality assurance system that had been developed which they told us aimed to identify areas in which they could improve the service and care provided to people. The management team within the service understood their responsibilities and were committed to developing the service to enhance the lives of the people living there.