

Leonard Cheshire Disability

Godfrey Robinson - Care Home Physical Disabilities

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

This inspection took place on 2 October 2018 and was unannounced.

Godfrey Robinson - Care Home Physical Disabilities is care home in a residential area of North Ferriby. People in care homes receive accommodation and nursing or personal care as a 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 home is registered to provide accommodation and care to 19 people with physical disabilities. The home provides support to younger adults aged between 18 and 65 years and older people.

At our last inspection in October 2015, we rated the service overall good. At this inspection, we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and on-going 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.

Medicines were managed safely and staff had a good knowledge of the medicine systems and procedures in place to support this. We found staff had been recruited safely and training was provided to meet the needs of people. Staff received supervision and annual appraisals.

Staff received training on safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm. Accidents and incidents were responded to appropriately and monitored by the management team. The service was clean and infection control measures were in place.

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.

People's nutrition and hydration needs were catered for. We made a recommendation about the meal time experience.

There was a positive caring culture within the service and we observed people were treated with dignity and respect. People's wider support needs were not always met through the provision of activities.

There was a complaints policy and procedure made available to people who received a service and their relatives. Feedback was sought from people and their relatives and this was positive.

There was a range of quality audits in place completed by the management team. These were up-to-date and completed on a regular basis. Staff told us they felt recent concerns regarding staff team morale were improving. The registered manager was supported by the wider organisation to address staffing issues and ensure there was no impact on people receiving a service.

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? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service has deteriorated to good.	Good ●
Is the service well-led? The service remains good.	Good ●

Godfrey Robinson - Care Home Physical Disabilities

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 a rating for the service under the Care Act 2014.

This inspection took place on 2 October 2018 and was unannounced.

Before the inspection we reviewed all the information we held about the service. This included information we received from safeguarding and statutory notifications since the last inspection. We sought feedback from the commissioners of the service prior to our visit. The registered provider also completed a provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan the inspection.

The inspection was carried out by two inspectors. We spoke with the registered manager, two care staff, the chef, the maintenance worker and the volunteer coordinator. We spoke with three people who used the service and one relative. We looked at two people's care records, three staff recruitment files, staff training and supervision records. We also looked at records in relation to the management of the service, including quality audits, surveys and development plans.

After the inspection we contacted by telephone and email, two relatives, a volunteer and four visiting professionals. No professionals provided feedback.

We used the Short Observational Framework for Inspection 2 (SOFI 2). SOFI 2 is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People told us they felt safe and one person said, "I like living here, I feel safe."

The provider had electronic systems in place that ensured people's medicines were managed consistently and safely by staff. Medicine information had been included in people's plan of care and staff were knowledgeable and confident in using the electronic systems.

We looked at the recruitment records for three new members of staff. These records evidenced an application form had been completed, references obtained and checks made with the Disclosure and Barring Service (DBS).

The home had struggled over the last year to recruit care staff and had utilised agency staff to cover vacant posts. At the time of the inspection all vacant posts had been recruited to and we observed sufficient staffing was available to meet the needs of people. A relative we spoke with confirmed this and said, "There certainly seems to be enough staff, as on a visit we can easily locate staff if they are needed."

People's care plans included detailed risk assessments to identify and reduce risks to people. Documents were individualised and provided staff with a clear guidance. We identified some risk assessments that had not been reviewed in line with the provider's policy. There was no impact to people from this. The registered manager evidenced that they had identified these gaps prior to our inspection and was taking steps to address them.

Safeguarding and whistleblowing policies were in place at the service and staff we spoke with demonstrated knowledge of what to do if they had concerns. The local authority safeguarding team were informed when required and all events had been notified to CQC.

The implementation of infection control procedures ensured people and staff were protected from the risk of infection. Staff had access to Personal Protective Equipment (PPE). Regular audits and checks were in place.

Accidents and incidents were monitored to ensure staff followed the provider's policies and procedures and to identify any patterns that might be emerging or improvements that needed to be made.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be Good.

The premises were well-maintained and pleasant throughout and people's bedrooms were personalised. Since the last inspection the service had undergone some extensive refurbishment to communal spaces, bathrooms and bedrooms. This provided an environment that was suitable to people's needs.

During the inspection we observed the meal time experience and noted limited interaction between staff and people during this time. People who were being supported with their meal were not communicated with in line with best practice. We observed one person sat at the dining table waiting for their meal for 45 minutes. When we spoke to the registered manager about it they advised that this was because the staff needed to assist the person to eat and the routine was that they were always assisted last. The registered manager advised that they would take immediate action to address this. No one was offered a desert following their lunch. The chef advised they felt a desert was not always needed at lunch time but that staff should still offer one. The registered manager assured us that this would be addressed. Following the inspection, the registered manager provided evidence that our concerns regarding the meal time experience had been addressed with the staff team.

Care plans showed people's needs were assessed and evaluated. Care plans gave information about people's diverse needs including their health and how they were to be addressed. Records detailed community health professional's involvement.

New staff were supported to understand their role through a structured induction. Following induction, all staff entered an on-going programme of training which provided them with skills to meet the needs of people. The staff we spoke with were positive about the training provided. Records showed staff received supervision although some staff felt they would like to receive more.

Relatives felt staff had the right skills and experiences to do the job. Comments from relatives included, "The staff seem very well trained. Every interaction I have had with staff has been positive and helpful."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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. Records we examined showed that any restrictions were deemed to be in the person's best interests and the least restrictive option.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

One relative told us, "The key positive about the service is the atmosphere, it feels like a home and everyone looks after each other." Another relative said, "The staff put their heart and soul into the service. They have pride in what they offer."

One person told us that staff did not know how to support their needs, "Carers don't have an understanding of my condition, as they think I am angry and I am not." However other people and their relatives told us that staff were kind and caring; one relative told us, "The staff are caring and they know me and my family member well." People told us, "The staff are kind" and "The staff are good." People felt that staff treated them with dignity and respect.

We saw how low staff morale had meant person-centred care was not delivered at all times. The provider and management were aware and addressing this.

People's independence was promoted through the care they received. Detailed care plans recognised people's abilities and skills and ensured staff encouraged and supported people to maintain their independence.

Relatives confirmed that staff promoted people's independence and worked creatively to support them to achieve this. One relative told us, "For the first time in eight years [name of person] is independently mobile. The staff have helped them achieve this."

People were supported to maintain important relationships. One care worker told us, "[Name of person] lost some funding for one to one support, so I now volunteer to work with them instead. I support them to go and visit their relative."

Relatives were welcomed into the service. Relatives told us, "We are made to feel very welcome. It is like going into someone's home, as all the residents know us."

People's cultural and religious needs were considered when support plans were developed. Care plans included personal history information and cultural and religious needs.

People were supported to communicate in accessible ways which met their needs; this included the use of verbal and non-verbal communication, including facial expressions and body language.

Staff positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of outstanding. At this inspection, we found the service was still responsive but had deteriorated to good.

The service had staff and volunteers in place to support people to access activities both within the service and in the community. Weekly activities supported by volunteers included IT class, Art class, supported college attendance, knitting, one to one time and church attendance. We saw one person had been supported by volunteers to write and publish their own book.

Despite the provision of activities, some people and their relatives told us that they felt this could be improved. They felt access to activities needed to be more regular. Comments from people included, "I would like to go out more" and "We don't do much during the day." A relative told us, "Activities are three days a week, they could do with someone to help the activities coordinator. There isn't much on offer if they are not there."

On the day of the inspection the activities coordinator was not at work. We observed that people had very little to do. Most people were sat in the lounge watching television. We observed some staff interaction with people in the lounge in the afternoon, but this was limited.

We spoke with the volunteer coordinator who described a variety of projects such as events and fund-raising activities that volunteers and people were involved with. Fund raising was a regular focus for volunteers and money was being reinvested back into the service, including plans to make outside space more easily accessible.

People and their relatives were involved in the development of their care plans. Plans contained individualised information and they complied with the accessible information standard through asking, recording and sharing communication needs people had. Evidence of regular care plan reviews was seen. One person told us, "We are always involved in care planning, I have a key worker." Another person told us that care was personalised to them. They said, "We get up when we like and go to bed when we like."

People and relatives felt that the manager would be responsive to concerns or complaints raised. There had been no recorded complaints since the last inspection. An easy read version of the complaints procedure was available on the service notice board.

People's end of life wishes were individualised and included the person's religion and funeral preferences.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

The service had a manager in place who was registered with the CQC. 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.

People were positive about the registered manager. Comments included, "We can go to [name of registered manager] whenever."

Care staff told us that staff moral had been low recently but they felt that this had started to improve. "Staff moral and atmosphere has been at an all-time low" and "Staff were not happy. It was always a lovely happy place and I don't know what happened. Over the last few months this has settled down."

Staff we spoke with felt able to approach the registered manager but felt that issues between staff had not been dealt with promptly. The registered manager was very open and honest during the inspection in relation to staff morale. Records of meetings with staff, managers and people evidenced that the service and the wider organisation was responding proactively to concerns and ensuring matters were resolved with no impact on people.

Feedback from people, their relatives and staff was sought through regular meetings. It was evidenced that people and relatives influenced changes, for example, changes to menu planning.

There was a quality monitoring system in place to help monitor and drive improvements to the care people received. The registered manager and deputy completed numerous weekly and monthly internal audits to ensure they understood what was happening directly with people and to establish how they could learn from any mistakes made. We identified that some audits would benefit from clearly written action plans. The registered manager reassured us that this would be implemented.

The registered manager understood their relevant legal requirements and had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.