

Roberttown Care Home Limited

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Inspection report

98 Church Road
Roberttown
Liversedge
West Yorkshire
WF15 8BE

Tel: 01924411600

Date of inspection visit:
19 November 2019

Date of publication:
13 December 2019

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

About the service:

Roberttown is three-storey care home that is located in West Yorkshire. Roberttown is registered to provide accommodation and personal care for up to 29 people. At the time of our inspection there were 22 people living at the home.

People's experience of using this service and what we found:

Areas of risk management and safety monitoring had improved since the last inspection. Care records contained up to date and consistent information about the support people received and areas of risk that needed monitoring.

People lived in a safe environment. Health and safety monitoring tools and checks were in place. For instance, people had sufficient personal emergency evacuation plans (PEEPs) in the event of an emergency and all regulatory compliance certificates were up to date and regularly renewed.

Recruitment procedures had improved. Pre-employment checks were carried out and staff were appropriately recruited. Staff received regular supervision and annual appraisals were taking place. Staff were also supported with a variety of training, learning and development opportunities.

Staffing levels were routinely monitored. People received care and support from routine and consistent members of staff.

Medication procedures and policies were complied with. People received medication support by staff who had been appropriately trained and regularly had their competency levels checked. Care records contained individual medication support plans and areas of risk that needed to be managed.

Person-centred care was delivered and tailored around the needs and wishes of the individual. Most care records contained a good level of person-centred information, although we did highlight to the registered manager that documentation needed to be consistent across all care records.

Effective quality assurance measures were in place. Audit tools and checks ensured the quality and safety of care provided was safe, compassionate and high-quality.

We received positive feedback about the variety of activities that were arranged for people at Roberttown. An activities co-ordinator helped to arrange different activities, that were fun, interesting and stimulating.

Safeguarding and whistleblowing procedures were safely in place. Staff received safeguarding training and understood the importance of protecting people they cared for.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was an up to date complaints procedure in place. Complaints were responded to and managed in accordance with company policy.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was requires improvement (published 10 December 2018); we identified multiple breaches of regulation in relation to safe care and treatment, governance systems and staffing. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below

Good ●

Roberttown Care Home Limited

Detailed findings

Background to this inspection

The 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 registered 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.

Inspection team:

The inspection was carried out by two inspectors 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.

Service and service type:

Roberttown is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted local commissioners of the service to gain their views. We used the information the

provider sent us in the 'provider information return'. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

During the inspection we spoke with the registered manager, four members of staff, one kitchen chef, one activities co-ordinator, seven people who were living at Roberttown and two relatives who were visiting at the time of the inspection.

We also looked at care records of four people receiving support, four staff recruitment files, medication records, and other records and documentation relating to the management and quality monitoring of the service.

In addition, a Short Observational Framework for Inspection (SOFI) tool was used. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 'requires improvement'. At this inspection this key question has now improved to 'good'. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; using medicines safely

At our last inspection the provider failed to provide safe care and treatment in relation risk management procedures. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improved risk management and safety monitoring processes were in place. However, we identified several areas of safety monitoring that needed to be strengthened. Our feedback was immediately responded to and managed.
- People's level of risk was assessed from the outset and safely supported. Care records contained individual support needs, how support needed to be provided and how risks needed to be monitored and managed.
- People's level of risk was regularly reviewed and assessed. Care records contained up to date and consistent information and staff told us they received important information about the people they supported in a timely manner.
- Environmental risk assessments and regulatory compliance checks were in place. For instance, we saw up to date compliance certificates for gas, electricity and fire safety and people had detailed personal emergency evacuation plans (PEEPs) in the event of an emergency.
- Medication processes and procedures had improved. Medication was safely administered by trained and competent staff.
- Medication and topical (cream) administration records were appropriately completed, and medication errors were quickly identified and responded to.

Staffing and recruitment

- Recruitment practices had improved since the last inspection. All staff were subject to the appropriate pre-employment checks.
- People received care and support from staff who had been appropriately and safely recruited.
- Comments were mostly positive about the staffing levels at the home. Comments we received included, "We never wait for anything; they [staff] are always ready to help", "There are times when they could use more staff" and "There's always someone about. They look after me."

Systems and processes to safeguard people from risk of abuse

- People told us they felt safe living at Roberttown. Comments we received included, "Definitely there's

always somebody about to help you" and "Yes, it's safe, it's gentle and smooth and staff are excellent. It's nice and comfortable."

- Staff received safeguarding training; they told us how they would report any concerns and the importance of keeping people safe.
- The registered manager notified CQC and Local Authority of any safeguarding incidents accordingly.

Preventing and controlling infection

- Roberttown was clean, odour free and well-maintained.
- Infection control procedures were safely in place and infection control support measures were complied with.
- Personal protective equipment (PPE) was readily available for staff, cleaning products were used on a daily basis and hand sanitizing gels were available throughout the home.

Learning lessons when things go wrong

- There was an accident and incident reporting procedure in place.
- All accidents and incidents were appropriately recorded, reported and uploaded on to a digital platform system. Accident and incidents were routinely analysed, and trends were established as a way of managing and mitigating further risk.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as 'requires improvement'. At this inspection this key question has improved to 'good'. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

At our last inspection the provider failed to ensure staff received regular supervision and appraisals to enable them to carry out their duties effectively. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received regular supervisions and annual appraisals were taking place.
- Staff were provided with training, learning and development opportunities. The registered manager maintained a good level of oversight in relation to training compliance. One person told us, "Whoever trained them [staff] did a good job, they treat you as human beings which is good."
- Staff received a thorough induction and were also supported to complete 'The Care Certificate'. This is an identified set of standards that health and social care workers are expected to complete.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA. 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 and were being met.

- The provider ensured that they were complying with the principles of the MCA. People's level of capacity was assessed, and where possible people were supported to make decisions about their day to day support needs.
- People who lacked capacity were not unlawfully restricted. The appropriate 'Best interest' decisions were discussed and agreed, and DoLS applications were submitted to the Local Authority.

- Staff were provided with MCA training and understood the importance of the MCA principles.

Adapting service, design, decoration to meet people's needs

- The service was designed and decorated to meet the needs of the people who were living there. There were spacious communal lounges and dining areas on each of the floors and people had the opportunity to independently access different parts of the home.
- People's bedrooms were individually decorated. People had the opportunity to make their living space as comfortable and homely as possible.
- We saw clear signage, adequate lighting and contrasting colours throughout the home. Such adaptations help people to safely navigate themselves around the home as independently as possible.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; and staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's views, wishes and choices were established from the outset. The care people received was tailored around their individual support needs.
- Systems and processes were effectively in place to assess people's needs and choices in line with legislation and best practice.
- People received support from external healthcare professionals when necessary. People received a holistic level of support from district nurses, GP's, palliative care team and Vision Care.
- People's oral healthcare was assessed and routinely supported. For instance, one person had an oral risk assessment in place and staff provided support as necessary.

Supporting people to eat and drink enough with choice in a balanced diet

- People received effective nutrition and hydration support. Care records demonstrated how staff provided such support and how risks were effectively monitored.
- Care staff and kitchen staff were familiar with people's dietary support needs and specialist diets were accommodated and catered for.
- People were supported with choice and encouraged make decisions around the food and drink they could have. We received positive feedback about the quality and standard of food, comments included, "The food is very good there's always a choice" and "The food is excellent we have a good chef."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were observed providing kind, compassionate and dignified care.
- People received support that was tailored around individual support needs and preferences. For instance, one person liked to have their evening meal at a specific time. We saw that this request was accommodated.
- Staff were familiar with the people they supported. Staff knew the level of support people needed and how they preferred their support to be provided.
- Equality and diversity support needs were assessed and measures were put in place to provide the correct level of support people needed.
- We received positive feedback about the support and care people received, comments included, "The staff are excellent they work with you" and "The staff here are beautiful you couldn't wish for better."

Supporting people to express their views and be involved in making decisions about their care

- Care records indicated that people were supported to make decision about the care and support they needed.
- Where possible, people were involved in the creation of the support plans. Likes, dislikes and preferences were established, and staff were familiar with these.
- A number of processes were in place to establish the thoughts and views of people who were living at Roberttown. 'Resident and relatives' meetings were taking place, satisfaction surveys were circulated, and a 'resident committee' had been created.

Respecting and promoting people's privacy, dignity and independence

- Confidential and sensitive information was safely stored and protected in line with General Data Protection Regulations (GDPR).
- People's privacy and dignity was maintained and preserved. People told us that staff provided kind and compassionate care; the SOFI tool also confirmed this.
- Staff supported people to remain as independent as possible and supported people with choice.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant that people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was tailored around their individual support needs.
- Care records contained 'This is me' documents, detailing people's life histories and personal information. This enabled staff to familiarise themselves with the people they were supporting and provide the tailored level of care people needed. We did highlight that some documentation was not as thoroughly completed across all care records we checked.
- People's cultural, and social support needs were assessed and supported from the outset.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- There was a dedicated activities co-ordinator at Roberttown. People's likes, and preferences were considered; activities were arranged around people's suggestions. One person told us, "There's plenty of activities going on" and "A singer comes. We played a game yesterday. I go out with family."
- People and relatives told us that the home was welcoming, and staff were always friendly and inviting. One relative said, "We are welcome any time. They [staff] seem very nice."
- During the inspection, we saw staff dancing with people in one of the lounge areas and one to one manicure sessions were taking place.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication and sensory support needs were assessed from the outset.
- 'Easy read' material and alternative formats could be provided upon request.
- Pictorial menus were available for people who needed additional support.

Improving care quality in response to complaints or concerns

- There was an up to date complaints procedure in place.
- People and relatives were provided with complaint procedure information from the outset.
- The registered manager maintained a comprehensive log of all complaints that had been submitted; these had been responded to in line with company policy.

End of life care and support

- At the time of the inspection 'End of Life' care and support was being provided.
- Staff had access to 'end of life' training and understood the importance of providing end of life care in a dignified, sensitive and respectful way.
- End of life wishes and preferences were discussed, such discussions were recorded within people's care records.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as 'requires improvement'. At this inspection this key question has improved to 'good'. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Manager's and staff are clear about their roles, understanding of quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider did not have effective governance systems in place to monitor, assess and improve the quality and safety of care being provided. This was a breach of Regulation 17 (good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems and processes to monitor the quality and safety of care had improved since the last inspection.
- There was a wide variety of audits and tools in place to monitor the quality and safety of care people received. For instance, we saw quality audits in place for accidents and incidents, medication, infection control and meal-time experiences.
- A new digital database enabled the registered manager to upload significant information which was then overseen by local, regional and area managers.
- Areas of improvement were identified, action plans were devised and completed in a timely manner
- The registered manager and staff team understood the importance of delivering high quality, person-centred care to people they were supporting.
- The registered manager was aware of their regulatory responsibilities; they demonstrated their understanding of the Health and Social Care Act, 2008 and the importance of complying with their statutory obligations. It was clear that improvements had been made since the last inspection.
- The provider had an up to date 'Business Continuity Plan' (BCP), this outlined contingency plans in the event of an emergency as well as a variety of up to date policies and procedures that staff could access and consult.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive comments about the quality and safety of care provided. People told us, "Everything's good" and "It's secure and safe. All the carers are caring and patient. It's a lot better than it was 18 months ago."
- People were encouraged and empowered to make decisions around the care they needed and wanted. People told us they were happy living at Roberttown and felt well-cared for and supported.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Equality characteristics were assessed and established from the outset.
- The registered manager attempted to engage people, relatives and staff in the provision of care being delivered.
- A variety of different measures were in place to gather feedback about the care and support people received. For instance, a 'Living in the home' survey was circulated, 'resident and relative' meetings were scheduled and a 'resident committee' ensured the 'voices' of people living at the home were heard.

Working in partnership with others

- People received a holistic level of care; a good level of partnership work took place between Roberttown and local GP's, palliative care teams, district nurses, Vision Care and Adult Therapy teams.
- The registered manager had developed positive working relationships with the Local Authority and Commissioners. Roberttown and the local authority were working well together to improve the quality and safety of care being delivered.