Brunelcare

Robinson House Care Home

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

About the service
Robinson House is a care home providing personal and nursing care for up to 70 people. The service is provided in one building, which was divided into four houses, Blaise, Dundry, Clifton and Ashton. Two of the houses were on the ground floor and the other two were on the first floor. At the time of our inspection, there were 69 people using the service.

The service had two flexi beds, which supported people in the community that had gone into crisis, and two end of life beds. The service worked closely with commissioners of the services to support these very vulnerable people and their families.

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

People continued to receive a safe service. Risk assessments were carried out to enable people to receive care with minimum risk to themselves or others involving health and social care professionals. People received their medicines safely. However, there were some gaps in the recordings of topical cream. The manager said they would take appropriate action to ensure there was no gaps in the recordings and had already put in a system of daily checks.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Where safeguarding concerns had been raised these had been addressed.

Systems were in place to ensure people were safe including safe recruitment processes. There was sufficient staff to keep people safe and respond to their needs.

People continued to receive effective care. Staff had the skills and knowledge required to support them. Staff received training and support that was relevant to their roles. There were some gaps in the frequency that staff received supervisions. However, the new manager was aware and had developed an action plan to address.

People's healthcare needs were monitored by the staff. Other health and social care professionals were involved in the care and support of the people living at Robinson House. Feedback from health and social care professionals was positive in respect of the care delivery, timely referrals and following their advice.

The home was homely, clean and met the needs of people they were supporting including those people living with dementia.

Care was person centred and based on the wishes of the individual. Relatives had been involved in how their loved ones were supported. There was good communication between staff and relatives. People were

supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported to have meaningful occupation and had access to daily organised activities. Homemakers were responsible for helping with social activities, either in small groups or individually with people. Staff were attentive in their approach and showed empathy. They knew people well.

People were involved in making decisions, had access to a complaints procedure and their views sought through surveys and care reviews. The service had been accredited with the Gold Standard Framework for their end of life care. Staff supported people exceptionally well in this area continuing to provide a very person-centred approach, taking into consideration the wishes of the person and their family.

There were various systems in place to ensure that aspects of the service were quality assured and actions taken, where shortfalls were identified. The provider was very much part of the service, driving improvements and supporting the team. The manager and staff worked with other organisations for the benefit of people using the service. The new manager and provider had developed a robust action plan to drive improvements and was planning to spend more time in the home working alongside staff enabling them to get to know people.
For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published on 7 July 2017).

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 reinspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Robinson House on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Robinson House Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector, an assistant inspector and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was carried out by one inspector.

Service and service type
Robinson House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This included two GPs, the care home liaison team, the dementia wellbeing team, commissioners and an advocacy service.

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 of this

information to plan our inspection.

During the inspection
We spoke with five people who used the service and ten relatives about their experience of the care provided. We spent time throughout the visit observing how people were supported and cared for including over the lunchtime.

We spoke with the manager, the deputy manager, three senior managers for Brunelcare and seven care staff including a nurse.

We reviewed a range of records. This included five people's care records and multiple medication records and daily recordings for people. We looked at three staff files in relation to recruitment and training and supervision for the whole team.

We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider and the manager to validate evidence found. We looked at training data and quality assurance records which had been sent to us via email.

Good

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- There was information for care staff about where and how often to apply creams, however there were gaps in their records. For example, two people had been prescribed a cream to be applied twice a day this had only been applied in the morning and for another person there was no record their cream had been applied for a period of 8 days. The manager was aware and had implemented a daily handover which prompted shift leaders to check. This had been raised at the last inspection.
- Medication Administration records (MAR) were clearly written and signed by the nurse or senior care staff when given. Medicines were stored safely.
- Staff responsible for giving medicines had received training in the safe handling of medicines. There were systems in place to ensure staff continued to be competent.
- The registered manager told us they had recently changed to a local pharmacy. A visiting health professional said, "This transition has appeared to run smoothly". The manager said improvements had been noted in respect of the ordering the medicines. Clear rotas were in place to ensure monthly medicines were ordered by the individual house managers.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the home was safe. Comments included, "Yes very safe here, she is so well looked after", "Staff are lovely", and "Much safer here then at home, she kept falling at home. I know she has someone 24hrs keeping an eye."
- Staff told us they would have no hesitation in reporting concerns or blowing the whistle on poor practice to the registered manager, deputy manager or the nurse in charge of the shift.
- There were clear procedures for staff to follow if they had concerns, which included the contact details for the local safeguarding team and the Care Quality Commission.
- Where safeguarding concerns had been raised with us and the local authority, actions had been taken to address the concerns and reduce any further risks. Such as increasing staffing, putting in sensor mats or improvement to the recording of incidents. For example, one person was being supported one to one due to their vulnerability and risks to others.

Assessing risk, safety monitoring and management

- People's support needs were assessed, and care plans provided staff with the information they needed to manage any identified risks. For example, people at risk of falls had plans in place to mitigate the risk, and equipment such as sensor mats were in place.

● Health professionals such as speech and language therapists, the dementia wellbeing team and physiotherapists had been involved in advising on safe practices and any equipment required.
● Risks to people from fire had been minimised. Fire systems and equipment were regularly checked and serviced. People had Personal Emergency Evacuation Plans (PEEP) which guided staff on how to help people to safety in an emergency.
● Checks were completed on the environment to ensure it was safe including hot water temperatures, electrical appliances and equipment to support people with mobility and personal care.
● Health professional feedback was positive about how the service responded to risks. For example, purchasing arm protectors for staff, enabling them to support a person during personal care without being scratched.

Staffing and recruitment
● People were protected because safe recruitment processes were in place.
● Sufficient staff supported people to ensure they were safe. Staff confirmed there were enough staff working to support people. Staff were observed spending time with people chatting or organising group activities and call bells were answered promptly. There was a strong visibility of staff throughout the four houses.
● The manager completed a dependency tool to ensure suitable numbers of staff were employed. Additional staff were available for health appointments or if a person was unwell, or receiving end of life care. A healthcare professional said, "Robinson house have consistent and regular staff on each house. Staffing levels are appropriate."
● Relatives told us there was enough staff. Comments included, "Mums always clean but if she does need support while we are here I would call someone, and they would come quickly, I have never noticed we have waited a long time" and "Seems to be enough staff".

Preventing and controlling infection
● The home was clean and free from odour. Domestic staff were employed to keep the home clean including completing laundry tasks.
● Staff were trained in the prevention and control of infections and had access to personal protective equipment. Staff were observed following good practice in respect of handwashing and wearing gloves and aprons when delivering personal care or handling food.
● People and their relatives spoke positively about the cleanliness of their bedrooms and communal areas. Comments included, "It is always clean and never any unpleasant smells."

Learning lessons when things go wrong
● Accidents and incidents were recorded. The manager and the deputy manager oversaw the monitoring of this information, completed internal investigations and implemented actions to reduce the risk of reoccurrence where applicable.
● The manager and the team reviewed all falls monthly. They looked for any themes to reduce risks to people. This included reviewing when and where the falls had taken place to ensure enough staff were around at the right times and appropriate follow up had been completed such as a medicine review with the GP.

Good

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 good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving to Robinson House. This was to ensure their needs could be fully met and staff had information to enable them to provide care that was effective and responsive.
- Information from the assessment had informed the plan of care. Care plans were tailored to the individual enabling staff to provide consistent support to people.
- The service had two flexi beds which were used to provide respite to people in crisis and two beds to support people when end of life. This helped in reducing bed blocking in hospitals and provided vital support to their families. The manager completed their own assessment to ensure they could meet the person's needs and a temporary care plan/risk assessment were put in place. The manager said often people using the flexi beds decided to remain in the home.
- Assessment tools were used to identify people at risk of malnutrition and skin integrity and the support they required to remain healthy.
- The home had been recognised and accredited for their work they do to support people at the end of life and for people living with dementia. It was evident staff had taking on these principles and applied them to roles.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction, which included shadowing other staff.
- Staff told us they received the training they needed. Comments included, "It's really good. They update us regularly" and "All the mandatory training is refreshed annually". "Brilliant training including clinical updates". A training matrix was in place. This showed when staff needed training including a date when this was booked. Staff told us they felt supported in their roles and any requests for training were accommodated such as end of life care or further dementia training.
- Relatives and people spoke positively about the skills of the staff from the delivery of personal care to helping people to move and supporting people in a person-centred way.
- Not all staff had received supervision in line with the provider's policy. There was an action plan in place to address this. One member of staff said, "We should have supervision every two months, but my unit manager has been off". The supervision matrix showed not all staff were receiving regular supervisions. Annual appraisals were completed with each staff member.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with meals and drinks they enjoyed. Records were completed of food and fluid

intake where people were at risk. There were snacks and cold drinks which people could help themselves to in the communal areas. A member of staff said, "The food is really good and plenty of it. We can always phone the kitchen for alternatives".

● People's body weights were checked monthly, more often if necessary. Where people were at risk of weight loss staff developed a care plan which detailed action required. Staff were aware of people at risk and told us how they supported people using the food first principles.

● Staff were observed offering people a choice of what to eat and drink, both visually and verbally. Menus were displayed on the tables and a blackboard in the dining areas of each house. In one house the menu displayed on the blackboard was from two days prior to the inspection.

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

● The design, layout and decoration of the home met people's needs. The home was divided into four houses each having a lounge, dining area and a small kitchenette. There was a pub, a hairdressing salon and staff were in the process of making an area into a tea shop. There was a spa bath for people which helped with relaxation.

● People were able to personalise their bedrooms with small items of furniture and pictures. This meant people were supported to recreate familiar surroundings for themselves.

● The provider had ensured the service was 'dementia friendly'. For example, there were pictures outside people's bedrooms to help them find their room and signs on bathrooms to indicate their purpose. Corridors had been decorated with art work and objects based on themes such as sport, gardening, a red telephone box a craft area and a beach scene. This helped people find their way around the home as these acted as landmarks and aided communication.

● The manager said there was a planned decoration programme in place for corridors and communal areas which will commence in the Spring. Some carpets had been replaced to help with keeping bedrooms clean and odour free. The home had been decluttered to make the home safe especially in corridors, which could have been a potential fire hazard.

Supporting people to live healthier lives, access healthcare services and support and Staff working with other agencies to provide consistent, effective, timely care

● People had access to health and social care professionals when they needed it. People were registered with a GP who visited the home on a weekly basis. A tissue viability nurse was visiting the home on the day of our inspection. People's care plans were updated with advice given by these external professionals.

● Staff worked with other health professionals to support people. This included the dementia wellbeing team. It was evident the staff followed the recommendations and advice worked in partnership with the team. Feedback included, "Staff work extremely well with our service and have a vast knowledge of person-centred dementia care. Robinson House is crucial to our service".

● Feedback from health and social care professionals was positive and showed that the staff worked in partnership with other professionals to ensure people received good outcomes. Comments included, "Know their residents really well", "The nursing staff are helpful and attentive", "Always prepared for my visits with a list of people they want me to see" and "I have no concerns about the care at Robinson House".

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 new manager and the deputy had introduced a new system to monitor and ensure appropriate DoLS applications had been made. These were reviewed regularly at the weekly nurse's huddle meeting in respect of progress.
- Staff asked for consent from people when providing care and support. People were encouraged wherever possible to make their own decisions. Relatives confirmed they involvement in their care of their loved ones.
- Staff understood the importance of seeking consent and involving people in day to day decisions. They had received training in the Mental Capacity Act.

Good

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

- People spoke extremely positively about the care and support that was in place and the approach staff had with them. Comments included, "(Staff) always willing to help and they are very cheerful and kind", "They (staff) are lovely, they wash, dress and feed me, nothing is too much trouble and they are very patient with me", and "Very gentle".
- Relatives were equally as positive about the care and support. Comments included, "All the staff are brilliant, I cannot find any faults with the care, I turn up sometimes and someone is sat with her" and "The caring staff have made the transition from home easier, I couldn't be happier with my choice all the staff cannot do enough for her. When I leave she is happy we cannot fault the place."
- Staff were attentive to people throughout the inspection and provided support if people became distressed or anxious. They spoke to people in a calm, friendly manner and it was clear people had developed positive relationships with staff. We observed not only the care staff and homemakers support people but also people were heard talking to housekeeping and maintenance staff.
- Uniforms were not worn by staff to break down the barriers of an 'us and them' culture. A relative said, "I have been visiting now for two years. I am embarrassed I do not know staff names". This could be equally be a concern for someone living in the home due to living with dementia. This was discussed with the manager and senior team. They were planning for staff to have name badges and a notice board of staff working in the home.

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

- Information was available to people on how to access advocacy services if required. Advocacy services offer trained professionals who support, enable and empower people to speak up. Some people were using a local advocacy service.
- A relative told us, "So pleased with the staff they are so kind and really listen to the residents".
- People told us they us they were asked about their preferences for example when they wanted to get up or go to bed. Some people preferred to spend time in their bedrooms whilst others enjoyed the communal lounges and activities. People's choices were respected.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as they wanted to be. There were small kitchenettes in the lounges, so people and their relatives could help themselves to tea and coffee. We observed a person

making a cup of coffee with staff.

● Staff treated people with dignity and respect. Staff received training in dignity, equalities and diversity. Staff were observed addressing people by their preferred name and speaking to people in an appropriate tone and positioning themselves, so the person knew they were talking to them.

● Staff were observed knocking on doors and waiting for permission to enter. Staff clearly described how they supported people in a way that promoted their dignity and independence.

Good

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 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

- Care was planned and involved the person and their relatives. Care documentation contained information about people's daily routines, life history and specific care and support needs. They had been kept under review.
- There were plans to change the care planning format. Staff had received training to help with the implementation and this was being rolled out over the next few months.
- There was some conflicting information in some of the care documentation such as one person had made the decision not to be admitted to hospital but to be treated in the home. This had been reviewed with the family and the GP and the decision had been changed. This change had not been captured in the person's care plan although staff and management were aware.
- Another person who was fed through a percutaneous endoscopic gastrostomy (PEG) had been able to eat certain foods for pleasure. PEG allows nutrition, fluids and/or medications to be put directly into the stomach. This had changed in consultation with health professionals. The risk assessment about pleasure eating was still in the person's care plan. The manager and senior management provided assurances that these would be addressed and moving forward the new care planning process and quality assurance checks would avoid duplication of information.
- Staff knew people's needs and preferences and were responsive to their changing needs. They showed a good understanding of dementia and how to support people in a very person-centred way.
- Feedback from a team of health professionals was positive on how staff responded to people in a very person-centred way. They said, "All advice that we provide in relation to residents' wellbeing needs are instantly addressed or already in 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.

- People's communication needs were assessed and detailed within their care plans setting out how to meet each person's needs. Staff were observed giving people the time to respond and using visual aids such as photographs to help people be involved. A member of staff said, "One person taps their fingers if they need anything. It's all about getting to know the person".
- The provider could provide information in a range of formats, such as documentation in a larger font or in

different languages.

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

● Planned group activities were organised twice a day, and where people preferred to spend time in their bedroom one to one sessions were organised. We heard about a person having their nails done, and how another had made a sandwich in their bedroom with support from one of the homemakers and another person had been for a walk.

● Homemakers supported people with activities. There were always two homemakers working in the home supporting the care staff to provide meaningful activities seven days a week.

● People were supported in creative ways to avoid social isolation and links with the community were developed. Children from a local nursery visited the home, external entertainers visited regularly, and church services were arranged in the home. One person was supported to attend a local church. People were supported to go out on day trips or for short walks to the local shops or the garden centre.

● Staff supported people to celebrate events that were important to them, such as birthdays and anniversaries, with their family and friends. One person was celebrating their birthday with cake and staff and people joining in with a chorus of Happy Birthday. A relative said, "It was so nice at Christmas I had a Christmas card through the post from my wife I was so grateful and thought how lovely of the team to do that". Some people were making valentine cards.

● We observed two people having lunch together in one of their bedrooms. They told us they had known each other since school. It was evident staff were supportive in helping the friendship continue to grow.

Improving care quality in response to complaints or concerns

● The provider had procedures in place to respond to complaints. People and their relatives knew how to make a complaint and felt comfortable raising concerns. A relative told us about how on occasions laundry had gone missing but had written a list and this had been retrieved. A person said, "Yes I would speak with any of the carers, they are very good at getting back to you, I don't feel I need to go straight to the top on the first instance."

● Information on how to make a complaint was available on a notice board in the entrance hall.

● There was an electronic signing in record where visitors could rate the service on leaving the building. The manager said this meant any concerns could be followed up quickly. There had been one complaint since the manager had started and this was being addressed.

End of life care and support

● The home had achieved the nationally recognised Gold Standard Framework for end of life care (GSF). The GSF is a model of good practice which enabled a 'gold standard' of care to be provided for people who were nearing the end of their lives. This meant people received a high level of person-centred care tailored to their specific needs at the end of their life and staff followed best practice guidance.

● Feedback from healthcare professionals was extremely positive in how the staff cared for people at the end of life. One professional said, "The home in general and the staff care well for residents at the end of life and are skilled in providing palliative care".

● A member of staff said, "We are all conscious of the fact that this is probably going to be the last home of their lives and we want to make their journey as lovely as we can". Staff described how they supported people at their end stages of their lives. There was a commitment to ensure that this was pain free ensuring their wishes were respected.

● Another member of staff said, "For those that do not have family, I would sit with them and talk and listen to them and hold their hand if they want to. Just ensure there is no drama, and everything is peaceful."

● It was evident from talking with staff, the many compliment cards the home had received and feedback

from professionals that the care staff were very attentive and committed to ensuring people's end of life wishes were met. This included families staying with their loved ones or in one person's case being supported to return to their family home for their end of life care.

Good

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 good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection there had been some changes to the management of the service. A new manager started in July 2019 and a deputy manager in September 2019. The manager was in the process of registering with CQC.
- People, their relatives and the staff were aware of the management changes. Some had been in contact, whilst others said they had not met the new manager. The manager was aware of this and was addressing how much time was spent in the office and out in the home. This formed part of the action plan for the manager. There had been one relative and staff meeting since the manager had worked in the home. Plans for these were to happen at 3 monthly intervals.
- Quality audits were in place to check infection control, the environment, maintenance, staff performance and care planning. These were completed by the staff, the manager and senior management working for Brunelcare. The new management team were introducing a care plan audit to compliment what was already in place.
- There were systems to review accidents, incidents, complaints, falls, pressure wounds and safeguarding referrals for any themes and ensure appropriate action had been completed. This was shared with the provider so they had oversight of the home.
- The weekly huddle meeting for head of departments and nurses, which was introduced by the new manager was used to share work load and follow up on any improvements required in addition to improving communication across the home.
- Throughout the inspection the manager and senior management team were open and transparent and were proactive in their responses to our findings. Some actions were already in the process of being implemented. Some were still to take place such as the new care planning process and the redecoration of the home these had been identified by the provider and the management team and were being addressed as part of their own action plan.

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

- People and relatives spoke positively about the service and the delivery of care. Comments included, "All the staff are brilliant, I cannot find any faults with the care", and "You can tell that people (staff) enjoy working here and that shows to me with their caring ways around people"

● Staff morale was positive and they all told us they enjoyed their positions within the home. The staff team worked well together, and communication between the staff, head of departments and the manager was effective. A member of staff said, "Very homely and very family-like and I work with a good team and I love it". This was echoed by other staff we spoke with. All recommended Robinson House as a place to work or for a place for someone they loved to live.
● Feedback from professionals was equally positive about the way the staff supported people and the management of the service. One professional said, "There has been a smooth transition" during the management changes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The manager and the deputy manager were clear about their responsibilities for reporting to the CQC and the regulatory requirements of managing a care home. The rating of the service was clearly displayed within the home and on the provider's web page.
● Complaints, accidents, incidents and risks were clearly identified, and action taken to keep people safe. These were routinely reviewed to look for any themes.
● Relatives confirmed they were kept informed about any changes or concerns. Comments included, "Yes we have regular catch ups with the staff about her care and what has been working well" and "We had a meeting about her care they do this often I guess because things change".
● A notice board displayed information about governance arrangements. This included data on staffing and other audits that had been completed and their level of compliance. This showed that the service was open and transparent with people who use the service, relatives and visitors.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The manager told us since being in post they had organised one resident/relative meeting. Moving forward they said these would be organised every three months. They said they operated an open-door policy for relatives, staff, professionals and people.
● Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided.
● Three workshops had been organised at Robinson House for families and people living in the community to attend to find out more about supporting people with dementia. These had been led by a senior manager responsible for driving improvements in this area. From one of the workshops a relative had decided to use the service for respite.

Continuous learning and improving care
● Continuous learning and development opportunities were very much part of the service. Staff had opportunities to complete recognised care and management qualifications. A member of staff told us they were completing a care apprenticeship and had been supported throughout by the staff team. Staff were recognised for going over and above their normal duties via a reward scheme.
● The management team were very passionate about working and supporting people living with dementia. The had been accredited as a specialist home for people with dementia. They were reviewing their approach working closely with a university to make further improvements. They were planning to introduce the best bits from what they were doing already and applying a more human rights approach. Training was being cascaded to the staff.
● The manager and the staff had learnt and improved care in response to safeguarding concerns. This included improvements in respect of people's daily monitoring records, regularly checking equipment such

as walking aids were fit for purpose and capturing information around falls and unexplained bruising. It was evident these had been fully embedded into the culture of the home.

Working in partnership with others

● The service was working closely with a local college to provide people with learning disabilities a placement to learn about all aspects of working in a care home from helping in the kitchen, homemaking, gardening, the laundry or reception duties. This provided people with an opportunity to experience a real work setting over twelve months. One person was successful in gaining full time employment working in a hotel kitchen. The college staff and the care home staff worked closely to ensure the placement was a success both for the student and the people living in Robinson House. The home had won an award for their contribution.

●The manager and the team were aware of the need to work closely with other agencies to ensure positive outcomes for people. This included working with health and social care professionals. Because of the two flexi beds and two end of life beds the staff had helped in reducing admissions to hospital and helped when families were in crisis.