

Discovery Care Group

# Roxburgh House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Roxburgh House is a residential care home providing personal care to 15 people with a variety of needs. People's needs include, physical disabilities, dementia, learning disability or long-term mental health conditions. The service can support up to 22 people in one adapted building.

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

The quality of service people received had improved since our last inspection. People told us they felt safe, and they received the care and support that they needed.

The provider and manager had a vision of how the service needed to develop and was striving to develop and improve the service offered to people. A governance framework was in place which covered all aspects of the service and the care delivered. Numerous quality assurance audits had been completed. When shortfalls had been identified, plans were in place to continue with the improvements. However, some shortfalls concerning window restrictors had not been identified in the audits. The manager took immediate action to address this. We will check that improvements have continued and sustained at the next inspection. People and staff spoke highly of the support of the management team.

Improvements had been made in the staff recruitment processes. Staff were recruited safely, and safety checks had been completed before they started working at the service. There were enough staff on duty to make sure people received the personal care and support they needed when they needed it. Staff had the appropriate training to enable them to carry out their roles effectively.

The manager and staff promoted and encouraged person centred care to ensure people were treated as individuals. Staff knew how people preferred to receive their care and support. Staff knew how to communicate with people in the way they preferred and suited them best.

People were involved in planning what happened at the service. They had been asked for their views, and these were acted on. People were supported and encouraged to develop and maintain their independence with support from staff. There was a range of activities and pastimes for people to be involved in. People told us they enjoyed all the activities. They said they had fun.

Care plans were up to date, risk assessments were in place and regularly reviewed. The manager carried out regular checks and analysis of accidents and incidents to ensure learning from events was undertaken. This meant risks to people's health and safety were reduced.

People received their medicines on time and when they needed them. Staff had positive links with healthcare professionals which promoted people's wellbeing.

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.

End of life care wishes were explored and recorded. People and relatives knew who to contact with any complaints. People received responsive care. People were supported by kind and caring staff. Staff developed positive relationships with people through meaningful conversations, activities and spending time with them to find out their diverse needs.

The service was clean and improvements to the environment continued.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 December 2021). There were two breaches of the regulations. 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.

At this inspection we also looked at the breach of regulation 9 which had been identified at the inspection in 2019 (published 28 January 2020). The provider had failed to ensure people's needs were assessed and recorded using recognised tools. People had not been supported to plan their end of life care. Information was not available to everyone in ways that meet their needs and preferences. Some people had not been supported to remain active and occupied. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 9.

At our last inspection we recommended the provider consider current guidance in relation to investigating safeguarding vulnerable adult concerns and supporting people to safely manage their own finances. We also recommended the provider consider current guidance in relation to gathering the views of everyone involved with the service and taking meaningful action in response to these views. At this inspection we found the provider had acted on the recommendations and had made improvements. People were managing their own finances if they wanted to and people were asked their views on the service they received, and action was taken.

Why we inspected

We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspections for all key questions were looked at on this occasion. The overall rating for the service has changed from Requires Improvement to Good. This is based

on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Roxburgh House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 ●

# Roxburgh House

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Roxburgh House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Roxburgh House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was not a registered manager in post. The service had a manager in post, and they had applied for registration, however at the time of the inspection they were not registered with the CQC. This meant the provider is 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with five people who lived in the service and two relatives about their experience of the care provided. We observed interactions between people and staff throughout the day. We spoke with seven members of staff including the manager, deputy manager, care staff, activities co-ordinator, cook, maintenance man and trainer. We reviewed a range of records including four peoples' care records and multiple medication records. We looked at three staff recruitment files. A variety of records relating to the management of the service were reviewed including policies, health and safety checks, meeting notes, training records and audits. We used the Short Observational Framework for Inspection (SOFI). SOFI 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

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to follow safe recruitment processes, to ensure staff were of good character and had the skills required to complete their role. This was a breach of regulation 19 (Fit and proper persons employed) 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 19.

- Since our last inspection a full audit had taken place on all staff files to ensure they contained the required information. Staff files we reviewed evidenced work histories had been documented, each staff member had two references from their previous employer and the provider had completed Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of staff to meet people's needs and keep them safe. We observed staff had time to stop and speak with people.
- People and staff told us there were sufficient staff on duty. People were able to leave the service with staff support when they wanted. One person told us that they asked staff in advance if they wanted to go out with staff support, and staff were able to facilitate this. People told us there was staff available when needed and staff spent time with them. One person said, 'They [the staff] always have time for me. They do anything I ask. They always have a chat.'

### Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider consider current guidance in relation to investigating safeguarding vulnerable adult concerns and supporting people to safely manage their own finances.

- At this inspection, we found that the manager had investigated safeguarding concerns appropriately and worked with the local authority safeguarding team to resolve and learn from any concerns. People now made the decisions about how their finances were managed, some people managed their own finances and others chose to have staff support.
- Staff knew how to recognise signs of abuse and how to report their concerns. They were confident the manager would deal with a concern appropriately. Staff understood the whistleblowing policy and who they could speak to if they thought people were at risk. Staff we spoke with said, "I would tell the manager or deputy manager. I would check to make sure the right thing had been done but I know they would."
- Staff knew they could report any concerns to the local safeguarding authority and the CQC.



Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's individual health and wellbeing had been assessed and action was taken to mitigate the risks. Staff understood when people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- If people were at risk of choking their risk assessments gave detail on how to minimise this risk by providing specialist diets. The risk assessments gave guidance on what to do if people did start to choke.
- When people had medical conditions like diabetes there was guidance for staff on how to monitor their condition and what action to take if their condition became unstable. Some people were at risk of falling. Action had been taken to mitigate the risk of people falling and hurting themselves. Peoples skin was monitored to ensure it remained as healthy as possible. People were re-positioned in bed at regular intervals and had specialist equipment in place to prevent their skin from becoming sore.
- Checks were completed on the environment to ensure it was safe for people living at the service. For example, checks were completed to ensure water outlets were not too hot and placing people at risk of scalding. Fire safety risks had been assessed and managed. Fire exits were accessible and free from obstacles to make it safe for people to evacuate the premises in an emergency. Personal Emergency Evacuation Plans (PEEPs) were in place which contained individual on how to safely evacuate people from the building.
- Incidents and accidents were recorded, reviewed and investigated by the manager. This identified any trends or patterns to ensure action was taken to prevent reoccurrence

Using medicines safely

- The service had recently started using an electronic system to assist in managing people's medicines. As a result, medicines errors had reduced.
- Medicines were managed in a safe way. People received their medicine on time and when they needed them. Medicines that require special storage were managed appropriately.
- Regular audits on medicines had been done to make sure they had been given correctly. Medicine was ordered, stored and disposed of safely. Medicines administration records (MAR) were complete with no gaps or errors in recording. Staff received training in the safe management of medicines, and this was refreshed every 12 months. Staff competencies in giving people their medicines were regularly checked.
- Some people were supported to take their own medicines on a daily basis. This had been risk assessed and checks were in place to make sure this was done safely.
- There was information for staff about people's medicine such as why the medicine had been prescribed and how people liked to take their medicines. Where people had medicines prescribed 'as and when necessary' such as pain relief, information was available for staff. The guidance included why the medicine was prescribed and when the person may need to take it. One person said, "They [the staff] always ask if I am in any pain and if I need my pain killers."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

## Visiting in care homes

- The service welcomed visitors. People told us their relatives visited whenever they wanted to. There were visitors at the service on the day of the inspection.

# 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 inspection in November 2019 we rated this key question as requires improvement. At this inspection the rating has changed to good. 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

At the inspection in November 2019 a process was not in operation to record the assessment of people's needs before they began using the service. Recognised assessment tools had not been used to assess people's needs. This was a breach of regulation 9 (Person centred care) 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 9.

- People were assessed by the manager or deputy manager before moving to the service to ensure Roxburgh House was able to meet their care and support needs.
- Assessments guided by national frameworks and standards were completed to ensure that people's needs were assessed and met. The assessment process covered areas such as the person's general health, mobility, medicines and nutrition. The assessment had been completed in line with current legislation and recognised best practice guidance. All this information was used to form the person's care plan and risk assessments and support them to achieve good outcomes. People were offered the support in the way they preferred and that suited them best.
- People were reassessed regularly as their needs changed to ensure the care they received met their needs. Staff knew people well and provided support to meet their needs and take account of their wishes. Staff told us they had the information they needed to provide good care to people.
- People's protected characteristics under the Equalities Act 2010, such as religion, sexuality and culture were discussed with people.

Staff support: induction, training, skills and experience

- People received good care and experienced positive outcomes because staff were trained and skilled to provide their care. One person told us, "The carers [care staff] are very good." A relative told us, "The staff seem very well-trained and good at what they're doing."
- The provider had employed a trainer to support staff to develop their knowledge and skills on how best to support and care for people. The trainer was available to spend individual time with staff to make sure they understood and put into practise all they had learnt. Their competencies were checked regularly. Staff said having the trainer at the service during the week was a real benefit as if they were unsure about anything they could just ask.
- Staff refreshed their knowledge to keep up to date with best practice by completing training in topics,

such as moving people safely, first aid and fluids and nutrition. Additional training, which was relevant to people's support needs was also completed. For example, dementia, catheter care, learning disabilities and end of life care.

- Staff told us they completed training to give them the skills and knowledge to provide people's support. They said they felt supported by the management team and could go to them at any time. Staff received regular one to one supervision with a senior member of staff.

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

- People's preferences, likes, dislikes, and dietary requirements were documented and respected. People told us the food was good and they had plenty of choice. We observed people were given choices of food and drinks. Food was well presented, and the portion sizes were generous.
- The chef was knowledgeable about people's individual food preferences and specialist diets. The kitchen was clean and organised. People were given a choice of meals and chose the food they preferred. One person told us how they preferred their rice pudding. They said, "The chef always makes sure it's just how I like it. They never forget."
- People's weight was monitored monthly and more regularly if any risks were identified. People were referred to dieticians or the Speech and Language team (SALT) if any concerns were identified. Some people were given one to one support when eating and drinking if they were at risk of choking.
- On the day of the inspection people were unable to use the dining area as a new flooring was being laid. This had been planned for and staff sure made people received their meals in the lounge area or in their bedrooms if they preferred.

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

- Health and social care professionals told us that communication with the service had improved and the staff gave the information they needed to give people the support they required. Professionals told us the management team contacted them promptly if they had any concerns or if they wanted advice. Visiting professionals said the staff acted on advice that was given.
- People were supported to access healthcare services when they needed to. People were seen regularly by their GP and referrals to other healthcare professionals were made when required. One staff member said, "People can ask for a doctor. If they need a doctor the manager or deputy manager will call, and the doctor will come out. We have opticians that come out, chiropodist comes in quite regularly."
- A visiting professional told us, 'The manager and deputy always have such brilliant attitudes when I contact them or visit and are always able to provide me with a comprehensive answer of all the residents we are discussing. As well, other staff members are always keen to assist, and my requests are always met. As said previously the home are happy to reach out and request help or guidance when needed, then when a health professional has provided this, they always keep my team updated with follow up information.'
- People's oral health needs were assessed. Each person had an oral health care plan, which gave staff the guidance on how best to support people. People saw dentists regularly.

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

- People lived in comfortable accommodation which was suitable to meet their needs. The provider had invested in upgrading the environment and people were included in choosing the décor in their rooms.
- People were able to personalise their room with their own furniture and personal items. People told us they liked the improvements the provider had made. Staff told us there was continuous environmental improvements at the service. One staff member said, "There are always maintenance people in here. The place has improved. Its more homely and comfortable for people."
- All areas of the service were accessible to people, including a dining room in the basement. The lift had

broken down prior to the inspection. On the day of the inspection an engineer was repairing the lift.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Managers and staff understood their responsibilities to comply with the MCA. When people lacked the capacity to make complex decisions, for example about vaccinations or where they wanted to live, managers organised for meetings to be held with professionals who supported the person in their best interest.
- We observed staff supporting people to make decisions for themselves. For example, staff told us when new people moved into the service, and they didn't know what they liked to wear, they brought two examples of coats and shoes for the person to choose when they were planning to go out.

# 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 our inspection in November 2019, we rated this key question good. The rating for this key question has remained good. 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 received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff spoke about people with fondness. Staff said of one person, "They are the life and soul of the place, we always sing to each other." People were smiling, happy and relaxed. One person said, "They [the staff] are lovely. They are so patient and are interested in me."
- Staff recognised when people became anxious and offered them emotional support. Staff spoke with people in calm, voice to give them assurances.
- Staff knew people well and understood how they liked to spend their time. People were given options, but some enjoyed the same routines, such as going to the shops and lunch out. Staff told us they really enjoyed going out with people and supporting them to spend their time as they wanted. A staff member said, I really enjoy it. It's hard work but it's not. It feels like home. Everyone is lovely the staff and the residents.

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

- People were supported to express their views and be involved in all decisions. Some people were able to inform staff about what they wanted. Staff told us other people needed support, for example to be given two choices about the clothes they would like to wear or how they would like to spend their time. A staff member said, "We do this, so they don't become overwhelmed and not able to make any decision."
- People told us staff always sought their consent before providing support. They said, "The staff always respect my wishes" and "The staff listen and understand me; nothing is too much trouble."
- Staff supported people to maintain links with those important to them. A relative told us, "I come here as often as I can. They make me feel welcome."

Respecting and promoting people's privacy, dignity and independence

- People were very well dressed, and when staff complimented on their clothes or hair they smiled and looked happy. People were encouraged to do as much for themselves as possible.
- Staff understood the level of support people needed to be as independent as possible. For example, when supporting someone to walk around the service staff would advise them of any potential risks or hazards.
- Staff supported people to maintain their dignity and independence when supporting them with personal care. Staff told us, "When we are doing personal care, we always close windows. We use towels to cover people if they are undressed. Sometimes people indicate they want to go to the bathroom we just discreetly help them to the bathroom."
- Staff knew when people needed their space and privacy and respected this. People were able to spend time alone if they wanted to.

# Is the service responsive?

## Our findings

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

At our inspection in November 2019 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At the inspection in November 2019 some people had not been supported to remain active and occupied. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Since the last inspection the provider had employed a full-time activities co-ordinator who worked flexibly throughout the week to ensure people could do the activities they wanted to. People were supported and encouraged to take part in a wide range of activities. Some activities were done in groups and others were done individually, pending on the needs and wishes of people. One person had recently been supported to see a musical.
- Activities included visiting entertainers, trips out in the community, yoga, exercises, arts and crafts, word games, puzzles, ball games. People told us they enjoyed joining in the activities and looked forward to going out on trips.
- The service had a large interactive electronic tablet which people could use for playing games, staying in touch with family and take virtual tours to art galleries, places of interest or even the street and local area where they had grown up in.
- The activities person was gathering as much information as possible about people their families and their past. Peoples favourite songs, films and important events were recorded. This was so important information about people did not get lost if their condition deteriorated or circumstances changed. Each person had a large scrap book which they had been involved putting together to make sure their memories were kept safe and kept alive.
- People were encouraged and supported to go out with relatives whenever they wanted to. Activities were being organised for Christmas. People were going to visit the local Christmas fair and a pantomime cast were going to perform at the service.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in

relation to communication.

At our inspection in November 2019 the provider had failed to ensure Information was available to everyone in ways that meet their needs and preferences. This was a breach of regulation 9 (Person centred care) 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 9.

- The previous registered manager was not aware of AIS. Information was not available to people in different formats. At this inspection we found improvements. Information was available to people in large print, or pictorial format. This included information on how to make complaints, and food menus.
- When people had healthcare check-ups or screenings, information was provided to them in a format they used to support their understanding of the process.
- Each person's communication needs been assessed. Staff were seen communicating with people with patience and in the way their preferred.

End of life care and support

At the inspection in November 2019 people had not been asked about their end of life wishes. This was a breach of regulation 9 (person centred care) 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 9.

- People and their relatives had been given the opportunity to discuss their end of life preferences. Important information such as people's cultural or spiritual preferences had been discussed.
- People who wanted, were supported to remain at the service at the end of their life by community and hospice teams.
- Staff had received end of life care training and worked closely with other professionals to make sure people received coordinated, compassionate care. Staff understood people's needs, they were aware of good practice and guidance about end of life care.

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

- Each person had a care plan that detailed the care and support that they needed in the way they preferred and suited them best.
- Staff knew people well. Some people had lived at the service for a long time and there was number of staff who had worked at the service for many years. Staff had the skills and knowledge to support people with their individual needs
- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life.
- Staff said, "If I can make a difference in someone's day then that's all I need, it's more than a job."

Improving care quality in response to complaints or concerns

- People, and their relatives told us they knew how to make a complaint or raise a concern. There was a system in place to respond and act on all concerns raised. When people had raised things with management, they had been addressed and resolved. There was a complaint process available for people



to review, which was available in larger font or a pictorial version for people who needed them.

- Staff and the managers had received positive feedback. People sent feedback that included, 'thank you for making me feel at home and looking after me,' and, 'Wow what a good job your all doing to Roxburgh. Looks so different when we came last week. You're all doing a great job.'

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

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

At our last three inspections the provider had failed to maintain accurate and complete records in relation to the service and people's care. This was a continued 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.

- The provider had introduced a new electronic care recording system which was now embedded, and staff had been trained to use the system effectively. The manager told us they visited other services in the area using the system to learn and develop their knowledge of the system. Records had been consistently completed. When people needed to be repositioned regularly to reduce the risk of skin damage, position changes were recorded.
- Care plans were accurate about the support people required and their preferences. For example, when people were at risk of choking there was guidance in place on how to reduce the risk and what action to take should the risk occur.
- At the time of our inspection there was not a registered manager in post. The service had a manager in post, and they had applied for registration with CQC. Relatives and staff told us there they felt the service was improving under the direction of the manager. They did say that the situation was settling and improving. They told us that they had confidence in the manager. Relatives commented, 'I can't fault Roxburgh House at all. My relative is well looked after and is so happy there. I know they are settled and considers Roxburgh as their home.'
- The manager told us they kept their skills up to date by reviewing a range of information, including updates for providers from CQC, and forums for managers. They told us that the forums provided them with "Some fabulous information, if new guidelines come up, they're straight on there."
- The manager was leading the service and was supported by two deputy managers. Staff were clear about their roles and responsibilities. The manager completed checks and audits on all areas of the service, which included areas such as infection control, environmental safety checks, medicines, care plans and risk assessments. When short falls were identified action was taken. At the inspection we found some window restrictors were not in place to make sure people were safe. This had not been identified on audits. The manager took immediate action to address the shortfall and window restrictors were installed.
- There was continuous learning which improved the standard of care people were receiving. Incidents that occurred were analysed. The manager had a good understanding of the risks at the service and understood

why it was important to analyse incidents to prevent repeated occurrences

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

At the last inspection the provider had failed to assess, monitor and improve the quality of the service in line with nationally recognised guidance around person centred care. 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.

- The management team and staff understood the aims and values of the service to provide personalised care and support and this was the culture amongst the staff team. Staff told us they encourage people to do as much as possible for themselves. One person told us, "I just need a bit of help with washing and dressing, the staff just do what I ask. I like to do as much as I can."
- People had as much control choice and independence as they wanted to. People who were able had control over their money. Some people had chosen to have safes in their rooms so they could keep their money and important belongings safely. People had been supported to get their own bank cards and spend their money as they wished.
- Staff also considered people's social needs and identified local groups for people to join and events to attend. People were supported to do as much as possible for themselves and live fulfilling and active lives within Roxburgh House and in their local area  
A relative commented, 'We are very grateful for all the staff support for my relative. We receive regular news and updates via photos and notes to see the activities they have been taking part in. These activities enrich their days.'
- Throughout our inspection, we observed staff and management were kind and accommodating. There was a warm, relaxed atmosphere throughout the service.

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; Working in partnership with others; Continuous learning and improving care

- The manager had been open and honest in line with their legal responsibilities. When people had been harmed or allegations of abuse were made the manager had shared this information openly with stakeholders.
- We had been informed of significant events that had occurred at the service. Investigations took place and action was taken to make improvements and prevent any re-occurrence. Relatives told us if there were any concerns or incidences that involved their loved one, they were contacted by staff to keep them up to date.
- The manager and staff worked effectively with partner agencies. They had developed working relationships with local health and social care professionals. People were referred to specialist professionals when they needed support and guidance.
- We received feedback from visiting professionals who told us they had a good working relationship with management and staff at the service. One professional told us, 'The management there have a great structure and I feel the staff are well supported, even during these difficult times recently with the pandemic. Every training session the Primary Care Network (PCN) provides, the home is always in attendance, willing to learn and implement new programs that are requested of them. I feel the team at Roxburgh have a great understanding of their residents needs and are always striving to ensure their needs are met to the best of their ability and treated with respect.'
- The management team had learnt and made improvements following previous CQC inspections. They

had taken action on the shortfalls. The provider and manager where necessary, had undertaken detailed and transparent investigations into incidents, safeguarding and accidents and there was evidence of lessons learnt to help improve the service people received.

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

- Systems were in place to enable people, staff and relatives to give feedback. The provider carried out surveys with people, relatives, stakeholders and staff. The feedback about the service was overall positive.
- People were given opportunities to feedback on the quality of care they received. One person had written to management with positive feedback about improvements at the service. They said, 'The difference that I have experienced this year are many and varied. A whole group of things were improved upon – quality of meals, choice of meals, activities. House redecorated with freshly painted bedroom wall too residents' requests new flooring throughout refurbished dining room. But the biggest improvement will be the back garden.
- The manager communicated regularly with staff. Staff said they were able to feedback their views and suggestions. Staff told us they were listened too and Roxburgh House was a good place too work. Staff had regular meetings and had the opportunity to discuss their roles and learn from each other's experiences.