

Fineware Homes (Stevenage) Limited

Roebuck Nursing Home

Inspection report

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Stevenage
Hertfordshire
SG2 8DS

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14 March 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 14 March 2017 and was unannounced. At their last inspection on 2 August 2016, they were found to not be meeting the standards we inspected. At this inspection we found that they were not meeting all the standards and there were still areas that required improvement. This was in relation to management systems and activities provided for people.

Roebuck Nursing Home provides accommodation and nursing care for up to 63 people, including people living with dementia. At the time of the inspection there were 42 people living there.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

There had been improvements to the way people's medicines were managed and the management had identified where there were shortfalls, however, there were still some issues ongoing. People felt safe and their individual risks were assessed and managed. Accidents and incidents were acted upon to reduce a reoccurrence. People were supported by enough staff who were recruited robustly.

People's consent was sought but the MCA principles needed to be consistently supplied in relation to best interest decisions.

People were supported to eat and drink sufficient amounts however fluid charts were not always reviewed and the mealtime experience needed development, particularly for those living with dementia.

People were supported by staff who were trained and supervised and there was regular access to health and social care professionals.

People were treated with dignity and respect. We saw staff speak appropriately to people and treat people with kindness. People and their relatives told us that they were involved in planning their care.

Confidentiality was promoted. However, when we arrived at the service the nurse's station was left open and records would have been accessible to those who were not authorised to have access. .

People's care needs were met and their care plans were clear with the appropriate information to enable staff to support people and these were kept up to date. Activities needed further development to ensure more frequency and availability.

The quality assurance systems required further development to ensure they were effective. There was a new deputy manager in post who was working with the provider and registered manager to develop quality assurance systems. The ethos of the home and information about lessons learned were not always shared

effectively with staff. People knew the registered manager and told us they were approachable. Staff told us that the management team were supportive.

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 not consistently safe.

There had been some improvements to the way people's medicines were managed and they had identified where there were shortfalls, however, there were still some issues ongoing.

People felt safe and their individual risks were assessed and managed.

Accidents and incidents were acted upon to help reduce a reoccurrence.

People were supported by enough staff who were recruited robustly.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People's consent was sought but the MCA principles needed to be consistently applied in relation to best interest decisions.

People were supported to eat and drink sufficient amounts however fluid charts were not always reviewed and the mealtime experience needed development.

People were supported by staff who were trained and supervised.

There was regular access to health and social care professionals.

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated with dignity and respect.

People and their relatives were involved in planning their care.

Confidentiality was promoted.

Good ●

Is the service responsive?

The service was not consistently responsive.

Activities needed further development to ensure more frequency and availability.

Complaints were responded to but feedback was not always sought, and when it was, not handled in a way that enabled the service to have oversight of issues and progress of actions needed.

People's care needs were met.

People's care plans were clear and kept up to date.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

The quality assurance systems required further development to ensure they were effective.

The ethos of the home and information about lessons learned were not always shared effectively with staff.

People knew the registered manager and told us they were approachable.

Requires Improvement ●

Roebuck Nursing Home

Detailed findings

Background to this inspection

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

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the action plan that the provider sent us following their last inspection which set out how they would ensure they were meeting the standards.

The inspection was unannounced and carried out by two inspectors.

During the inspection we spoke with seven people who used the service, four relatives, six staff members, the deputy manager, the registered manager and the providers. We received information from service commissioners and spoke with two health professionals. We viewed information relating to four people's care and support. We also reviewed records relating to the management of the service.

Is the service safe?

Our findings

When we last inspected the service on 2 August 2016 we found that people's medicines were not always managed safely and there were not sufficient staff to meet people's needs in a timely way. At this inspection we found that staffing issues had been addressed and there had been changes to the way people's medicines were managed. However, this was still an area that needed further development.

People received their medicines in accordance with the prescribers' instructions. We found that records were completed consistently, protocols for medicines prescribed on an as needed basis were in place, and there was a record of staff signatures and guidance for staff on how people took their medicines. Since our last inspection the management team had implemented robust checks and audits to help ensure medicines were managed safely. We saw that where these checks identified issues, for example, a missed signature or a discrepancy in quantities, they provided the staff member with supervision, further training and competency assessments. We also saw that these issues were part of the agenda for a meeting with the nurses later that day. However, we did also note that of the eight boxed tablets we checked, three were incorrect. Further exploration showed that one was as a result of a tablet being dispensed while a person was in hospital but it not being recorded as destroyed, the remaining two were the same medicine and the quantities indicated the medicines had been taken from one box instead of two. We also found that some variable dose medicines were not clearly recorded, for example, half or one tablet administered and some boxed or bottled medicines were not always dated on opening. Therefore, medicines management remained an area that requires improvement.

People told us that there was enough staff to meet their needs. Some people did say that the service could always benefit from having more staff but this did not mean they needed to wait for long for assistance. One person said, "You could always do with more staff but they help me when I need it." Relatives also told us that the home was ok for staff but at times they were busy. One relative of a person who told us they'd like to walk more said, "I would like for them to walk [relative] around about to get [their] legs working, but they don't have time for the one to one stuff." The person did not want us to raise this with the registered manager so we suggested they raise it at their next review, if not before.

Staff told us that they felt there were enough of them to meet people's needs. One staff member said, "It's better now for staff." However staff also told us that at times shifts were busy. We saw that people had their needs met in a timely manner and call bells were answered promptly. People were not left unsupervised inappropriately and staff did not rush people when supporting them.

The registered manager reviewed accidents and completed their analysis each month. They looked at times and locations to help identify themes or trends. Where needed, remedial action was taken. For example, a pressure mat being put into a person's room to alert staff to a person mobilising and the risk of falls. The registered manager reviewed unexplained injuries, such as bruises, and carried out investigations. This included checking the person's environment, liaising with the GP, interviewing staff and where needed, they raised any unexplained bruising or injury with the local safeguarding team. However, we discussed the need to ensure all action taken in regards to the investigation being accurately recorded and maintained with the

initial form to show all action taken.

People had their individual risks assessed. These included falls, moving and handling, nutrition and pressure care. There was clear guidance for staff on how to manage these risks. People told us that they felt staff supported them safely. We observed staff supporting people and saw that they did so in accordance with their assessments. For example, moving their feet onto a wheelchair or assisting a person to stand. We noted that regular repositioning was recorded at the appropriate timings and people's positions were changed regularly. Pressure relieving mattresses were set correctly for people's weights and these were checked to ensure they were safe to use.

People told us they felt safe living at Roebuck Nursing Home. Relatives also told us that they felt people were safe. Staff were clear on how to recognise and respond to concerns about abuse and people's welfare. One staff member said, "Staff are very good at flagging any concerns." We saw that information was displayed around the home and the registered manager took a zero tolerance approach to any potential concerns. For example, if they found that a staff member was not suitable for working in a care environment then they commenced their employment disciplinary process and notified the relevant agencies. For example, the nursing and midwifery council (NMC) where the staff member was nurse. They told us that they also expressed that they would not reemploy this person on any reference requests. This helped to ensure that only those who were fit to work within a care setting were employed at the service and raised awareness about possible unacceptable practice from staff members to potential new employers.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of four staff and found that all the required documentation was in place including two written references and criminal record checks.

Is the service effective?

Our findings

When we last inspected the service on 2 August 2016 we found that they were not always working in accordance with the Mental Capacity Act 2005 as they did not ensure people had their capacity assessed and there were no best interest decisions documented. At this inspection we found that they had ensured people had received mental capacity assessments and best interest decisions had been recorded. However, this needed further development to ensure consistency of the process.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People had their ability to make decisions assessed and in some cases they had a best interest's decision recorded. For example, in relation to the use of bed rails. However, this was not consistent and capacity relating to each decision had not always been assessed, therefore there was not always a best interest decision. For example, in relation to covert administration of medicines. This was an area that required improvement.

People told us, and our observations confirmed that staff explained what was happening and obtained their consent before they provided day to day care and support. We also noted that 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) decisions were in place, and it was clear that people had been involved with making the decisions and, where appropriate, their family members as well.

People told us they enjoyed the food. A visitor told us that they tried to accommodate their relative's food choices, but at times they had arrived to find they had been given the food they did not like. They told us, "It's ok though [they do] have snacks and cakes in here." We saw that dietary needs were displayed in the kitchen areas and these were adhered to during the inspection. The meal choices on the day of this inspection were poached salmon or cheese omelette. Choices were ascertained the previous day and we did not see staff checking with people that they still wanted the option they had previously selected. Staff did not offer people a choice from two plated options nor was there a pictorial menu to support people living with dementia to make a meaningful choice. We discussed this with the staff team who told us that some of the people they supported would not be able to recall what they had chosen.

People's relatives told us of occasions where the cultural diversity of the staff team had resulted in some strange meal options. For example, an instance where gravy had been served on macaroni cheese. They told us that staff did not have an awareness that this was not the usual way this meal was served when

questioned about it. There were also some comments about portion sizes. Staff were concerned at lunchtime that they may run out of food but the provider instructed them that they were making the portions too large, and then served themselves a meal, which also halted staff from serving people who were waiting and increased the chance of running out of food. However, there was enough food for people on the day of inspection and people told us that they had enough to eat.

We observed the lunchtime meal served in a communal dining room and we noted that people were provided with appropriate levels of support to help them eat and drink. Staff were present in the dining room engaging people in conversation while waiting for lunch to arrive. However, we saw that tables were stark and appeared institutional because there were no table cloths, no table mats and no condiments available to support people's independence. Plastic mugs were on tables for people to have a drink with their breakfast, however, these were changed to glasses just before lunch. The mealtime experience and the meal choice process particularly for those living with dementia, required improvement.

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. These assessments were kept under review and amended in response to any changes in people's needs. For example, we saw records to confirm dietician involvement with the care of a person who had started to lose weight. The advice from the dietician was to fortify the person's food by adding ground almonds to their daily porridge and adding powdered milk to their meals and drinks. This advice had been followed and we noted that the person's weight had stabilised as a result.

People told us that they felt the staff team were well trained. One person said, "The staff are trained, [trainer/activity organiser] does that, she's very good." We received mixed views from the staff team in relation to training. The training facilitator said there was a robust programme ensuring that people received all the basic core training and regular updates. A recently recruited staff member was able to confirm they had received moving and handling, safeguarding and health and safety but could not recall any others. Another staff member recruited in towards the end of 2016 said that they had not received any training at all since coming into post. However, we later received records from the registered manager showing that they had received training. Others told us that they felt well trained and equipped for their role. The provider did not have an overview of the training received by staff or the training requirements going forward. The newly recruited deputy manager had identified this as an area of improvement and shared their plan to develop a spreadsheet to capture this information.

The management team and staff confirmed that there was a programme of staff supervision in place, staff said they received support as and when needed and were fully confident to approach the management team for additional support at any time. We saw that supervision covered training and development areas, and there were ad hoc team meetings for small numbers of staff, or one to one meetings, to discuss any particular issues, such as issues in the staff team or breaks.

People told us that their day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. We noted that appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dietitians, opticians and chiropodists. One relative said, "They [Staff] look after [relative's] physical needs very well."

We spoke with two visiting healthcare professionals during the course of this inspection who gave us positive feedback about the service provided. One health professional said that the staff were knowledgeable, they had all the relevant information to hand and the call had been made appropriately. Another person told us that they found it useful that there were named nurses available to speak with them about people's care needs.

Is the service caring?

Our findings

People, and their relatives, told us they were happy with the staff that provided their care. One person who used the service told us, "The staff are nice and kind, I would complain otherwise!" A relative told us, "They're always kind, always pleasant, they're brilliant."

People and their relatives told us that they were involved with planning and reviewing their care. One relative said, "I'm always informed, we have a good relationship with the staff." We saw that plans were being further developed to better include life history, preferences and family information. There was work ongoing in relation to the keyworker system.

Staff were calm and gentle in their approach towards people. We heard kind and gentle interactions between staff and people they supported. For example, a staff member went into a person's room to greet them in the morning and said, "Good morning [Person's name] may I put the light on?" We also saw a staff member walking arm in arm with a person and later sitting holding their hand.

Staff respected people's dignity making sure they supported people in the way they wished and encouraging them to remain as independent as possible. During our visit we observed staff were always courteous and kind towards people they supported. We saw staff promoting people's dignity and privacy knocking on people's doors before entering their rooms. Throughout the day we noted there was good communication between staff and the people who used the service.

The environment throughout the home was homely and welcoming. People's individual bedrooms were personalised with many items that had been brought in from their home such as cushions and pictures. However, some development was needed, for example signage, for people living with dementia.

People's care records were stored in a lockable office in order to maintain the dignity and confidentiality of people who used the service. However, we noted occasions where the office door was open when staff were not using it. In addition, some staff could not recall the key code number which indicated it was not unusual for staff to access the room without the code being needed.

Relatives and friends of people who used the service were encouraged to visit at any time and told us, "The staff are always welcoming and involve us."

Is the service responsive?

Our findings

When we last inspected the service we found that activities and the environment for people living with dementia needed improving to provide a stimulating atmosphere. At this inspection we found that there was a refurbishment programme in progress for the third floor which had previously been the floor where people living with dementia resided. This floor remained closed at the time of the inspection. The activities plan was being developed and we found that some consideration of how to engage people living with dementia had been considered. However, the programme required further development to ensure the provision and frequency of activities was consistent.

There was a programme of activities available for people who used the service. A church service took place on the afternoon of the inspection, however, we did not witness any activities taking place. The activity coordinator was also a managerial assistant and as such had many demands on their time including arranging the staff rota, organising staff training and supervision. The management team reported that activities tended to take place in the afternoons from Monday to Friday with no provision at all at the weekends. The hairdresser visited the home twice a week and this was seen on the calendar as an activity for those days even though only a few people used this service. Other activities included on the activity planner included floor games, movies, puzzles, quizzes, arts and crafts, bingo and exercises. Staff told us that these were not routinely offered because they did not have the time to arrange them and there was not a specific staff resource to manage activities. The registered manager told us that there was no time for activities in the mornings as care was the priority. However this meant that people who spent time in the lounges only received activities five days a week for around an hour and half, and those who spent all day in bed only received an infrequent few minutes of one to one time some afternoons when staff had time to spend with them. In addition, there assessment process was still ongoing so we were unable to ascertain if activities offered were linked to individual hobbies and interests.

Therefore this was a continued breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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Therefore this was a continued breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

When we last inspected the service on 2 August 2016 we found that care plans did not include full and clear assessments in place to enable for care to be delivered in a person centred way. We found that these plans had been improved and provided staff with clear information to support people with their care.

People's relatives told us they had been involved in developing people's care plans. People's care plans were reviewed regularly to help ensure they continued to meet people's needs. A relative told us that the staff were good at keeping them up to date with important events in people's lives.

People's care plans were sufficiently detailed to guide staff to provide their individual care needs. For example, one care plan advised staff how a person used to smoke and had ceased to smoke cigarettes but still wished to use an e-cigarette as a means of comfort when they were in pain, another instructed staff which side to place a person's drink on so they could reach it.

Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes or if they had declined to talk about this matter when they moved in to the home.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs. People were not able to tell us if their individual needs were met at the times they preferred however, the staff team were aware of people's needs and wishes and incorporated them into their working patterns as much as they were able. However, one person told us they would like daily exercise incorporated into their routine but staff did not have time to do this.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager. For example one relative told us that they had requested a replacement over bed table because the one in their family member's room was damaged. They told us, "If there is anything that bothers us we raise it and they [management team] act straight away."

We noted that issues raised verbally had been documented and managed in accordance with the provider's policy and procedure for dealing with complaints. Records detailed the concerns, the actions taken to investigate, the feedback given to the complainant and any remedial action that had been identified as necessary through the investigation.

Relatives we spoke with were not able to tell us about any meetings held for them to meet as a group to discuss the service and facilities provided at Roebuck. We noted information on a communal notice board advertising a meeting that was scheduled to take place on 16 March 2017 for people who used the service and their relatives to meet with the management team.

Is the service well-led?

Our findings

When we last inspected the service on 2 August 2016 we found that systems to monitor and address the quality of the service and those to identify possible issues were lacking. At this inspection we found that the service had made some improvements and had implemented some quality assurance systems. However, these required further development and time to ensure they were effective and embedded in practice.

There was now a system of checks undertaken routinely to help ensure that the service was safe. These included such areas as the environment, care plans, medicine management, infection control, call bell system and food hygiene. We found that these audits were undertaken with a light touch and had not always identified issues to be addressed. For example, the environment audit undertaken on 24 February 2017 had identified a coffee spill in a stairwell but had not identified that chairs in the communal lounges had ingrained stains and smelt of urine or that doorways into communal lounge areas were scuffed and damaged. We also noted that where issues had been identified there was no specified time or date for remedial actions to be completed by. This meant that it was not possible to track actions through to confirm that the system of audits were effective to bring about improvements. The management team acknowledged this area of required improvement and undertook to compile an overall action plan for the service to capture any issues identified through routine audits. We also discussed the need to benchmark practice in the service against nationally recognised good practice and the need to ensure the managements team's knowledge was up to date.

The provider and registered manager had sent an action plan to us following the last inspection setting out how they would meet the required standards. However, when asked what the progress was, they were not clear what the actions had been. We found the approach to resolving the issues had not been consistent and issues still remained. For example, in relation to governance systems, activities, and their approach to MCA and best interests decisions required more work. The registered manager told us this has been to enable them to work on one area thoroughly, in this instance, the medicines management. However, we did identify issues with the management of medicines as part of this inspection.

There was a new deputy manager who was working with the provider and registered manager to develop quality systems. They told us that they had plans to introduce an action plan that covered all areas, to help them monitor progress and other areas, such as training required, in the service. However, this was still in the planning stages and not yet ready to be implemented.

Some staff members told us that the management team was approachable and that they could talk to them at any time however, some staff members were less positive saying that they didn't feel their input was encouraged.

Staff told us that there were staff meetings held however, they said that these were not regular and were not used as a means of gathering their views and suggestions but purely to pass on management instructions. We also found there was no formal agenda to these meetings which was a missed opportunity to refresh knowledge, the homes ethos and to share lessons learned. In addition, there were no action plans as a result

of these meetings.

The management team reported that satisfaction surveys were distributed annually to people who used the service, their friends and relatives and staff members. We reviewed feedback from staff surveys and noted that areas identified for improvement had not been developed into an action plan to assess progress and effectiveness of any remedial action taken.

As part of this inspection we found there to be ongoing shortfalls in relation to activity provision and the mealtime experience, this was a particular issue for people living with dementia and those who spent all their time in bed. The trainer/activities organiser told us that they were working to develop these areas. However, there had been a lack of development and researching from the management team to ensure these areas were brought in line with current good practice and knowledge updates.

Therefore this was a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People who used the service and their relatives knew the registered manager by name and felt that they were approachable with any problems. One relative told us, "I know I can go to [registered manager] at any time and that they will listen to me."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service, relatives and staff in a positive and professional manner.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not ensure that people received activities in a person centred way. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to monitor the service and identify and resolve any issues were not yet effective and required further development. |