

Roborough House Ltd

# Roborough House

## Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 5 and 6 December 2016 and was unannounced.

Roborough House is a care home that also provides nursing care. Roborough House can accommodate a maximum of 51 people with dementia, learning disabilities, mental or physical health needs, sensory impairment and substance misuse needs. At the time of the inspection there were 40 people living at the service.

At the comprehensive inspection on 13 and 14 January 2016, people were not always protected from risks associated with their care, and documentation related to people's risks was not always reflective of their needs. The management of medicines was not always safe and it was not always clear whether people had received their medicines as prescribed and at the right time, we asked the provider to take action to make improvements to medicines management. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation of the breaches. We undertook a focussed inspection on 9 June 2016. This was to check the provider had followed their plan and to confirm they now met the legal requirements. We found that whilst many aspects of medicine management had improved, people's medicines were not always managed safely. We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a manager in post who was in the process of registering with the care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always kept safe within the environment at Roborough House. We found some concerns relating to cleanliness and infection control. In addition, we found some potentially dangerous items which could have been used to self-harm or to injure others, which were not securely stored. There were some concerns about areas being cluttered, and an emergency exit which was blocked, which may have been problematic in the event of an evacuation of the building.

Although people's medicines were administered, stored and disposed of safely, we found some concerns relating to the administration of medicines by agency staff. We found that there was a high staff turnover at the service, a high use of agency staff and a shortage of nursing staff. This could have led to a higher incidence of medicines errors. Morale amongst staff was mixed.

People who lacked capacity to make certain decisions for themselves may not have always been sufficiently protected as mental capacity assessments were not being undertaken. It was therefore not possible to know whether decisions made were in their best interest or the least restrictive available.

People's health care needs were not always recorded appropriately. Screening tools were used inconsistently and these were not always used to inform the person's care plan. It was therefore not always possible to know if the person received appropriate care and treatment in response to health concerns. We have made a recommendation about record keeping.

Staff had undergone training in order to carry out their role. New staff received an induction and all staff were supported by an on-going programme of supervision, competency checks and an annual appraisal. There were staff meetings which provided a forum for open and honest communication and for sharing ideas and best practice.

People told us they felt cared for and interactions between people and staff were positive, warm and compassionate. Positive relationships had formed between people and staff. People's dignity was respected and they were enabled to have their voices heard and to exercise choice and control. People understood how to make a complaint and felt any issues raised would be taken seriously.

People were supported to maintain relationships with people who mattered to them and relatives felt they were welcomed at the service when they visited loved ones. People had access to a range of personalised activities inside the home and in the wider community.

Feedback on the service was sought through a variety of forums and used to make improvements. There were systems in place to ensure the building and equipment were safe.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Aspects of the service were not always safe.

Infection control practices were not always safe and some areas of the service were visibly dirty.

People were not always kept safe within the environment, due to potentially hazardous items not being securely stored.

People's medicines were managed safely, however there had been a recent, isolated incident where a large number of medicines errors were made, meaning that systems were reviewed and changed.

People were protected by staff who understood how to recognise and report signs of suspected abuse or mistreatment.

**Requires Improvement** ●

### Is the service effective?

Aspects of the service were not always effective.

Where people lacked capacity to make certain decisions, assessments had not been made by staff at the service to underpin the decision making process.

People's healthcare needs were not always effectively monitored.

People's hydration and nutritional needs were met and people had enough to eat and drink.

People were supported by staff who had undergone training to carry out their role.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were supported by staff who spoke about them with fondness and affection.

People were treated with dignity, kindness and respect by staff

**Good** ●

and interactions were positive.

People's dignity was protected by staff.

People's personal information was not always securely stored.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People had access to a range of personalised activities.

There was a system in place for receiving, managing and investigating complaints.

People's independence was promoted and they were encouraged to lead full and active lives.

Screening tools were used monitor people's health care needs, but these were not always fed back into the care plans.

### **Is the service well-led?**

**Requires Improvement** ●

Aspects of the service were not always well-led.

Audits were carried out, but the actions taken were not always documented.

Staff morale was mixed and some staff felt unsupported in their role.

There were regular staff and residents' meetings in which feedback on the service was actively sought.

# Roborough House

## 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 and 6 December 2016 and was unannounced. Day one of the inspection was undertaken by one adult social care inspector and a specialist advisor with a nursing background. On day two, we were joined by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We also reviewed information we held about the service. This included notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke with eleven members of the staff team. This included management and care staff as well as the cook and domestic staff. The manager was present during the second day of the inspection and was supported by a deputy manager. We also spoke with six people who lived at Roborough, one relative and one professional who was visiting the service. After the inspection we contacted three health and social care professionals who were employed externally.

During the inspection, we looked around the building and observed interactions between people and staff, including the lunchtime experience. We looked at training records for all staff. We looked at six records relating to people's care. We also viewed a range of policies and procedures, minutes of meetings, documentation relating to the maintenance of the building, quality assurance, audits and information relating to complaints.

# Is the service safe?

## Our findings

At the previous inspection on 13 and 14 January 2016 we found concerns relating to medicines management. People's medicines were not always managed safely. People had not always received their medicines as prescribed and there were gaps in people's medicines administration records. People's regular medicines were not always in stock; this meant some people did not have their medicines when they required them as prescribed. In addition, risk assessments were not always in place and those that were in place had not been reviewed and updated. We undertook a focussed inspection on 9 June 2016. This was to check the provider had followed their plan and to confirm they now met the legal requirements. We found that whilst many aspects of medicine management had improved, people's medicines were not always managed safely. We found a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that some improvements had been made, but some areas continued to require improvement. People had their medicines as prescribed and on time and medicines were administered, stored and disposed of safely. Medicines were locked away as appropriate and, where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained. Medicines administration records (MARs) were completed when people's medicines were administered. However we did identify some concerns around medicines management. For example, the medicine trollies were not situated closely to all people. This meant that identification checks were more difficult to undertake. This may have posed a risk, as there was a high use of agency staff.

The high use of nursing agency staff could have also potentially posed a risk to the safe management of medicines as staff competency and quality could not always be tested prior to an agency staff member commencing a shift. The registered manager assured us that the service mainly used agency staff that were known to the service. There had been a recent isolated incident where a high number of medicine errors had occurred on one shift. This involved an agency nurse. We were informed of another incident whereby there were a further two errors made on a subsequent shift which had also involved agency staff. The management team explained that any new agency nurse would always have a shadow shift prior to their shift on their own, however there may have been risks if staff were needed urgently. The manager and staff team were aware of this and had developed an induction tool for agency nursing staff to be completed when they were new to the service. This was a comprehensive document which was aimed to equip the nursing staff with all of the key information they would need to complete their duties safely and reduce errors. For example, it directed staff to ensure the photograph identification on the MAR chart was taken to the person alongside the medicine, if the trolley could not reach them, to ensure they identification was checked. Since the introduction of this tool, there had been no further medicines errors.

At this inspection, we found that people using the service had personalised risk assessments in place which contained guidance for staff on how to mitigate people's individual risks. One person had been assessed as being a high risk of suicide and there was a care plan and risk assessment around this, with guidance for staff around managing the risk, including untying ligatures. This was underpinned by a policy of ligature cutting equipment, which staff we spoke with were aware of. Risk assessments we reviewed had been

recently reviewed and updated where necessary to reflect the current situation.

We found some concerns in relation to cleanliness and infection control although the home was free from adverse odours and most areas were visibly clean. Cleaning schedules in shared kitchens, bathrooms and the sluice room evidenced that cleaning had not taken place as per the schedule. Some areas were visibly dirty. The floor of the sluice room was sticky and surfaces were dusty. The independent kitchen work surfaces were dirty and there were unwashed dishes left in some sinks. We saw weekly deep clean schedules with room numbers and details of the areas to be cleaned. We saw that many of these had not been signed, and staff confirmed that the cleaning had not taken place. We observed that the corridors on some units were visibly dirty. We saw bedrooms with dirty curtains and areas of dust and hair around radiators and on floors. We were told that more domestic staff were being recruited to manage these shortfalls. We highlighted the dirty shared kitchens to the management team and these were cleaned thoroughly during the inspection.

We found some concerns in relation to potentially dangerous items being left unsecured within the environment. For example, We found that a screwdriver had been left in one of the corridors by the maintenance person who had been repairing the lift. This appeared to have been a one off oversight and was immediately rectified. We were assured that this would not happen again. We also found that in one independent kitchen, despite a sign which stated that knives should be returned to the main kitchen after use, there were knives left out on the work top and a hammer under the sink. These items could potentially have been used as weapons, either for people to injure themselves, or to harm others. This was especially concerning as some people were assessed as a risk of self-harm. These issues were highlighted as they were found throughout the inspection so that they could be moved without delay.

We also observed areas of the home to be cluttered. This may have posed a risk in terms of safety in an emergency. For example, we saw a hoist and a trolley being stored under the stairs close to a fire exit. We informed the managers of this on day one of the inspection. By day two, the trolley had been moved but the hoist was still there.

People were kept safe by staff who understood how to recognise and report signs of suspected abuse. This included an understanding of which external agencies they should contact. There was a safeguarding policy in place and information situated around the service with contact details for the local authority safeguarding team. Staff told us they felt confident any reported signs of abuse would be taken seriously. One staff member told us; "I would always report abuse to my manager, or go higher if necessary".

There were sufficient numbers of care staff on duty to keep people safe. There was a physiotherapist and occupational therapist to complement the staff team. During the inspection there were enough staff to respond to people in an unhurried way. However, there appeared to be a shortage of nursing staff. When we arrived at the service, the agency nurse had not arrived for their shift, leaving one nurse on duty for the whole service. We observed this member of staff to be extremely busy until a replacement agency nurse arrived. This had been an ongoing problem at this service for some time, including at the time of the last inspection. Staff retention was problematic and this was acknowledged by the management team who felt that the location of the service was a contributory factor as well as a shortage of nursing staff in general in the area. We observed that when the replacement agency nurse arrived, the situation was better managed and the nursing staff were able to undertake their duties in a less hurried manner.

People were protected by safe and thorough recruitment practices. Records confirmed all employees underwent the necessary checks prior to commencing their employment to confirm they had the right characteristics to work with vulnerable people.



People's care records contained detailed information for staff on what to do if a person became anxious or distressed. This included information about de-escalation techniques and ways of keeping people calm. One person could become anxious and make frequent allegations about others, including staff. Staff ensured that this was carefully documented. This information was then reviewed and audited by managers to consider whether external agencies needed to be alerted. Behaviour charts were used to identify the antecedents and triggers of people's behaviour to reduce risk and keep people safe.

Staff were aware of the reporting procedures for any accidents or incidents that occurred. Staff reported incidents and acted on them promptly. The PIR stated; "There is an electronic system in place to record accidents and incidents and monitoring of these ensures appropriate action is taken". Learning from incidents and concerns raised was used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service. Staff and team meetings were used to reflect on incidents and consider preventative measures to reduce the likelihood of similar situations occurring again.

## Is the service effective?

### Our findings

At the previous inspection on 13 and 14 January 2016 we found people's care plans and risk assessments were not always reflective of people's current nutritional care needs and there were gaps in food and fluid recording charts, for example one person whose food and fluid intake was being monitored had nothing recorded for two days. This meant it was not clear from the charts whether the person had eaten or drunk anything for 48 hours. At this inspection, we found that this had been fully addressed. Food and fluid recording charts were recorded consistently and gave an accurate picture of the person's intake.

We observed the lunchtime experience. Staff were available to assist those who required it. There were plenty of staff available, so that people were not kept waiting and so they were interacted with in an unhurried way. The atmosphere was pleasant and calm and tables were neatly laid with cloths. Where people needed equipment to eat, such as plate guards, these were seen to be in use. The food looked appetising and plentiful. There were a range of options available to choose from. People who were more independent helped themselves to drinks and there were fridges in the dining room with snacks for people to help themselves to, including fruit and yoghurt. We observed these being accessed during the inspection.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and whether any conditions attached to or authorisations to deprive a person of their liberty were being met. The 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 as far as possible people make their own decisions and are helped to do so when needed. When a person lacks the mental capacity to make particular decisions, any made on their behalf must be in their best interests and the least restrictive. Although staff had completed training on the Mental Capacity Act (MCA), we found no evidence of any capacity assessments undertaken at the service in respect of any people living there. Some people living at the service were subject to a number of restrictive practices. Whilst these may have been in their best interests, it was not possible to know this for certain, due to a lack of adherence to the principles of the Act.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations had been applied for on behalf of people living at the service, but with no assessment of capacity to underpin these authorisations, the process was flawed and could not be said to be in people's best interests.

People's capacity was not assessed and best interest processes were not followed in line with the principles of the Mental Capacity Act. This was a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 11: Need for consent.

Staff were observed to gain verbal consent from people before providing them with assistance. For example, one staff member was helping someone to eat their meal. They were heard to say; "Can I just put that plate guard there for you?"

People's health care needs were documented, however this information was not always used to inform the person's care plan. In addition, the recording was inconsistent and would sometimes stop abruptly without explanation. For example, we were told that monthly weight checks were done for each person. One of the records we checked showed the person's weight had been recorded in May, June, July and Sept. We saw that August, October and November were missing. A Malnutrition Universal Screening Tool (MUST) has been used and evidenced an increase in this person's weight of 5kg. There was no reference to a diet plan and whether this increase in weight was a positive or negative factor. Another person's weight had decreased by almost 10kg over the course of one year. Again, we found no explanation as to whether this was a desired outcome and what had caused the weight loss in the person's records. When we discussed this with staff, they were able to give us explanations as to why the recording had stopped, however this was not reflected in the care records.

We reviewed two records where Waterlow charts had been used. Waterlow charts are used to assess people's risk of developing pressure ulcers. Both records showed a Waterlow score that should have triggered the use of a skin care bundle plan. A skin care bundle plan is the name for a group of interventions which are used to prevent pressure ulcers. In both cases, we found no evidence of the skin care bundle plan in these people's records. When this was discussed with staff, they were able to explain why this had not been done, however documents did not reflect this.

Staff described good working relationships with other professionals employed externally to the service. One staff member told us that when a person had wounds for example, the tissue viability nurse would be informed and a care plan with a dressing regime would be put in place detailing the frequency of reviews dependent on the severity of the wound. Photographs of the affected areas were taken and put in the records. A repositioning plan was put in place and completed with a reposition chart. One staff member told us this approach worked well and people's wounds were improving.

People were supported by staff who had undergone training to meet their needs. We found that staff were up to date with training identified by the provider as being mandatory. The PIR stated; "Staff receive training in safeguarding, infection control, health and safety, MCA and DOLS, manual handling, equality and diversity and fire training during their induction period and annually thereafter". Staff also undertook a range of training linked to the needs of the people they supported such as dementia awareness. We noted however that despite the people being supported predominantly having mental health issues, and some having highly complex needs training on mental health was limited to a mental health awareness course. For example, there was no training on personality disorders despite some residents living with this disorder and requiring intensive support from staff. The PIR stated that more mental health training was being scheduled. Staff were encouraged to complete training and were given "protected time" on Wednesdays when extra staff were rostered in, so they could go and undertake training in their training room, without being disturbed. There was a system in place to remind people that training was due to be renewed or refreshed.

Staff who were new to the service received an induction. They were given a workbook to complete, which set out tasks for them, including familiarising themselves with key policies and procedures. New staff were able to shadow more experienced staff members until they felt confident to work alone. Staff confirmed they were supported by an ongoing programme of supervision, competency checks and an annual appraisal.

People's bedrooms were personalised according to their own preferences and were homely. However, we noted some areas of the home were not dementia friendly, despite the fact that some people living at the service had dementia. We observed one person continually asking where their bedroom was and a lack of signage to orientate this person, and others. This was reported to the manager who was aware of the problem and was actively considering changes to the environment to make it more suitable for those living

with dementia.

## Is the service caring?

### Our findings

At the previous inspection on 13 and 14 January 2016 we found that there was a lack of consistency in the caring approach of staff. For example, care plans did not always reflect people's needs which meant care may not be provided in people's preferred way and staff may not have the information they required to care for people. Not all staff had read people's care plans which meant they did not know the details of how people liked to be cared for. Agency staff told us they felt they did not always have sufficient information about the people they were caring for, for example their backgrounds and personal histories.

At this inspection, we found that improvements had been made. Care plans were detailed and reflected people's needs and preferences in relation to their care. We found improvements had been made in relation to information about people's backgrounds and histories through the introduction of a "this is me" document in people's records which contained information about their background, strengths and aspirations. However, we found that this document was not always filled out in detail and in some records it was absent. We highlighted this to the manager who explained that it was being developed and enhanced and would be worked on, to include more detailed and comprehensive information. Care records were being re-developed and this was one of the areas being focused on.

People told us they felt cared for at the service. Comments included; "I think it's a really nice place, everyone is extremely friendly right the way through" and "I am happy with the care I get. I have no inclination to move."

We observed compassionate, caring interactions between people and staff. Staff were warm, attentive and kind when they responded to people. One person who had complex needs was sitting on the sofa, holding hands and being comforted by a staff member. When the staff member momentarily left their side the person became visibly upset. The staff member quickly returned to them and was heard to sooth them by saying; "I'm here now, I'm back with you". The person immediately calmed and relaxed.

Staff spoke about people with fondness and affection. Comments included; "Some people have family, some people don't. Some people become upset when they notice other people having visits and they don't have anyone. So we become their family"; "I love building relationships with people here. There is a bond"; "I love my residents"; "They become your extended family to an extent" and "Knowing you've made someone's day is what I love".

People were made to feel important and valued. One staff member said; "Some people enjoy having their hair done, it makes them feel special". Another staff member said; "To make people feel special, we give them choices. Ask them what they want to do. It's about listening, being there". People's birthdays and special occasions were celebrated. Two people living at the service had just celebrated a significant wedding anniversary. There had been a party, a buffet and a cake had been baked.

People were encouraged to maintain relationships with people who were important to them. There were no restrictions on visiting times and visitors were made to feel welcome. One staff member said; "We always

greet them and ask them if they would like a drink". People's records indicated that they had access to advocacy services as and when they were required.

People's privacy and dignity was respected. One person told us; "They always ask permission before providing personal care, they do knock before coming in my room". However, people's confidential information was not always securely stored. We found some personal information had been written about people and displayed on white boards in the shared kitchens. For example, information which named people and discussed their health needs. This was reported to the manager who said the information would be removed.

## Is the service responsive?

### Our findings

At the last inspection on 13 and 14 January 2016 we found concerns relating to personalised care. We found that care was not always person-centred or reflective of people's personal preferences. At this inspection we found improvements had been made.

The service employed an activities coordinator who was committed to providing a programme of personalised and fulfilling activities for people both inside the home and in the community. People were able to put forward suggestions at the residents' meetings for proposed activities and daytrips. There was a new sensory room at the service with soft lighting and furnishing, where people could go and have time to relax, or enjoy pamper time, such as having their hair done. An aromatherapist visited the service each week to provide aromatherapy treatments and massages to people. Feedback on this was very positive. Some chickens had just been purchased for the service, which people were actively involved in caring for. The service had its own transport, which enabled people to go out on regular day trips. These included; trips for breakfast at local cafes, trips to the zoo, walks on the peer, trips to garden centres, shopping centres and the pantomime.

There were large activity boxes on each floor, for people to use as they wished. These contained things like games, puzzles and sensory items. They could be accessed independently by people, or used during one to one sessions. These boxes were a new idea and were being added to and developed at the time of the inspection.

People were encouraged to lead full and active lives at the service and to have their voices heard. There were regular residents' meetings which were well attended, in which people could raise suggestions and any concerns. One person told us; "It is so democratic; the residents were involved in interviewing the applicant for the manager's job". Some people living at the service had chosen to participate in social networking and staff had assisted them to set up accounts where necessary. Where people did use social networking sites, there was guidance in their care records about staying safe online. People living at the service were able to access some of the e-learning modules designed for staff, for example around safeguarding and equality and diversity in order to increase their own knowledge and increase their awareness of their rights.

People's independence was promoted and their strengths were recognised and developed by staff. There were independent kitchens where people could prepare food, with staff to oversee and support them if they required. Some people chose to have small fridges in their rooms and were supported to undertake their own grocery shopping. There was an occupational therapist employed at the service, who worked with people to help them achieve as much independence as possible.

There was a robust admission process for new people coming to live at Roborough House. The PIR stated; "Prior to admission we assess all service users to ensure that their immediate needs and choices can be safely met on arrival, e.g. any specialist equipment required, special diets, any allergies, choice of room, decor etc.". When a person came to live at the service, care plans were formulated, risks were assessed and plans were put in place to reduce these. The staff liaised with other professionals involved in the person's

care and requested specialist assessments where indicated.

People's needs were regularly reviewed through team meetings and daily staff handovers. Arrangements were made for health and social care staff to review people frequently or as their needs changed. Prompt referrals were made to support people's need for additional equipment such as referrals to external agencies such as dieticians and speech and language therapists as required.

People had comprehensive care plans in place which were reviewed monthly by the person's allocated keyworker. There was information about the person's care needs and guidance for staff on how to meet their needs and mitigate any risks. However, we found that some health care needs identified through the use of screening tools were not carried through to the care plan. We also found that not all of the care plans we reviewed contained sufficient personalised information. For example, details about their background, history, likes and dislikes. Some records we reviewed contained a document called "This is me", which had some personal information in it, however on the whole, it was limited. This was highlighted to the management team who said it was being addressed and that the "this is me" document was being developed.

There was a system in place for receiving, monitoring and investigating complaints. Information on how to make a complaint was displayed in prominent places around the service. People confirmed that they knew how to make a complaint and felt that if they raised concerns these would be dealt with to their satisfaction. Comments included; "If I had any concerns or suggestions to make I will speak to [manager's name]" and "Yes I know who the managers are and if I had a complaint I would speak to [manager's name] or [deputy manager's name]". The service was in the process of producing easy read leaflets about safeguarding and this was being done in conjunction with people at the residents' meetings.



## Is the service well-led?

### Our findings

Roborough House is owned by Roborough House Ltd, which is part of a much larger provider, Caretech Community Services, which owns many residential homes in the UK.

At the last inspection on 13 and 14 January 2016, we found concerns relating to governance. At that time, we found that systems and process were not operating effectively to assess, monitor and improve the quality and safety of the service. Records of people's care were not always accurate, complete and contemporaneous. At this inspection, we found that some improvements had been made, but there were still some issues which required improvement.

We found that people's care records were accurate and contemporaneous, and that they had been recently reviewed and updated when necessary. Audits were carried out in line with policies and procedures, however not all concerns had been identified and addressed. For example, the issue with the lack of detail around the use of screening tools in care plans had not been identified upon audit.

We spoke with three members of staff who expressed that they didn't feel very well supported in their role, at regional level. They highlighted the high staff turnover. Comments included; "The number of people who have left will say enough" and "people are leaving because they don't want to work here anymore". People living at the services also commented on the retention of staff, saying; "The best ones leave". We found that there was a high turnover of staff, including managers and a high use of agency staff. Some staff we spoke to felt the high staff turnover was due to the geographical location of the service and its distance from transport links for those using public transport, and due to a recognised shortage of nursing staff in the local area in general.

There was a new manager in post who was in the process of registering with the Care Quality Commission (CQC). They were supported by a regional manager who visited frequently and was available by telephone / email and a deputy manager who led on governance within the home. The new manager and deputy manager took an active role running and improving the service and had good knowledge of the people and the staff who lived at Roborough House. There were clear lines of responsibility and accountability within the management structure. The managers were supported by other senior staff who had designated management responsibilities. People told us they knew who to speak to and any changes or concerns were dealt with swiftly and efficiently. People and staff spoke encouragingly of the new manager. Comments from staff included; "Managers are very involved"; "They are always visible. You always see them about and they stop and chat" and "The new manager is keen to get to know the residents, she sits in on activities, comes to residents' meeting and any residents birthday parties".

People benefited from staff who understood and were confident about using the whistleblowing procedure. The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the manager, and were confident they would act on them appropriately. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line

with their legal obligations. The manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The manager was committed to continued development and to improving knowledge and best practice within the service. For example, the management team attended a 'Dignity in Care Forum' which was run by Plymouth City Council where ideas could be shared.

There were regular staff, residents and governance meetings where people and staff told us they felt able to raise concerns. Feedback on the service was also sought through a variety of other forums including a post box in the staff room for staff and one in the reception where people and visitors could write suggestions or compliments and an annual cycle of quality assurance.

Although improvements had been made to record keeping, there were areas which required improvement. For example, a clear rationale was not noted when people's weight recordings had stopped and explanations for the use of certain screening tools or treatment plans were not always clearly made. Staff were able to clearly explain why processes had been used, however the records were less informative in some cases.

We recommend that record keeping is improved in line with best practice.

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 11 HSCA RA Regulations 2014 Need for consent  People's capacity was not assessed and best interest processes were not followed in line with the principles of the Mental Capacity Act. This was a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 11: Need for consent.