HC-One Limited

Roxburgh House (West Midlands)

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 26 October 2017 and was an unannounced inspection. The last inspection of Roxburgh House took place in May 2016 and was rated Good across all five key questions.

Roxburgh House provides accommodation for up to 44 older people who require personal care. At the time of our inspection, there were 38 people living at the home. The home was divided into two units; Residential and Lenches. The Residential unit was for people who required residential care, and Lenches was specifically for people who had a diagnosis of Dementia.

There was a manager registered with us. 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 supported by staff who knew how to report concerns of abuse and were able to manage risks to keep people safe. There were sufficient numbers of staff available for people and staff had been recruited safely. Staff gave people their medication in a safe way but we could not evidence that all medication had been given as required due to shortfalls in recording.

People felt staff were well trained and staff reported that they received appropriate training and supervision to support people effectively. Mealtimes were a pleasant experience for people and access to healthcare services was available if required. Staff understanding of DoLS was variable. Staff established consent from people before providing care.

People were supported by staff who were kind, caring and treated them with dignity. People were supported to maintain their independence and relationships with people closest to them. Advocacy services were available to people if required.

People and their relatives were involved in the assessment and review of their care. Staff knew people's needs well and had regards for their preferences. Activities were available for people and where complaints had been made, these were investigated and responded too.

People spoke positively about the leadership at the home. People, relatives and staff had opportunity to provide feedback on the service to the registered manager and action had been taken in response to this. Audits were completed to monitor the quality of the service and where areas for improvement were identified, these were acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

It could not be evidenced that medication had always been given as prescribed.

People were supported by staff who knew how to report concerns and manage risks.

Staff were recruited safely and there were sufficient numbers of staff available for people.

Is the service effective?

Requires Improvement

The service was not always effective.

People were supported by staff who had received effective training and supervision.

Staff sought peoples consent before providing care but knowledge of Deprivation of Liberty Safeguards varied.

People were provided with sufficient amounts to eat and drink and mealtimes were a sociable experience.

People had access to healthcare services where required.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring to them.

Staff respected people's privacy and dignity and supported them to be independent where possible.

People had access to advocacy services where required.

Is the service responsive?

Good

The service was responsive.

People were involved in the assessment and review of their care.

Activities were available for people.

Complaints made had been investigated and responded too.

Is the service well-led?

Requires Improvement

The home was not always well led.

Audits were completed to monitor the quality of the service and where areas for improvement were identified, these were acted upon. However audits had not identified the issues found at this inspection.

Feedback was sought on people's experience of the service and feedback given was acted upon.

Roxburgh House (West Midlands)

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 checked 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 26 October 2017 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. Providers are required by law to notify us of events and incidents that occur at the service; we call these 'notifications'. We looked at the notifications the provider had sent to us. We contacted the local authority who monitor and commission services, for information they held about the service. We used the information gathered to plan what areas we would focus on during the inspection.

We spoke with six people who lived at the home, four relatives and a visiting health professional. As some people were unable to share their views, we completed a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk to us. We also spoke with three members of care staff, the head cook, the registered manager and the area manager.

We looked at a sample of records including three people's care records, three staff recruitment files, records kept in relation to medicines, accidents and incidents and audits completed to monitor the quality of the service.

Requires Improvement

Is the service safe?

Our findings

People were satisfied with the support they received with their medication. One person told us, "Medication they [staff] bring to me, but if I need anything [paracetamol] I ask and they bring it". We observed staff supporting people to take their medication and saw that this was done in a safe way. The staff member informed the person that it was time to take their medication, supported them by placing this in their hands and then stayed with them while they took this.

We looked at where medications were stored and saw that medication that required storing in a fridge, had not always been stored at the correct temperature. It is important that medications are stored at the correct temperature as some medications could be compromised by being kept too warm. We saw that staff had checked the temperature each day and recorded this high temperature but had not recognised that the fridge was too warm. We raised this with the registered manager who contacted us following the inspection to say this had now been fixed.

We looked at people's Medication Administration Records (MAR) to check if people had received their medication as required. We saw that while most people had received their medication correctly, and that the amount recorded matched what was available, there were two instances where the amounts of medication available did not match what had been recorded on the MAR. This meant we were unable to confirm if these medications had been given. We raised this with the registered manager who informed us that these errors would be investigated.

Staff displayed a good knowledge of what action they should take in case of an emergency, such as a person being found on the floor. One member of staff told us, "I was told that I find anyone on the floor or unresponsive to press the alarm straightaway. I am aware that I should not move anyone on my own". Staff knowledge on what action they should take in case of fire was varied. One staff member informed us that they were not sure what they should do if a fire occurred. Other staff explained that they would meet in the entrance area, where a fire marshall would give instructions on what to do. This meant that not all staff would be able to ensure that people were kept safe in case of fire as they were not aware of the procedure they should follow. We raised this with the registered manager who informed us that more detailed fire drills were being commenced that would address staff knowledge on the actions they need to take in case of fire.

People told us they felt safe living at the home. One person told us, "It's safe, yes. We're well looked after. I'm not worried about anything". Another person said, "Oh, yes, I'm safe. Really, you've got people around you, we're not alone". Relatives we spoke with also felt the home was safe for their loved ones. One relative told us, "I think it's very safe here and the staff are excellent".

Staff spoken with displayed a good understanding of the signs of abuse and the action they should take if they had a concern that someone was at risk of harm. One member of staff told us, "I would not think twice to report [any concerns]". Records we looked at showed that where concerns had been raised, the registered manager had reported these to the local authority safeguarding team and Care Quality Commission as required.

People were supported to manage risks to keep them safe. One person told us how staff would support them when walking to make sure they did not fall. The person said, "When I go to the toilet, I had two people [Staff] with me because they say don't go alone". The person went on to say that this made them feel safer. We saw people who required support with walking. The staff supporting the person did this in a safe way, encouraging the person to do as much for themselves as possible but providing support to ensure risk of falls were reduced. Where people had been identified as being at risk of falls, we saw that risk assessments had been completed informing staff of the risks and how these can be reduced. We observed staff supporting people who required the use of a hoist. Staff used this equipment safely and reassured the person throughout that they were safe.

Staff were also aware of how to manage risks where people were at risk of developing pressure areas on their skin. One member of staff told us, "We observe [person's name] every 30 minutes. We also do positional changes". The staff member went on to explain what action they should take if they noticed any red areas or broken skin on the person. This meant that staff were skilled in managing peoples skin care to ensure people's risk of developing pressure areas was reduced.

We saw that where accidents or incidents had occurred, action was taken to reduce the risk of reoccurrence. For example, where people had experienced falls, referrals were made to the 'Falls Prevention Team' in order to assess what further support could be provided to reduce the risk of the person falling again.

We saw that there were safe recruitment systems in place to reduce the risk of unsuitable people being employed at the home. The recruitment procedure involved new employees providing references from previous employers, full work history and completing a check with the Disclosure and Barring Service (DBS). The DBS would show if a person had a criminal record or had been barred from working with people. Staff we spoke with confirmed that these checks took place prior to them starting work.

People told us that there were sufficient numbers of staff available to meet their needs and if they required support this was provided in a timely way. One person told us, "If I need staff, I just pull the buzzer - they come as soon as unless they've got an emergency". Another person said, "Staff I think are very good, they come if I call them". This view was shared by a relative who told us, "Staffing of course there are [enough staff] It is more than adequate to meet people's needs". Staff we spoke with told us that they did not feel rushed when supporting people. One member of staff told us, "I have no concerns with the staffing levels". We saw that there were sufficient numbers of staff available for people and that when people required support, this was provided in a timely way. We saw that there were always staff available in communal areas to ensure people received support if needed. The registered manager informed us how they had recently increased staffing levels due to an increase in people's needs during a morning. Staff reported this had a positive effect on the support they were able to provide. One member of staff explained, "It makes a huge difference because you feel less rushed, you have more time [for people]".

Requires Improvement

Is the service effective?

Our findings

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 authorisation 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 told us that staff sought their consent before supporting them. One person told us, "They [staff] always ask permission to do anything. They say 'Is that alright?' A relative told us, "They always ask her [person name] if she is ready for support". Staff we spoke with understood the importance of seeking people's consent and we saw them do this with people. For example, we saw staff ask one person if they would like to have a shave. The person had some hair growth on their face, but staff did not assume that they should do it and instead asked the person if this is something they would allow staff to do. The person did consent and staff then supported with this aspect of his personal care.

We saw that where people required DoLS authorisations, these applications had been made appropriately. However, we found that whilst staff had received training in MCA and DoLS, staff knowledge of DoLS varied and not all staff knew what these were. One member of staff told us they were not sure who had a DoLS authorisation in place and was unsure of why these may be needed. This meant that staff would not be aware of how any DoLS authorisatinos would impact on the care they provided to people.We addressed this with the registered manager who informed us they would address this with staff to ensure they are aware of who required a DoLS and what this was for.

People told us they felt staff had the skills and knowledge required to support them effectively. One person told us, "They are well trained, I think so". Another person said, "They're trained. I'm supported properly. I call them if I can't do something and they do the rest".

Staff told us that prior to starting work they had completed an induction that involved completing training and shadowing a more experienced member of staff. Staff we spoke with felt this had been effective in equipping them with the skills required for supporting people. One member of staff told us, "The training was good, the induction covered things such as fire procedure and abuse. We had some face to face training and had been given an online account to do E-Learning". One new member of staff informed us that whilst they had completed their shadowing, they continued to work alongside more experienced members of staff to support them in getting to know people. The staff member told us, "I am mostly with experienced staff while I am still getting to know people".

Staff told us and records we looked at confirmed that staff had access to training that was updated

regularly. One member of staff told us, "The training is good". Another member of staff informed us they had not been allowed to support people with certain tasks until they had been trained in this area. The staff member said, "I was not allowed to move anyone until I had done my moving and handling training. [Registered manager's name] is very good and driven regarding our training". We saw that staff had completed additional training that was specific to the needs of people living in the home. This meant that had the knowledge required to support people with specific needs.

People were happy with the meals they were offered at the home. One person told us, "The meals are lovely, all of it is lovely. We get lots of drinks and as many cups of tea as we like". Another person said, "The meals are a great thing, very good. I cant fault them on that". Relatives also spoke positively about the meals. One relative told us, "[Person's name] loves the choice of food. What I like is that they haven't lost the tradition of what older people like but they also meet cultural needs I'm sure".

We saw that mealtimes were relaxed across the two dining rooms. People were offered choices of what they would like to eat. Staff ensured that where people may have struggled to understand, that they were shown the options available to support them to make a choice. People who required support to eat were supported by staff in a discreet and supportive way, with staff offering kind words of encouragement to people. People chatted with each other and staff during mealtimes and it was clear that mealtimes were sociable experiences for people.

One relative told us that their loved ones dietary needs were met. The relative said, "[Person's name] is diabetic and they [staff] are very careful what they give, they seem to be on top of things". We spoke with the head chef who told us that they were kept informed of people's dietary needs via a 'Dietary Notification Form' and that this was updated if people's needs changed. We saw that these records had been maintained to ensure the information was accurate for the chef.

People had support to access healthcare services where required. One person told us, "The doctors, Opticians and Dentists all come here". Another person said, "I've never had to ask for the doctor. I'm lucky but he would come if needed". We saw people being visited by district nurses and GP and records showed that people had received sight and hearing tests as well as being referred to other healthcare services such as dieticians where required. We spoke with a visiting health professional who told us that staff acted in a timely way where they had concerns about people's health and that they were confident that staff followed the advice given to improve people's health and well-being.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring to them. One person told us, "The staff are kind and they are marvellous". Another person said, "Yes, I think the staff are kind". A relative we spoke with told us, "The compassion of the staff shows, its phenomenal". We saw that staff had developing caring relationships with people. People were visibly relaxed around staff and enjoyed their company. For example, we saw one person become distressed in the communal areas. The staff were quick to respond, reassured the person and sat with them to drink a cup of tea until they felt better. The person responded positively to this and we saw their mood lift as a result of the interaction with staff.

People felt they were involved in the care and were always given choices. One person told us, "If I want anything, they [staff] will listen and help". Another person said, "I can do anything I wish". We saw people being offered choices, and that staff respected people's decisions once these had been made. We saw people being given choices of what activities they would like to participate in, what part of the building they would like to spend time in, and what time they chose to get up. Relatives also felt they were able to be involved in their loved ones care. One relative told us, "They [the staff] make me fully aware, they keep me on top of everything".

People's privacy and dignity had been maintained. We saw that people were given privacy in their rooms when requested and staff knocked the door before entering anyone's room to ensure they were happy for staff to enter. Where staff offered people with support with their personal care, they offered this discreetly so that other people would not overhear. People were supported to maintain their independence but offered support to people if needed. A relative told us, "She [person's name] can walk [independently] but they always ask if she needs any help and check on her". Other people told us they were encouraged to complete their own personal care where possible but were offered support if they could not manage.

People felt supported to maintain relationships with people close to them. People told us their relatives were able to visit without restrictions and that they often went out with their loved ones. A relative explained that one other relative would be spending Christmas alone as they had always previously spent Christmas with the person now living in the home. The provider had decided to support them by inviting them to spend Christmas day with their family member in the home. This meant that both the person and their relative could spend Christmas day together as they always had.

For those people who did not have a family member to support them to make decisions, the manager knew how to access the support of advocacy services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes.

Good

Is the service responsive?

Our findings

We found that prior to moving into the home, people and their relatives took part in an initial assessment with the provider. This assessment would give the person opportunity to discuss their needs and preferences with regards to their care. This was confirmed by a relative who told us, "I was very highly involved in the care, I did the care plan with them [staff]". Records we looked at showed that these assessments had taken place.

People had their care needs reviewed to ensure that staff were able to meet their current needs. People could not always recall if they had been involved in these reviews but told us they were happy to speak to staff if they required any changes to their care. One person told us, "I don't remember any reviews but I would say if I needed anything done differently". A relative we spoke with told us they had been involved in reviews of their relatives care. The relative said, "Reviews I am invited too; I have been to three reviews so far". We saw from records that where people's needs had changed, these changes had been reflected in the persons care records. For example, where one person's mobility had deteriorated following a period of illness, this had been clearly recorded for staff to ensure they were aware of the person's increased mobility needs.

People told us that staff knew them well. One person said, "The staff know me well, especially [staff members name]". Another person told us, "The staff know me well and I can talk to them, its always the same staff so I recognise them". Staff we spoke with displayed a good understanding of the people they were supporting and were actively asking people about their preferences. One staff member told us how they do not assume that a person would be happy with a male carer and ensured they asked if this was ok before supporting them. The staff member said, "It is in people's care plans about their preferences on carer gender, however I always ask as they might prefer something else that day". This meant that while staff understood people's preferences with regards to their care, they still provided choice to ensure that they continued to meet people's preferences.

People were happy with the variety of activities offered to them. One person told us, "The activities are very nice ones actually". Another person said, "For activities, I do a lot of reading as we have our own library". Other people told us about day trips they had been on. One person said, "We have trips. I went to the Black Country Museum". We saw that group activities were available for people within the 'Residential' lounge. In the 'Lenches' lounge, whilst there were no organised activities implemented, we saw that people were given a choice of film to watch and had meaningful discussions with staff. Other people in the 'Lenches' lounge were engaging with 'Doll Therapy.' Doll therapy is where people are provided with dolls to sit and care for and can be beneficial for people with a diagnosis of Dementia. We saw pictures displayed around the home evidencing the various activities people had taken part in, including crafts and days out.

People we spoke with knew how they could make a complaint if required. One relative we spoke with said, "I have no complaints at all, but if I did, I would be able to approach them [the managers]". Information was displayed within the reception area of the home informing people how they could make a complaint if they wished. We looked at records held on complaints and saw that where complaints had been made, these

had been investigated by the registered manager and a response provided to the person who had complained.

Requires Improvement

Is the service well-led?

Our findings

There were systems in place to monitor the quality of the service. This included completing audits on care records, medication and infection control. We saw that these audits were completed monthly and action taken where issues were identified. For example, we saw that through the audit of people's care, it had been identified where people had lost weight, fallen or developed sore skin and the audit checked to ensure that action had been taken in response to this. The registered manager completed further audits of the home that incorporated people's experiences. For example, they completed observations of mealtimes to ensure that people had postivie experiences. The audit looked at whether people were greeted upon entering the dining room, if people were offered further servings once meal was finished and if the food had been presented well. Unannounced monthly checks during the night had been commenced to ensure people continued to receive appropriate support during the night. However, these audits had failed to identify the issues we identified during this inspection, including the medication errors found and the concerns around staff knowledge of DoLS and fire procedures. This meant that audits had not always been effective in identifying areas for improvement.

People spoke positively about the leadership at the home and thought the home was well led. One person told us, "The manager is a lady with blonde hair, she is very nice, she comes round and talks to all of us". Another person said, "The manager is very nice, I'm happy here, it's lovely". A relative we spoke with added, "The manager is fantastic, supportive, empathic; and that's all very important". We saw that the registered manager had a visible presence around the home; she knew people well and they were relaxed in her company.

Staff told us they felt supported by the registered manager. One member of staff told us, "The senior staff, the deputy and the manager are all approachable". All staff felt comfortable in raising any concerns they had and were confident that the registered manager would take their concerns seriously and act on these. Staff had been informed on how they could whistle blow if required and we saw that information had been displayed for staff with contact details of who they can contact should they need to whistle blow. This meant that the registered manager had actively promoted an open and transparent culture within the home amongst staff. The registered manager had informed us of incidents that had occurred at the service as is required by law.

We saw that people and their relatives were given opportunity to feedback on their experience of the service. We saw that a survey was completed in June 2017, asking people for feedback on their care. The results of the survey had been analysed and the registered manager informed us that the results of the survey would be shared with people via a 'You said, We did' board that would be placed in the communal areas. People and their relatives were also invited to take part in monthly 'Resident' and 'Relative' meetings. We saw records of these meetings and found that suggestions made by people had been acted on. For example, in one meeting people gave feedback on an entertainer that had visited and requested that this person be re-booked as they had been enjoyed so much. This was actioned by the registered manager.Staff informed us and records we looked at showed that regular staff meetings took place for staff to discuss any issues with the registered manager. We saw that these meetings covered incidents that had occurred at the home and

how these can be learnt from to prevent reoccurrence. The meetings also provided staff with opportunity to feedback and make suggestions as to how the care could be further improved.

It is a requirement that providers ensure that their most recent rating is displayed within the home and on any websites ran by the provider in relation to this home. We saw that the provider had displayed their rating on both their website and in the reception area of the home and so had met this requirement.

The registered manager had clear plans on how she planned to develop the service provided in future. These plans included a refresh of the décor around the home and the development of a café within the home. These plans had been approved by the provider and the registered manager informed us that the work was due to start shortly.