

ADL Plc

Roxburgh House Care Home

Inspection report

Roxburgh Street
Bootle
Merseyside
L20 9PS

Tel: 01515257547

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 8 October 2018 and was unannounced.

Roxburgh House Care Home is a residential 'care home' in the Bootle area of Liverpool. Roxburgh House provides accommodation and personal care for up to 38 older people, including people living with dementia. The single storey building is separated into two areas: a 23 bed residential unit; and a 15 bed unit for people living with dementia. During the inspection, there were 37 people living in the home.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection there was a registered manager in post. 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. During the inspection we found the registered manager to be open, transparent and receptive to the feedback provided.

At the last inspection which took place in September 2017 we identified breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Roxburgh House was awarded an overall rating of 'Requires Improvement'. Following the inspection, we asked the registered provider to complete an action plan to tell us what changes they would make and by when. During this inspection, we looked to see if the registered provider had made the necessary improvements.

At the last inspection we found that the registered provider was in breach of regulation in relation to 'Safe care and treatment'. This was because people were exposed to unnecessary environmental risks and the delivery of care and support was not always safely managed. We identified a number of concerns in relation to the temperatures of radiators, fire doors, internal lighting and health and safety compliance. During this inspection we found that improvements had been made.

At the last inspection we found that local audit and governance systems were ineffective. The systems which were in place did not effectively monitor and assess the quality and safety of care people received. During this inspection we looked at the quality assurance systems, audits and checks which were in place and found that improvements had been made.

People's level of risk was assessed from the outset. Care plans outlined the support people required and risk assessments identified the different support measures that needed to be implemented. Risk assessments were regularly reviewed and records contained up to date and relevant information.

Medication management systems and processes were safely in place. People only received support with

their medications by staff who had completed the appropriate medication administration training and regularly had their competency assessed. Medication was stored appropriately and medication audits were routinely taking place.

We checked that there were sufficient numbers of staff supporting people who were living at Roxburgh House. Staff were visible throughout the inspection and were responsive to people's needs in a timely and supportive manner. We received positive feedback from people, relatives and staff about the staffing levels at the home.

Recruitment was safely managed. The registered provider ensured that the necessary recruitment checks were carried out and people only received support by staff who were suitable to work in a health and social care environment. We found suitable Disclosure and Barring System checks (DBS) in place and appropriate references had been sought prior to employment commencing.

People and relatives told us that the service was safe. Staff were knowledgeable around the area of safeguarding and whistleblowing procedures; they knew how to report any concerns and who to report their concerns to. Staff received the necessary safeguarding training and the registered manager ensured that any safeguarding incidents were appropriately investigated.

Accident and incident processes were in place. We found that all accidents/incidents were recorded; trends were analysed on a monthly basis in order to mitigate further risk and to establish if lessons could be learnt.

Health and safety processes were in place. People lived in an environment that was safe, well-maintained and clean. The registered provider ensured routine health and safety checks were conducted and staff complied with the different health and safety procedures that needed to be followed. Staff were provided with personal protective equipment (PPE) and were observed wearing gloves and aprons during the inspection.

The registered provider was complying with the principles of the Mental Capacity Act, (MCA) 2005. Consent to care and treatment was gained in line with the MCA. People living in the home were appropriately assessed, assessments were decision specific and 'best interest' processes were clear.

Staff expressed that they felt supported on a daily basis. Staff received regular supervision and were provided with training, learning and developmental opportunities. Staff received a variety of different training opportunities that enabled them to develop their skills and competencies.

People's nutrition and hydration support needs were effectively managed. We found that appropriate referrals were made to external healthcare professionals and the guidance which was provided was incorporated within care plans.

We received positive comments about the quality and standard of food people received. There was a 'rolling' menu in place which meant that people could enjoy different meals on a weekly basis. The registered manager also ensured that people had the opportunity to share their likes, dislikes and preferences.

At the time of the inspection, renovations were taking place to improve the quality and standards of the environment. Interior improvements had taken place in some parts of the home such as new flooring, carpets and décor and there was a 'live' action plan which indicated other renovations that were due to take place.

Staff were observed providing kind, caring and friendly support. Interactions between staff and people living in the home were warm, sincere and familiar. We received positive feedback about the care people received and how staff provided dignified and respectful care.

People were supported to remain as independent as possible. We observed staff supporting, assisting and prompting people with their day to day care needs in a dignified and person-centred manner.

'Dignity Champions' were in place at Roxburgh House. Dignity champions ensured that the level of dignified and respectful care was consistently promoted. Champions supported staff with their understanding, awareness and importance of providing dignified care.

Equality and diversity support needs were accommodated from the outset. People were treated equally and received care and support that was tailored around their needs, wishes and desires.

Confidential information was securely stored and in line with General Data Protection Regulation (GDPR). People's personal information was appropriately protected and sensitive information was not unnecessarily shared with others.

People and relatives received a 'service use' guide from the outset. The guide provided essential information in relation to the level of care and support that could be expected.

A person-centred approach to care was evident; It was clear that staff were familiar with the people they supported and positive relationships had developed between people and staff who provided the support.

The registered provider ensured there was a complaints policy and procedure in place. People and relatives told us that they knew how to raise any concerns if they ever needed to. At the time of the inspection, no complaints were being responded to.

People were supported to participate in a range of different activities that were stimulating and engaging. We received positive feedback about the activities that were provided and informed that people were encouraged to participate in different activities on a daily basis.

People were supported with 'End of Life Care'. The registered manager and deputy manager had completed End of Life training and staff were familiar with the dignified and sensitive manner end of life care needed to be provided.

Systems were in place to gather feedback regarding the provision of care people received. People, staff and relatives were encouraged to share their views, opinions and thoughts around the quality and safety of care people received.

We received positive feedback about the management and leadership at Roxburgh House. People felt safe in an environment that was regarded as 'home' and felt that their quality of care and support was a priority.

The registered manager had notified CQC of all events and incidents that occurred in the home in accordance with our statutory requirements. Ratings from the last inspection were displayed within the home as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Medicine management processes were safely in place and people received support from trained staff.

Risk assessments were formulated from the outset and people's level of risk was safely managed.

Safe recruitment procedures were in place and people received support from staff who had been appropriately vetted.

Staff were aware of safeguarding and whistleblowing procedures.

Is the service effective?

Good 

The service was effective.

The registered provider was complying with the principles of the Mental Capacity Act, 2005.

Staff received regular supervisions and were provided with training, learning and developmental opportunities.

People's nutritional needs were effectively assessed and staff were aware of people's dietary needs and preferences.

Is the service caring?

Good 

The service was caring.

People and relatives told us that staff were kind, friendly and caring.

Interactions between staff and people living in the home were warm and familiar.

Confidential information was securely stored and protected in line with General Data Protection Regulation (GDPR).

For people that did not have any friends or family to represent

them, details of local advocacy services were available.

Is the service responsive?

Good ●

The service was responsive.

Staff were familiar with the needs of the people they supported; person centred care was provided on a day to day basis.

People and their relatives were familiar with the complaints process; there was a complaints log in place.

People enjoyed the range of different activities to help keep them motivated, stimulated and engaged.

End of Life Care was supported in a sensitive and dignified manner. □

Is the service well-led?

Good ●

The service was well-led.

Quality assurance processes were effectively in place; these helped to monitor and assess the quality and safety of care people received.

Feedback regarding the management of the service was positive. Actions had been taken to improve areas of concern identified at the last inspection.

The registered manager had notified the Care Quality Commission (CQC) of all events and incidents that occurred in the home.

A range of different policies and procedures were in place. These were up to date and contained relevant information and guidance.

Roxburgh House Care 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 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 8 October 2018 and was unannounced.

The inspection team included one adult social care inspector 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.

Prior to the inspection we reviewed the information we held about Roxburgh House. This included statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the Local Authority and the local Clinical Commissioning Group to get their opinions of the service.

A Provider Information Return (PIR) was also reviewed prior to the inspection. This is the form that asks the registered provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We used all of this information to formulate a 'planning tool', this helped us to identify how the inspection should be conducted and key areas we needed to focus on.

During the inspection we spoke with the registered manager, six members of staff, one member of kitchen staff, three people who lived at Roxburgh House and three visiting relatives.

We also looked at the care files of five people receiving support from Roxburgh House, five staff recruitment

files, policies and procedures, medicine administration processes, compliments and complaints, and other records relevant to the quality monitoring of the service.

We undertook general observations of the home over the course of the inspection, including the general environment, décor and furnishings, bedrooms and bathrooms of some of the people who lived at Roxburgh House, lounge and dining areas.

In addition, a Short Observational Framework for Inspection (SOFI) tool was used. SOFI tool provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

Is the service safe?

Our findings

At the last inspection which took place in September 2017, we found that the registered provider was in breach of regulation in relation to the provision of safe care and treatment people received. The environment presented risks to people living at Roxburgh House and health and safety concerns were identified throughout the course of the inspection. The safe domain was rated as 'Requires Improvement.'

During this inspection we conducted a tour of the home and found that improvements had been made to the environment. We found that people were not exposed to unnecessary risks and health and safety checks were safely in place. During the last inspection, we found the radiator temperatures to be high and radiator covers were not safely attached to the walls. During this inspection, we found that radiators were protected with radiator covers and 'radiator checks' were completed as part of the health and safety audits.

During the last inspection, we identified concerns in relation to the fire safety. Some of the fire doors were not safely held open and a number of doors did not securely close. This meant that people were not protected from harm in the event of a fire. During this inspection, we saw all fire doors closed appropriately and a system had been implemented to ensure fire doors were regularly checked.

During the last inspection, it was identified that there was inadequate lighting in one of the corridors. This posed a risk for people who were trying to mobilise around the home. At the time of this inspection, the home was being refurbished and improvements had been made. The lighting was adequate around and people were able to independently mobilise around the home safely.

During the last inspection, there was one person who was provided with a key to their bedroom. There was no risk assessment in place and the persons bedroom was not accessible if it was locked. This meant that there was risk to the persons safety if an emergency situation occurred. During this inspection, the registered manager informed us that there was nobody living at the home who was provided with their own bedroom key but lessons had been learnt from the risk that had been identified.

Health and safety processes and systems were reviewed to ensure the home was safe. We were provided with regular checks and audits such as temperature checks, portable appliance testing (PAT) nurse call systems, infection prevention control as well as the relevant regulatory certificates which needed to be in place for gas and electric compliance.

Fire procedures and risk assessments were regularly reviewed and there were emergency evacuation procedures in place. This meant that people were living in a safe environment that was regularly assessed and monitored.

The registered provider was no longer in breach of regulation in relation to safe care and treatment.

People had the relevant personal emergency evacuation plans (PEEPs) in place. PEEPs help staff to establish what support people need in the event of an emergency situation. PEEP information was found to

be accurate and up to date. PEEPs provided staff with information in relation to the level of assistance people required in the event of an emergency.

Accidents and incidents were reviewed during the inspection. We found that all accidents and incidents were appropriately recorded and a folder was in place that helped the registered manager to establish if trends were occurring. This meant that any potential risks were identified and measures were put in place to keep people safe.

The home was clean and well maintained. People told us they had no concerns about the environment and felt it was always clean and tidy. There was an infection control and health and safety policy in place and staff complied with infection prevention support measures that were in place. Personal protective equipment (PPE) was available for all staff, gloves and aprons were available when needed.

At the time of the inspection, the home was being refurbished and improvements were being made to the interior of the home. New carpets had been fitted and improvements were taking place to the design and décor of the home. It was evident that the registered provider was committed to improving the standards, quality and safety of the environment people were living in.

We reviewed people's risk assessments. Assessments which were in place included nutrition and hydration, choking, bed rails, manual handling, pressure care, pain and falls. Risk assessments contained information for staff to follow in order to keep people safe. For example, we reviewed one person's pressure area risk assessment and found that the person was at risk of pressure sores. The appropriate assisted equipment was in place such as air flow mattress and pressure cushions, barrier cream was appropriately applied to the person's skin and two hourly observations/repositioning was taking place.

Risk assessments were regularly reviewed and staff were familiar with the support that people required. Risk assessments contained relevant and consistent information. We also saw that assessments were up to date as and when people's circumstances changed. This meant that staff received the most up to date information in a timely manner.

People received support with their medications by trained staff. Medication administration training was offered and staff routinely had their competency assessed. There was also an up to date medication administration policy in place; this contained information in relation to ordering and receipt of medication, storage, disposal and administration, self-administration of medication, medication administration records (MARs) and controlled drugs. Controlled drugs (CDs) are prescription medicines that have controls in place under the Misuse of Drugs legislation. Medication audits were routinely completed and medication administration procedures were continuously assessed

Medication administration records (MARs) were correctly completed and contained sufficient information to instruct staff on safe administration. We conducted a number of random stock balance checks and found these to be correct. This included the stock balance for a controlled medication. Controlled drugs Medicines were stored securely and at the correct temperatures. If medicines are not stored at the correct temperature, they may not work effectively.

We reviewed MARs to track whether people's topical preparations (creams) were applied in a safe manner. MARs were appropriately completed and clearly indicated when the cream had been applied and how many times the cream has been applied to the person's body.

The recruitment of staff was safe. We checked five staff files; each contained appropriate references,

photographic identification, application forms, employment history, medical questions, qualifications as well as a Disclosure and Barring Service (DBS) check. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults in health and social care environments. Such checks assist employers to make safer decisions about the recruitment of staff.

We reviewed staffing levels during the inspection to ensure people received a safe level of care and support. We observed staff providing support in a safe, effective and timely manner. People and relatives told us there were sufficient numbers of staff to provide the required amount of support. The registered manager told us that no agency staff were used at the home. This meant that people only received support from regular staff who were employed at the home. One relative said, "They're [staff] very friendly, really good with my [relative]." One staff member said, "There is enough staff yes, we are like one big team, we all work together."

People and relatives, we spoke with told us they felt safe living at Roxburgh House. Comments we received included, "Staff are brilliant", "They are good staff", "Staff are nice, they're the best", "Safety is a priority", "[Relative] is well looked after and I know [relative] is happy" and "Can't praise them [staff] enough, they look after residents and their families."

Staff clearly explained their understanding of safeguarding and whistleblowing procedures and how they would report any concerns. An up to date safeguarding and whistleblowing policy was available and the contact details for local safeguarding teams were available. This meant that people were protected from harm and staff were familiar with the necessary reporting procedures.

Is the service effective?

Our findings

We received positive feedback about the effective level of care people received. Comments included, "[Relative] gets on well with all the staff, that's the best thing" and "I know [relative] is in great care". Relatives also told us that they felt the staff were well trained, skilled and equipped to provide the level of care that was required.

We checked to see if the registered provider was complying with the Mental Capacity Act, 2005 (MCA) principles. 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 that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that people's capacity was appropriately assessed and assessments were decision specific. Where appropriate, people had signed to indicate their consent and in other cases 'best interest' decisions were recorded. We saw consent had been sought in line with good practice and guidance. During the inspection we observed staff seeking people's consent before supporting them. Records showed that the relevant Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the local authority. Information regarding DoLS were also clearly recorded and staff were knowledgeable around this area of care and support.

Staff confirmed that they felt supported by the management team on a daily basis. Staff were supported with supervision, learning and training opportunities. Supervision enables management to monitor staff performance and address any performance related issues. It also enables staff to discuss any development needs or raise any issues they may have.

People and relatives felt that staff were well equipped to provide an effective level of care. Staff receiving training around nutrition and hydration, infection control, safeguarding adults, MCA and DoLS, food handling, fire safety, moving and handling, health and safety and dementia awareness.

Staff were effectively inducted into their job role and completed an induction in line with the requirements of the Care Certificate. The Care certificate was introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The Care Certificate is a new set of minimum standards that should be covered as part of induction training of new care workers. This meant that staff were expected to develop their skills, levels and competencies in relation to the quality and safety of care people should receive.

People living at Roxburgh House had access to support from external health professionals such as GP's, mental health teams, social workers, district nurses and nutrition and dietetics teams. This meant that

people received a holistic level of support in relation to their overall health and well-being and guidance that was provided was followed by staff accordingly.

For example, one person had a nutrition and hydration risk assessment in place. A malnutrition universal screening tool (MUST) was regularly completed by staff however a change in risk was noted. An appropriate referral had been made to the nutrition and dietetics department and the person was appropriately monitored and assessed. This meant that the person's level of risk was effectively managed, monitored and supported.

During the inspection we observed the quality and standard of food people received. There was a four-weekly rolling menu in place. The menu was designed around the likes, preferences and suggestions of people who lived at Roxburgh House. Meals were well-presented and people had a choice of options to choose from. Daily food options were visible on the dining room wall and there was a menu available for people to consult. The menu contained the different weekly meals being served as well as diabetic alternatives, ingredients used, allergens as well as soft textured options for people who were encouraged to have soft diets. We received positive comments about the food provided, such as "food is fine, [relative] loves the food", "I'm a fussy eater, you can have as much as you want" and "you can request your choices of food."

The registered manager conducted regular 'kitchen meetings' with kitchen staff to discuss menu options as well as circulating 'food surveys' to people who lived at Roxburgh House. This meant that people were supported to share their preferences, likes and dislikes in relation to the food they were offered and suggestions which could be considered.

The home offered assisted technology and equipment for people who needed extra support with different areas of care. Assisted technology and equipment helped people to remain independent but also ensured that the effective level of care helped keep people safe. For example, each bedroom had a call bell system in place, people had sensor/falls mats in place to mitigate risk, different walking aids were available to help with mobility and independence and specialist baths and walk in showers were available as part of the refurbishment.

People who were living with dementia were effectively supported; improvements had been to the environment since the last inspection. There was clear signage to direct people to different parts of the home, new carpets and flooring had been laid, lighting had improved and different colours and contrasts of walls, doors and hand rails helped people to navigate themselves safely around the home.

Is the service caring?

Our findings

We asked people and relatives if staff provided kind, caring and dignified care. Comments we received included, "Yes, I've got no complaints", "Staff treat people as an extension of their own family" and "[Staff] are kind and respectful."

During the inspection a SOFI tool was completed to observe interactions between staff and people who were living at Roxburgh House. Staff were attentive, responsive to people's needs and supported people in a dignified and respectful manner. It was evident that staff were familiar with the people they supported and positive relationships had developed.

Staff were observed having meaningful conversations, offering support and addressing people by their preferred names. People were supported with making 'choices' and were encouraged to remain as independent as possible. For example, one person was asked where they would like to eat the lunch time meal. The person said that they would prefer to eat their food in the lounge area. Staff ensured the person was supported to a lounge chair, was offered dignified support with their food but was also encouraged to remain as independent as possible.

People living at Roxburgh House and their relatives told us that staff were kind, caring and were familiar with the support that was required. Staff offered a tailored level of support in relation to people's likes, preferences and wishes. Staff explained to us how dignified and respectful care was provided and the importance of maintaining people's dignity when personal care was delivered. One staff member explained how they would always seek consent before providing personal care and knock on people's doors before entering.

The registered manager told us there was a dedicated dignity champions in place at the home. The Dignity champion helped to promote the importance of providing dignified care in a way that was person-centred and tailored around the needs of the individual. Principles of providing dignified care was observed by staff throughout the course of the inspection.

During this inspection we checked to make sure that all sensitive and confidential information was securely stored and protected in line with General Data Protection Regulations (GDPR). All confidential and sensitive information was securely stored and protected. Records were secured in a locked office and confidential information was not unnecessarily shared with others.

Relatives told us they were free to visit the home at a time that was convenient to them. We saw that there were no restrictions in relation to visiting times and relatives were encouraged to actively involve themselves at Roxburgh House. Relatives told us that the staff team and management were friendly, approachable and supported people with the level of care that was expected.

People and relatives were given a 'Service user guide' from the outset. The guide contained important information about the quality and safety of care provided at Roxburgh House such as, principles and aims of

the home, quality of food, laundry services, care plans and support, safety and entertainment. This meant that people could familiarise themselves with the different provisions available to them at the home.

For people who did not have any friends or family to represent them, details of local advocacy services were made available. Advocates represent people when specific choices and decisions need to be made in relation to their health and support needs.

Is the service responsive?

Our findings

We received positive feedback about the responsive level of care people received. We were informed that people received a level of care and support that was tailored around their support needs and staff supported people in a person-centred manner.

During this inspection we found that care records were well maintained, contained relevant and consistent information and supported staff to provide person-centred care. 'Person centred' means the care and support which is delivered is in line with people's individual needs, and not the needs of the home. People's level of need was assessed from the outset. Care plans and risk assessments were devised and staff provided a responsive level of care tailored around the needs of each person.

Records contained relevant information and staff told us that they received regular updates in relation to people's support needs and risks. Records contained information such as, 'I love listening to Abba and chatting'. 'I enjoy three meals a day; I like to drink tea with all of my meals and like to have tea and juice throughout the day', 'I like to be offered a choice of what I wear; I normally wear tracksuit bottoms with a t-shirt and a jumper/cardigan', 'I am quite a picky eater, I do not like tea, coffee but like coke zero' and 'I like to watch football, I love to eat sweets and caked, I like to clean up and like to go shopping.'

We saw that people were encouraged to remain as independent as possible, whilst remaining safe. Risk was appropriately assessed and staff were encouraged to 'support', 'assist' and 'prompt' people to have choice and control over the support they required. For example, one person had limited mobility on one side of their body, this caused some restrictions and meant the person required support with some aspects of their personal care. Records encouraged staff to support the person to remain as independent as possible, allow the person to make choices, 'prompt' the person when required, promote as much independence as possible and respect the persons wishes and choices.

People were treated equally regardless of age, gender, disability, religion/belief or race. People's protected characteristics (such as age, gender, religion and disabilities) were established from the outset, support measures were in appropriately in place and records clearly indicated how support needed to be provided. For example, people who expressed a desire to practice their religion were supported to do so each Sunday. For those who could not access Church on a Sunday, Holy Communion was offered at the home. This meant that people were supported with their equality and diversity support needs accordingly.

The registered provider had an up to date complaints policy in place. Details of the complaints procedure was available to people who lived at Roxburgh House and people we spoke with told us they knew how to raise any complaints if they ever needed to. At the time of the inspection there were no complaints being responded to. Previous complaints which had been received had been correctly responded to in accordance with the registered provider's policy. Relatives told us that they would feel confident raising any concerns or complaints to the staff and management at the home.

At the time of the inspection there was no activities co-ordinator in post. We were informed that specific

members of staff supported with a range of different activities that helped to keep people stimulated, occupied and entertained. Activities ranged from bingo, singing, memory books, beauty sessions and external entertainers. The registered manager told us that regular events were scheduled throughout the year to coincide with different annual celebrations. Halloween, Christmas and Easter events were arranged and people's birthdays were routinely celebrated in the home. One relative said, "There are singers and also an exercise class to music. [Relative] is always doing something."

We asked the registered manager if 'End of life' care was provided to people who had been assessed as being at the end stages of their life. The registered manager and deputy manager had both completed end of life training and end of life care was provided in a dignified and sensitive manner. Records contained advanced end of life decisions and the wishes and choices of the person were documented and supported by staff.

Is the service well-led?

Our findings

At the last inspection, we found that the registered provider was in breach of regulation in relation to 'Good Governance'. We found that the systems to monitor the quality and safety of the service were not effective and risk was not effectively monitored or managed. The well-led domain was rated as 'Requires Improvement.' During this inspection we looked to see if improvements had been made.

Routine audits and checks were completed by the management team and we saw that the registered provider supported with overall quality assurance and governance on a regular basis. The registered provider visited the home and reviewed different quality assurance systems which were in place. Quality assurance measures ensured that the quality and safety of care was routinely assessed and improvements were identified. Audits and checks were completed in areas such as care plans, risk assessments, medication administration, health and safety, personnel/recruitment, training, accident and incidents, maintenance management and clinical assessment tools.

We saw that 'live' action plans were created in relation to the different area of care people received. Improvement were concentrated upon; the provision of care was routinely analysed and deadline completion dates were specified. During the inspection, we reviewed the registered providers 'Quality and compliance' tracker. This identified area of improvement in relation to refurbishment, care plans and risk assessment, infection control, nutrition and diet, training and annual surveys. We saw that actions were identified and followed up on in a timely manner.

The registered provider supported the registered manager; meetings were regularly scheduled to discuss provision of care delivered. 'Executive meetings' were held and minutes from these meetings were reviewed during the inspection. Discussions were held around areas such as the refurbishment of the home, garden area improvements, safeguarding procedures, staffing levels and infection control measures. This meant that the registered provider was committed to discussing and reviewing the quality and safety of care people received.

The registered provider was no longer in breach of regulation in relation to 'Good Governance'.

During the inspection we looked at other quality assurance measures which were in place to monitor and assess the provision of care people received. We saw evidence of staff meetings, resident/family meetings, and a number of different quality assurance surveys conducted in a number of different areas. This meant that many different aspects of care were assessed, monitored and improved upon. People, staff and relatives had the opportunity to express their thoughts, views and opinions about the quality and safety of care provided.

During the inspection, we reviewed some of the feedback that Roxburgh House received in relation to the quality and safety of care provided. Feedback included, 'Roxburgh House is not just a care home, it is a cheerful, thriving little community', 'Staff are always warm and welcoming', 'The physical, social and emotional environment is excellent' and 'Staff appear to treat residents as they would their own.'

Health and well-being of people living at Roxburgh House was supported and partnership working was taking place to improve the overall quality of life people living at Roxburgh House. Links had been made with the local church, counselling services, advocacy support and entertainment services.

We reviewed different levels of communication during the inspection. Staff told us that routine handovers took place at least twice a day and staff received regular updates in relation to people's care needs and risk as when and needed. There was a communication book in place; all significant information and events were recorded in this book which staff could consult when required.

We received positive feedback from staff and relatives about the management at Roxburgh House. Comments we received included, "We're a really good team, management are really approachable, we've all got really good relationships", "The support is always there, there is an open-door policy, there's really good teamwork" and "The manager is very approachable."

We reviewed the range of different policies and procedures the registered provider had in place. Policies we reviewed contained the relevant guidance and information staff needed. Staff were familiar with different policies such as safeguarding of adults, code of conduct, eating and drinking difficulties, equality and diversity, end of life care, medication administration, and pressure care.

The registered provider had a 'Business risk and contingency plan' in place. This plan contained all essential information in relation to critical incidents which could potentially take place. The plan outlined measures which were in place to keep people safe, key contacts and emergency procedures which needed to be followed.

At the time of the inspection there was a registered manager in post. The registered manager was aware of their responsibilities and it was evident from this inspection visit that improvements had been made following the inspection which took place in September 2017.

The registered manager had notified CQC of all events and incidents that occurred in the home in accordance with our statutory requirements. This meant that CQC were able to accurately monitor information and risks in relation to people living at Roxburgh House and the overall management of the home.

Ratings from the last inspection were displayed throughout the home. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.