

Horizon Healthcare Homes Limited

Roxburgh Lodge

Inspection report

Bell Dean Road
Bradford
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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Roxburgh Lodge is a new build, residential care home accommodating up to 8 adults with a learning difficulty who may also have a physical disability. At the time of our inspection there were 8 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Culture:

The culture of the service supported people and staff in an inclusive way; enabling people to live their day-to-day lives as they chose to. The provider had quality assurance systems to regularly assess and monitor the service, however, these had not always identified the concerns we found.

Feedback was requested from people, relatives or health care professionals. Staff ensured the quality and safety of the service had been assessed to ensure people were safe. Safe recruitment practices were followed. Staff knew and understood people well.

Right Support:

Staff enabled people to identify plan and achieve daily and longer term goals. Staff focussed on maintaining and developing people's independence and promoted what they could do. People were encouraged to learn and develop new skills. Staff enabled people to access health, well being and social activities that met their individual needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

Staff had completed the necessary training to meet peoples' needs and knew how to protect them from abuse and avoidable harm. Medicines were managed safely. Staff knew how to protect people's privacy and dignity. There were good examples how people's human rights were being protected through person centred care plans. People could communicate with staff as staff understood their individual communication. People were empowered to take part in activities of their choice. People were supported to keep in touch with relatives and other people important to them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 23 July 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

Recommendations

We have recommend the provider consider current guidance and review of their auditing systems and processes on lessons learnt.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Roxburgh Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

This inspection was carried out by an inspector, a regulatory officer 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.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A manager was in post at the time of inspection and had submitted an application to register.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 28 June 2023 and ended on 17 July 2023. We visited the location's service on 28 and 29 June 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We completed observations of the care provided and staff interaction with people who lived at the service. We spoke with 2 people and 4 relatives about their experience of care. We spoke with 5 staff including the manager, deputy manager and 2 team leaders.

We reviewed a range of records. This included 4 people's care records and multiple medication records. A variety of records relating to the governance of the service, including policies and procedures were reviewed.

We looked at 4 staff files in relation to recruitment. We reviewed supervision data and quality assurance records. We reviewed feedback from professionals involved with the service. We continued to seek clarification from the provider to validate evidence found following the inspection.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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

- Care plans were person-centred and quite detailed. However, they were not always accurate and updated in all areas. This meant that there were some inconsistencies in some care plans, which may have exposed some people to risk. For example, a number of personal emergency evacuation plans had not been updated for some time. We also found other people's care records in the wrong files. The provider told us they were transitioning from a paper-based care record system to an electronic care record system and this had impacted on the quality of records. They took immediate action when we highlighted our concerns.
- Accidents and incidents were reported, recorded, investigated and analysed. However, the findings were not routinely shared with staff to improve the service.
- Environmental risks were not always safely managed. Regular checks had been carried out which included water checks, equipment and fire safety. However, we highlighted a number of infection protection control concerns. The provider took immediate action to address this.

Systems and processes to safeguard people from the risk of abuse

- Throughout the inspection we observed positive and supportive interactions between people and staff. A relative told us, "Yes, [Person] is safe). If anything happens, they let me know straightaway. They have a monitor in their room. Everybody there's taken care of "However, one relative raised a concern during the inspection and we raised a safeguarding alert with the local authority. The provider took immediate action to address the concerns and the local authority safeguarding closed the enquiry. The provider told us the alerter was satisfied with the outcome of their actions.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff consistently told us they felt comfortable raising any concerns with the management team. They felt they were listened to and the correct action would be taken to keep people safe.

Staffing and recruitment

- Staff were recruited safely. All staff files contained the necessary evidence including employment history and Disclosure and Barring Service checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Staff had received the providers mandatory training programme.
- There were enough staff to meet people's needs, including for one-to-one support for people to take part in activities how and when they wanted.
- Staff levels were kept under review and staff worked flexibly to provide the support people needed. For example, 2 staff supported one person to have a short break away from the home.

Using medicines safely

- People's medicines were stored, managed and disposed of safely.
- When people needed medicines on an 'as and when' basis (PRN), there were PRN protocols in place.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).
- Staff spoke knowledgeably about people's medicines. A staff member described how the service was supporting one person to reduce one medication, in line with their care plan.
- Staff administering medication had completed medicines management training and their competency was assessed to ensure they followed best practice.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were not always assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no visiting restrictions at the time of the inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had care and support plans that were personalised and reflected their needs and aspirations, including physical and mental health needs. People, their relatives, other people important to them and staff reviewed plans together. The manager had a plan to review all care plans.
- People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. People could have a phased admission to ensure the home was the right choice for them.
- People's care plans used different assessment tools to ensure people received the right level of support. For example, a brief behaviour assessment tool, the Malnutrition Universal Screening Tool (MUST) to assess people's nutritional needs and the Waterlow score to assess people's pressure sore risk.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate support and training.
- New and existing staff completed the provider's ongoing mandatory training as well as multiple specialist training to meet people's needs. The provider had established systems to monitor staff training to ensure all staff completed and refreshed their training in a timely way.
- Staff received support in the form of continual supervision, appraisal and regular competency checks. Staff told us they felt supported by the management.

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

- People's nutritional needs were met. People were offered a choice of meals, drinks and snacks. People had specific dietary needs met, such as religiously appropriate or pureed food.
- Eating and drinking care plans were in place when required. Care records showed food and fluid intake was recorded and monitored by staff, when needed.
- We observed staff encouraging and supporting people to eat their meals in a caring and patient manner. Where people were reluctant to eat and drink staff tried different ways to encourage some intake.

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

- People were supported to access healthcare services and staff monitored their health.
- People's healthcare needs were documented in their care plan including details of how any medical conditions impacted on their daily lives.
- Staff worked with other agencies to ensure people received the support they needed. People were

registered with a GP and referrals to other health and social care professionals were made as people's needs changed. A healthcare professional told us staff responded proactively and well to people's changing health needs

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

- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.
- There were auditory tools and pictorial signs on the walls to help people with recording the date and weather, orientation, what activities were taking place and what staff were on shift. Following feedback we raised, the manager took immediate action to ensure the menu was in a pictorial format.
- At the time of inspection, the outdoor balcony spaces were being adapted with new garden furniture to better meet people's needs.
- The provider had a 'sensory/activity' room with a variety of equipment and activities to meet a range of people's needs. People were able to use the room as they wished.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood the relevant requirements of the MCA and confirmed they asked for people's consent before providing care and support. We observed staff consistently seeking consent from people during the inspection.
- Appropriate applications had been submitted to the local authority for DoLS. There was a system to monitor their progress and when an authorisation was due for renewal.
- Mental capacity assessments and best interest decisions had been completed when necessary.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People rights were promoted and supported. People's equality characteristics were considered and respected.
- We observed that people were at ease, content and engaged. Staff saw people as their equal and created a warm and inclusive atmosphere. A member of staff told us, "Everybody that works here is loving and caring. We have "can do goals", "hopes and dreams", following anything that the people want and need."
- Management and staff knew people well and people appeared relaxed and engaged in their company. Staff knew the triggers to some people's distress and proactively worked to ensure their well-being. For example, staff knew certain words not to use with one person, which may cause distress.
- Throughout the inspection interactions between staff and the people they supported were kind and caring. For example, some people were drawing, staff sat with them. Staff prompted people about the pens they were using, such as which colour they wanted to use next. Staff were patient and communicated with people in a way they understood.
- People's relatives spoke positively about their relative's care and support. A relative told us, "Yes, oh yes they are kind and caring and listening. I go and see [Person] for 2 or 3 hours and never see anything other than dignity and respect."

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

- We observed people were given time to listen and respond to staff. Information was provided in different formats, such as pictures or verbal recordings.
- Staff supported people to express their views using their preferred method of communication. For example, there were people living at the service who used their own verbal signals and one person held staff hands to direct staff to their needs.
- In circumstances where people were unable to express their views, decisions were made in their best interest by others who knew them well.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. For example, staff knocked on people's doors before entering. Staff encouraged people to be as independent as possible.
- People's social care needs were understood. People were supported to maintain relationships with those who were important to them. We observed staff supporting one person with a video call to relatives.
- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's confidentiality policy and with current regulations.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's relatives generally told us their family members were regularly engaged in activities of their choice. However, one relative told us a number of activities had been cancelled for a variety of reasons.
- People were supported to participate in their chosen social and leisure interests on a regular basis. One person told us about goals and aims of things they would like to do, and staff supported them to achieve these.
- We observed various activities during the inspection and the staff had maintained records of the activities offered to people on a daily basis.

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

- People received personalised care and support specific to their needs.
- We saw people's electronic care plans contained information about their specific support needs. The care plan information included risk assessments covering their daily living needs including health and well-being.
- Support focused on people's quality of life outcomes and people's outcomes were monitored and adapted as a person went through their life.

Meeting people's communication needs

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

- People's communication needs were identified and recorded in their care plans.
- Information was available in a variety of formats and presented in a way people could understand. This included pictorial information to aid communication and help people make choices.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them or others something.

Improving care quality in response to complaints or concerns

- People, and their relatives, could raise concerns and complaints easily and staff supported them to do so.
- Relatives told us they felt happy to raise any concerns with staff or the management team and would be listened to.

- We saw the provider maintained a record of complaints, which included a description of the complaint, action taken and the outcome.

End of life care and support

- Staff were not supporting anyone with end-of-life care at the time of the inspection.
- People and their relatives were offered the opportunity to discuss their end of life wishes, if they wished to.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Monitoring the effectiveness of risk controls was done through review of daily records, monthly and other regular audits and management review. However, audits had not always highlighted inconsistencies we found.
- There was limited evidence that lessons learnt from incidents and audits were always communicated to staff, to ensure continuous learning and improvements took place.

We recommend the provider consider current guidance and review their auditing systems and processes on lessons learnt and take action to update their practice accordingly.

- There was a clear management structure in place. Staff were clear about their roles and responsibilities.
- Statutory notifications were submitted as required. Statutory notifications are important because they inform us about notifiable events and help us to monitor the services we regulate.

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

- There was a positive, open and inclusive atmosphere at the service. Staff treated people with kindness and compassion.
- Staff demonstrated their understanding of the values of the service and that people should be at the centre of their care.
- Relatives generally told us the care and support were centred on their family member and they were on the whole happy with the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibilities under the duty of candour. This is a set of specific legal requirements that services must follow when things go wrong with care and treatment.

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

- The manager and staff involved and engaged people and their relatives in the service and considered their equality characteristics. For example the décor or a room was adjusted to meet one person's religious

needs.

- People, their relatives and staff were invited to give feedback on the service and had the opportunity to use a suggestion box.
- Relatives told us the manager and staff, listened to their views and acted on them.

Working in partnership with others

- The manager and staff worked closely with people's health care professionals to ensure there was effective, joined-up care and support. This was supported by feedback from healthcare professionals we spoke to.