ADL Plc

# Roxburgh House Care Home

## Inspection report

Roxburgh Street
Bootle
Merseyside
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02 October 2017

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | **Requires Improvement** |
| 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

This inspection took place on 26 September and 2 October 2017 and was unannounced.

Roxburgh House Care Home is a residential care home in the Bootle area of Liverpool. The service offers accommodation and support for up to 38 people. 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 38 people living in the home.

We looked at how the registered manager and provider ensured the quality and safety of the service provided. The registered manager told us that the provider visited the service every month. We saw that audits completed did not highlight the concerns that we identified during the inspection. This meant that systems in place to monitor the quality and safety of the service were not effective.

A registered manager was 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. Feedback regarding the management of the service was positive.

We saw that the environment was not always safely maintained. Not all radiator covers were securely attached to the wall, two radiator covers were extremely hot to the touch and people were at risk of sustaining a burn if they were to lean on the covers or fall against them. Not all fire doors were held open safely and a number of doors did not close securely within the frames. This meant that people would not be protected from harm in the event of a fire. We also noted that there was not adequate lighting in one corridor within the home.

Although external contracts were in place to help ensure the safety of the building and its equipment, we saw that they were not all in date. The registered manager was aware and had already taken action to address this.

Personnel files contained evidence of safe recruitment practices.

People told us they felt safe living in Roxburgh House. Staff were knowledgeable regarding safeguarding and how to report concerns. We found that there were sufficient numbers of staff on duty to meet people's needs in a timely way.

We saw that medicines were managed safely within the home. Staff completed training and had their competency assessed to ensure they were able to administer medicines safely.

Records showed that applications to deprive people of their liberty had been made appropriately.

Staff told us they always asked for people's consent before providing care and we observed this during the visit. When people were unable to provide consent, mental capacity assessments were completed in line with the principles of the Mental Capacity Act 2005 and decisions were made in people's best interest.

Staff told us they were well supported and records showed that staff received a comprehensive induction, regular supervision an annual appraisal and regular training to support them in their role.

People living in Roxburgh House were supported by the staff and external health care professionals to maintain their health and wellbeing. Visiting healthcare professionals told us that they received appropriate referrals from the staff and that care they recommended was always carried out.

Feedback regarding the meals available was positive. People told us they had enough to eat and drink and that they enjoyed their meals. Staff knew and met people's dietary needs and preferences.

People living at the home told us staff were kind and caring and treated them with respect. Interactions between staff and people living in the home were familiar, warm and supportive. It was clear that staff knew people well and interacted with them in a way that best met their needs.

Throughout the inspection we observed people's dignity and privacy being respected by staff. We also found that care files containing people's confidential information were stored securely in a locked office in order to maintain people's privacy.

Care plans were written in a way as to promote people's independence. We also saw that assistive technology was utilised in order to enable people to retain their independence, whilst also helping to ensure their safety.

We found that people had choice about their care and how they spend their day, such as where they ate their meals or spent time during the day.

We observed relatives visiting the home throughout both days of the inspection and we saw that staff knew them well and made them welcome when they arrived. For people who had no family or friends to represent them, contact details for a local advocacy service were available.

Most people were involved with their care plans and those people that could not recall seeing a care plan told us staff discussed their care with them or their families and that they were happy with the support that they received.

With one exception care plans we viewed were specific to the individual and provided sufficient detail to enable staff to provide care based on their needs and preferences. We also found that planned care was evidenced as provided.

Care plans also reflected people's preferences in relation to their care and contained information regarding people's life history. This enabled staff to provide care to people based on their preferences.

We saw activities such as colouring, singing and dancing take place. People we spoke with told us external entertainers visited the home regularly and staff put on a party each month.

Systems were in place to gather feedback regarding the service, including regular meetings and quality assurance surveys. People knew how to make a complaint if they needed to.

There was a range of policies and procedures available to help guide staff in their roles. Staff we spoke with were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had.

The manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications.

## 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.

The environment was not always safely maintained.

Personnel files contained evidence of safe recruitment practices.

People told us they felt safe living in Roxburgh House. Staff were knowledgeable regarding safeguarding and how to report concerns.

There were sufficient numbers of staff on duty to meet people's needs in a timely way.

Medicines were managed safely within the home.

### Is the service effective?

**Good**

The service was effective.

Applications to deprive people of their liberty had been made appropriately.

Consent was sought in line with the principles of the Mental Capacity Act.

Staff were supported through induction, regular supervision an annual appraisal and regular training.

Feedback regarding the meals available was positive.

Relevant parts of the environment had been adapted to assist people living with dementia to maintain orientation and safety.

### Is the service caring?

**Good**

The service was caring.

People living at the home told us staff were kind and caring and treated them with respect. People's dignity and privacy was respected by staff.

Care plans were written in a way as to promote people's independence.

People had choice about their care and how they spend their day.

There was no restriction on visiting times and relatives were made welcome when they arrived.

## Is the service responsive?

Good

The service was responsive.

People or their relatives were involved with the creation of care plans.

Most care plans were specific to the individual and provided sufficient detail to enable staff to provide care based on their needs and preferences.

People were happy with the activities available to them.

Systems were in place to gather feedback regarding the service.

## Is the service well-led?

Requires Improvement

The service was not always well-led.

Audits completed did not highlight the concerns that we identified during the inspection.

Staff told us they enjoyed working in Roxburgh House and that they would recommend the home to their friends and family.

The manager had notified the Care Quality Commission (CQC) of most events and incidents that occurred in the home in accordance with our statutory requirements.

Feedback regarding the management of the service was positive.

# 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 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 September and 2 October 2017 and was unannounced. The inspection team included an 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.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the 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.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We also contacted the commissioners of the service. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, the deputy manager, the maintenance person, the chef, housekeeper, three members of the care staff, seven people living in the home, four relatives and two visiting healthcare professionals.

We looked at the care files of five people receiving support from the service, four staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service. We also

observed the delivery of care at various points during the inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

# Is the service safe?

## Our findings

We looked at the arrangements in place for checking the environment and saw that it was not always safely maintained. For instance, we saw that not all radiator covers were securely attached to the wall. This meant there was a risk of injury should they come off the wall when people living in the home touched them. We also found that two of the metal radiator covers were extremely hot to the touch and people were at risk of sustaining a burn if they were to lean on the covers or fall against them. We raised this during the first day of the inspection and the temperatures were turned down immediately. The deputy manager also arranged for checks of the radiator covers to be included within the daily maintenance checks.

On the second day of inspection however, we found another radiator cover that was extremely hot to the touch. We discussed this with the registered manager who advised they had plans for new central heating to be installed in the future, but no dates were confirmed for this. They agreed to ensure regular temperature checks were completed on the radiator covers and to consider alternative covers for the radiators in the meantime, which may not become as hot.

During a tour of the home, we noted that not all fire doors were held open safely and a number of doors did not close securely within the frames. This meant that people would not be protected from harm in the event of a fire. There were no internal recorded checks of fire doors in place. We raised this with the deputy manager who arranged for the maintenance person to readjust the doors and we saw on the second day of the inspection, that they all closed appropriately and a system had been implemented to ensure fire doors were checked regularly.

We also noted that there was not adequate lighting in one corridor within the home. This posed an increased risk of falls to people. The registered manager advised that new parts for the lights had been ordered and were awaiting delivery. On the second day of inspection we saw that the registered manager had purchased a lamp to be installed in this area until the light fittings were replaced.

During the inspection we found that one person living in the home had a key to their room and we saw that this was locked. The deputy manager in charge of the service on the day, was unaware that the person had a key or that they locked their room when they were in it. This posed a risk to the person's safety as staff may not be able to access the room in the event of an emergency. The deputy manager later found that there was a key available to staff. On the second day of the inspection we saw that a risk assessment had been completed in relation to this to help ensure the person's safety.

External contracts were in place to help ensure the safety of the building and its equipment. These included gas, emergency lighting, fire alarms, lifting equipment and water hygiene and these were all in date. We saw however, that the certificate for electrical safety had expired. The registered manager advised that a company had been to inspect the electrical system on 20 August 2017 and recommended works to be completed before a new certificate could be issued. Quotes had been obtained for these works and we saw confirmation that the work was due to be completed by the end of the month.

This is a breach of Regulation 12 of the Health and Safety Act 2008 (Regulated Activities) Regulations 2014.

A fire risk assessment of the building was in place and people who lived at the home had a PEEP (personal emergency evacuation plan) to ensure their safe evacuation in the event of a fire. Regular internal checks had also been completed to help maintain safety, in areas such as bed rails, mattresses, fire alarms, fire drills, call bells, window restrictors, water temperatures and firefighting equipment.

The care files viewed showed staff had completed risk assessments to assess and monitor people's health and safety in areas such as nutrition, mobility and pressure relief. These assessments were reviewed regularly to ensure any change in people's needs was assessed to allow appropriate measures to be put in place, such as regular weight monitoring or pressure relieving equipment.

We looked at accident and incident reporting within the home and found that they were recorded and reported appropriately. The registered manager maintained a log of all incidents and records showed that accidents were reviewed and measures taken to reduce the chance of recurrence.

We looked at how staff were recruited within the home. We looked at four personnel files and evidence of application forms, appropriate references and Disclosure and Barring Service (DBS) checks were in place in line with the provider's policies. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

People we spoke with told us they felt safe living in Roxburgh House and provided us with a variety of reasons as to why they felt safe. One person told us, "It has a nice, friendly, homely feeling; it feels safe and I'm in my own room" and another person said, "I was prone to falling at home; I've had no falls here because it's all safe." A third person told us, "I have a key and can keep my door locked." Other people told us they felt safe because there was always staff around to help them.

Records showed that all staff had received training in adult safeguarding to help protect people and keep them safe. Staff we spoke with were clear about what abuse was and how to report any concerns they may have. A policy was in place to guide staff on actions to take in the event of any safeguarding concerns and details of the local safeguarding teams were available within the staff office. We found that relevant referrals had been made.

We looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as a sample of Medication Administration Records (MARs), stock and other records for people living in the home. A medicine policy was available for staff to guide them in their practice. Records showed that staff had had their competency assessed to ensure they were able to administer medicines safely.

Medicines were stored in trolleys within a locked clinic room. The temperature of the fridge and clinic room were monitored and recorded daily. If medicines are not stored at the correct temperature, they may not work effectively. We viewed a sample of MAR charts and found that they were completed comprehensively and included information about any allergies that people had. This helped to ensure that people did not receive medicine they were allergic to.

There were systems in place to guide staff when to administer medicines that were prescribed as and when required (PRN). This helped to ensure people received their medicines when they needed them. All stock balance checks we completed were accurate and staff recorded their own daily checks on all stock

balances. People living in the home and their relatives all told us that medicines were managed well and people received them as they were prescribed.

We looked at how the home was staffed. On the first day of inspection there was six care staff on duty, as well as the deputy manager, supporting 38 people who lived in the home. The deputy manager told us these were the usual staffing levels and that there were four staff on duty overnight. Rota's we viewed showed that these staffing levels were usually maintained.

People living in the home all told us there were enough staff on duty to meet their needs. One person told us, "Staff come quickly if you use the call bell, they're very good. Sometimes it looks like there are more care staff than us" and another person said, "Yes, there are enough staff and they've always got time for you. It's the same at night time." A third person told us, "I pressed the call bell by mistake the other day and they were here in seconds." Staff we spoke with all agreed that there were enough staff to support people in a timely way.

There were no concerns raised regarding the cleanliness of the home. One person told us, "It is spotless" and another person said, "Your bed linen is changed, your rooms are done; the bathrooms and toilets are lovely and clean." We saw that bathrooms contained liquid soap and paper towels in line with infection control guidance. Hand gel was available to staff around the home and we saw that this was used by staff as they moved between different areas within the home. Personal protective equipment was also readily available to staff, such as gloves and aprons.

Good

# Is the service effective?

## Our findings

We looked to see if the service was working within the legal framework of the 2005 Mental Capacity Act (MCA). 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 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).

Records showed that applications to deprive people of their liberty had been made appropriately. The registered manager maintained a log of all applications made and we could see that 12 applications had been made. One had been authorised but had expired and we saw that the registered manager had submitted a second application prior to the authorisation expiring.

Staff we spoke with told us they always asked for people's consent before providing care and we observed this during the visit. For instance, we heard a staff member asking a person's permission before assisting them to put their socks on before mobilising. People we spoke with agreed and one person told us, "Yes, they [staff] do ask you before they do anything."

When people were unable to provide consent, mental capacity assessments were completed. We saw that assessments were completed in line with the principles of the MCA and decisions made in people's best interest. For example, one person's file contained a capacity assessment to establish whether they were able to consent to living in Roxburgh House. The assessment showed they lacked capacity to make this decision and the person's next of kin were involved in making a best interest decision which led to a DoLS application being made. Another assessment showed a person lacked capacity to make decisions regarding their health and wellbeing. A best interest meeting was held with the person's GP and family members and decisions recorded appropriately in their best interest.

We looked to see how staff were inducted into their job role and saw that staff had completed an induction in line with the requirements of the Care Certificate. The Care Certificate is an identified set of standards that care workers have to achieve and be assessed as competent by a senior member of staff.

The registered manager maintained a training matrix which showed that staff had completed training considered mandatory by the provider. These courses included safeguarding, health and safety, dementia, fire safety, moving and handling, food hygiene, mental capacity and person centred care.

People living in the home told us that staff were sufficiently trained to enable them to meet their needs. One person told us, "Yes, they've had the right training, I think" and another person said, "I need a [support] to get about and I feel safe being moved; the staff do know what they're doing."

Staff told us they were well supported and records we viewed showed that staff received regular supervision and an annual appraisal to support them in their role.

People living in Roxburgh House were supported by the staff and external health care professionals to maintain their health and wellbeing. Care files we viewed showed that people received specialist advice, care and treatment from relevant health and social care professionals, such as the GP, optician, dietician, district nurses and social workers.

Visiting healthcare professionals we spoke to during the inspection told us that they received appropriate referrals from the staff and that care they recommended was always carried out. Relatives we spoke with agreed that staff sought advice in a timely way and were knowledgeable about people's health needs. One relative told us their family members health condition had improved since moving into the home and another relative explained that their family member's behaviour could change when they developed an infection and staff always recognised this quickly and contacted the GP.

We asked people about the food available in Roxburgh House and feedback was positive. People told us they had enough to eat and drink and that they enjoyed their meals. One person told us, "I get drinks and biscuits when I want and they give me porridge and tea in the evening" and another person said, "The food's very good, and it's the kind of food that I like." A third person told us their dietary needs were catered for, as they required a sugar free diet and a relative told us that their family member's preferences were also catered for, despite them being a 'fussy' eater.

We observed lunch in both units within the home and saw that tables were set with table cloths, table decorations and homely crockery. We saw that staff knew and met people's preferences. For instance, staff knew who liked gravy on their dinner and did not pour it into the meals of those people they knew did not like it. Another person was served an alternative meal of their liking as staff knew they did not like the meals on the menu that day.

We saw that people were offered support when required and this was provided in a dignified way and people were not rushed with their meals. Lunch time was a sociable experience with people chatting both to staff and each other. Cold drinks were available in both lounges for people to access independently and we saw that hot drinks were offered regularly throughout the day.

We observed the environment of the home and found that the environment within the unit for people living with dementia had been adapted to assist people with orientation and safety. For instance, there were pictorial signs for the bathrooms and lounge and bathroom doors were painted in a bright colour. This helped people to find their way around the home. Memory boxes were available outside people's bedroom which contained photographs and objects significant to the person to help them identify their own room.

The handrails along the corridor had been painted in contrasting colours to the walls to ensure they were visible to people. We also saw that toilet seats were contrasting colours to help support people with memory difficulties identify them.

Good

# Is the service caring?

## Our findings

People living at the home told us staff were kind and caring and treated them with respect. One person told us, "Staff are very nice, they do anything you ask them to" and another person said, "Staff are awfully nice and nothing's too much trouble. If you have a problem, you can go and ask them." Relatives we spoke with agreed and one relative told us, "Yes, they [staff] come and calm [relative] down when they get agitated, they are very gentle."

We spent time observing the interactions between staff and people living in the home during the inspection. We saw that interactions were familiar, warm and supportive. It was clear that staff knew people well and interacted with them in a way that best met their needs. We saw a person enter the lounge and looked unsure as to what they were supposed to do or where to go. A staff member recognised this quickly and approached the person, asking if they were coming in to sit down for a rest and went on to show them to a chair and ensure they were comfortable before they moved on.

Throughout the inspection we observed people's dignity and privacy being respected by staff, such as staff knocking on people's door before entering their rooms and referring to people by their preferred name. We saw that personal care was carried out in private and people were given plenty of time to eat their meals; they were not rushed in any way. People living in the home told us their dignity was always protected by staff. One person told us, "Yes, they always knock before they come in" and another person said, "They [staff] are very protective when you are getting washed." Staff we spoke with were able to describe how they maintained people's privacy and dignity when providing care to people. Examples included, closing doors, drawing curtains and using towels to cover people when assisting them to was and dress.

We also found that care files containing people's confidential information were stored securely in a locked office in order to maintain people's privacy.

We saw that bedroom doors contained a glass window, some of which were frosted, but others were not. We asked people how they felt about having a window in their door and one person told us, "I like it [the window]; I can see if someone is out there and they can see if I'm here. I pull this cover over if I want to." Other people we spoke with also told us they were able to cover the window should they choose to.

Care plans we viewed were written in a way as to promote people's independence. For example, one person's personal care plan clearly explained what they were able to manage themselves and which parts of the personal care they required staff to assist with, such as washing their back. Plans prompted staff to encourage independence.

We also saw that assistive technology was also utilised in order to enable people to retain their independence, whilst also helping to ensure their safety. This included the use of sensor mats by people's bed. When a person at risk of falls got out of bed, the mat alerted staff to enable them to offer support and prevent falls.

People living in the home agreed that staff promoted their independence. One person told us, "I look around for help if I want it but they [staff] let me walk on my own if I want to" and a relative said, "Staff encourage [relative] to walk to the toilet by the lounge, but they wait outside to help if needed."

We found that people had choice about their care and how they spend their day, such as where they ate their meals, where they spent time during the day, what they ate and whether to join in with activities. People living in the home agreed that they had always had choices. For example, one person told us, "You can get up and go to bed when preferred. They [staff] will leave you there if you don't want to get up and bring breakfast to your room; they come back later." Another person said, "Everything's up to you really; they [staff] are not very strict at all and that's what I like about it" and a third person told us, "You can choose; that's the beauty of it. I'd hate it if they told you that you have to do this and that."

People living in the home were provided with information regarding the service to assist them in making decisions regarding their care. A service user guide was provided to people when they moved into the home and this contained information about the home, what was available and how they could raise any issues regarding the care they received. The last CQC report was also available for people to read. This meant that people were provided with information regarding the home in order to support their decision making.

The registered manager told us there was nobody living in the home that had any specific cultural needs at the time of the inspection.

We observed relatives visiting the home throughout both days of the inspection and we saw that staff knew them well and made them welcome when they arrived. The registered manager told us there were no restrictions in visiting, encouraging relationships to be maintained.  People we spoke with confirmed that their family members could visit at any time.

For people who had no family or friends to represent them, contact details for a local advocacy service were available within the home and the provider had an advocacy policy in place to help guide staff in this area.

Good

# Is the service responsive?

## Our findings

During the inspection we looked to see whether the service provided person centred care and found that they did. Person centred care is care based on the needs and preferences of the individual person. We asked people if they were involved with their care plans and most people told us that they were. Those that could not recall seeing a care plan told us staff discussed their care with them or their families and that they were happy with the support that they received. One person told us, "Yes, I see it [care plan] and I say okay. I'm quite happy with everything" and another person said, "My [relative] discusses the care plan and they always tell me what's in it." Relatives we spoke with told us they were involved in their family member's care and that they saw the care plan regularly.

We saw care plans in areas such as keeping safe, nutrition and hydration, elimination, mobility and keeping clean. When people had medical conditions, we saw that there was information available within their files to inform staff of the condition and how it is managed. For example, one person's file, who a heart disorder, contained information about this which included signs staff should look out for which may indicate their health had deteriorated and what action they should take in these circumstances.

With one exception care plans we viewed were specific to the individual and provided sufficient detail to enable staff to provide care based on their needs and preferences. For instance, one person's care plan reflected that they could become confused at times and advised staff to support them at this time by using closed questions to enable the person to express their needs more effectively.

We viewed one person's mobility plan that indicated they were at risk of developing a pressure ulcer due to reduced mobility and that they required staff to assist them to change their position regularly throughout the night. However, when we asked to see the records to evidence this support had been provided, we were told the person no longer required this support and was able to reposition themselves. The care plan had not been updated to reflect this change in the person's care needs. We raised this with the deputy manager on the first day of the inspection and by the second day, we saw that a new care plan was in place that reflected the person's current needs.

We found that planned care was evidenced as provided. For example, one person's nutrition plan indicated that they were at risk of malnutrition. The dietician had been involved in their care and prescribed supplement drinks to help maintain their weight. This information was reflected in the plan of care, as well as the need to monitor the person's weight each month. We saw that their weight was monitored and recorded as planned.

Care plans also reflected people's preferences in relation to their care. For instance, one person's plan highlighted that they liked to wear specific types of clothes, whilst another person's plan advised staff that they liked to have a cup of tea with their meals. Care files also contained information regarding people's life history, such as their past jobs, their family members, preferred activities and times they always liked to get up and go to bed. This enabled staff to provide care to people based on their preferences, even when people were not able to communicate those preferences any longer, due to confusion. One person we spoke with

told us they preferred a female carer to assist them with their personal care needs and that this was respected.

Care files also contained a pre admission assessment; this ensured the service was aware of people's needs and that they could be met effectively from the day they moved into the home.

Staff we spoke with told us they were informed of any changes within the home, including changes in people's care needs through daily verbal handovers between staff and through viewing people's care files. This helped to ensure that staff knew how to support people most effectively.

Through discussions with staff, it was clear that they knew the people they were caring for well and we saw staff anticipate people's needs based on non-verbal clues. For instance, one person who was living with dementia began trying to stand up in the lounge. Staff were quick to approach them and assist them to the toilet as they recognised that this was what the person required.

We looked at the social activities available within the home. The registered manager confirmed that there was no activity coordinator employed and that staff provided activities. During the inspection we saw that staff maintained a lively and interactive atmosphere within one of the lounges, with people joining in with singing and dancing. In another lounge, a calmer atmosphere was maintained in order to meet the needs of people spending time in there. We saw activities such as colouring take place.

We saw people interact with each other throughout the day and the environment supported and encouraged this. For instance, in the lounge there were small seating areas and a farm yard café in the home's entrance, which also provided space for people to sit together and socialise. We saw that people used these areas during the inspection and staff often sat with people and had conversations with them.

People we spoke with told us external entertainers visited the home regularly and staff put on a party each month. One person told us, "I do crosswords and word games. We have parties sometimes and every Wednesday we have chair exercises. I go in the garden when the weather's nice; we can sit out there and it's lovely." Another person told us, "I like my colouring books and we do exercises." A third person said, "They [staff] do try to keep us interested with things" and a relative told us their family member enjoyed the weekly karaoke. Staff told us there were no trips arranged outside of the home as they no longer had access to a minibus, but they hoped to rent a bus to take people to Blackpool in the coming weeks. Staff told us and we observed, that people were supported to go for a walk in the local area if they chose to.

We looked at processes in place to gather feedback from people and listen to their views regarding the service. Records showed that resident meetings took place and the last meeting was held in July 2017. Topics such as activities, the homes refurbishment and advocacy were discussed during the meeting and people were encouraged to share their views.

Quality assurance surveys were also issued to people regularly. They had last been completed in April 2017 but had recently been reissued and the registered manager was waiting for completed surveys to be returned. The last completed surveys reflected positive feedback with comments such as, "I couldn't be happier."

People had access to a complaints procedure and this was another means of gathering people's views if they were not satisfied with the care provided. Details of how to make a complaint were available to people within the home and people we spoke with told us they knew how to raise any concerns they had, though they had not had reason to complain.

The registered manager maintained a log of any complaints received which showed that one complaint had been received in 2017. Records showed that this had been acknowledged, investigated and responded to in line with the provider's policy.

Requires Improvement

# Is the service well-led?

## Our findings

During the inspection we looked at how the registered manager and provider ensured the quality and safety of the service provided. The registered manager told us that the provider visited the service every month, reviewed care plans and spoke to people living in the home and staff members. The registered manager also met with the provider outside of the service each month and discussed all areas of the service, including DoLS applications, accidents, any medicine errors, admissions to hospital and staffing issues. There was an agenda in place for each meeting.

We viewed completed audits which included areas such as care plans, medicines, training, safety of the building, staff files, accidents and infection control. The audits we viewed were completed regularly and had not identified any issues. They did not highlight the concerns that we identified during the inspection, such as those relating to the environment. This meant that systems in place to monitor the quality and safety of the service were not effective.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

External audits had been completed by the local Clinical Commissioning Group and the service scored 95% in the infection control audit completed in August 2017. The service had also been awarded a food hygiene rating of five which is the highest score possible.

The home had a registered manager in post. We asked people their views of how the home was managed and feedback was positive. All of the people living in the home who we spoke with, knew who the registered manager was and told us they would be able to raise any issues with them should they need to. Staff told us they were well supported by the registered manager and described them as, "Approachable", "Fair", "Lovely" and "Accommodating."

Staff told us they enjoyed working in Roxburgh House and that they would recommend the home to their friends and family. One staff member told us staff and people living in the home were like family to them. A visiting health professional told us there was always laughter in the home when they visited and people we spoke with told us they were happy living in Roxburgh House and that everybody got along well together.

There was a range of policies and procedures available to help guide staff in their roles. Staff we spoke with were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had. Having a whistle blowing policy helps to promote an open culture within the home. Staff told us they were encouraged to share their views regarding the service.

We looked at processes in place to gather feedback from people and listen to their views. As well as resident meetings and quality assurance surveys, there were also regular staff meetings held to ensure views were gathered from staff. Records we viewed showed that staff meetings took place every few months and covered areas such as communication, care planning, medicines management, roles and responsibilities,

training and risk management.

The registered manager had notified the Care Quality Commission (CQC) of most events and incidents that occurred in the home in accordance with our statutory requirements. This meant that CQC were able to monitor information and risks regarding Roxburgh House.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The environment was not always maintained safely. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Systems in place to monitor the quality and safety of the service were not effective. |