

Finecare Homes (Stevenage) Limited

# Roebuck Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Roebuck Nursing Home is a care home providing accommodation for up to 63 older people, some of whom are living with dementia. At the time of the inspection there were 38 people living at the home.

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

People felt safe and told us the staff looked after them well. We noted staff worked safely and in accordance with people's care plans and risk assessments. Relatives told us the registered manager and the staff team were very good. People's safety and welfare was monitored. There was an overview of accidents and events and these were reviewed to help ensure there was not a reoccurrence. Medicines were managed safely.

People were given choices and staff knew people well. Care plans were detailed giving staff the appropriate information to meet people's needs. People were encouraged to eat and drink well to help promote their wellbeing.

Staffing levels were appropriate to meet people's needs and staff received training and supervision. They felt supported in their role and enjoyed working at the service. Training relating to infection control and COVID-19 had been delivered. Staff knew how to reduce the risk of transmission of COVID-19. People and relatives praised the team for the management during a difficult time.

Effective governance systems had been embedded in the home. Any events or feedback was used to improve the quality of care. There was an action plan in place to drive improvement throughout service. Feedback from people, their relatives and staff was positive about the leadership in the home and they stated it was a good place to live or work.

### Rating at last inspection

The last rating for this service was Good (published 19 December 2017).

### Why we inspected

The inspection was prompted in part due to concerns received about the care people received. A decision was made for us to inspect and examine those risks.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 coronavirus and other infection outbreaks effectively.

Please see the safe section of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Roebuck Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

### Is the service well-led?

Good ●

The service was well led.

# Roebuck Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

This was a focused inspection to check whether the provider had made the required improvements following the last inspection. We will assess all of the key questions at the next comprehensive inspection of the service.

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 undertaken by two inspectors.

#### Service and service type

Roebuck Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We did not request a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection. We had requested information from the

provider prior to the inspection and this information was used as part of the inspection plan.

#### During the inspection

We spoke with six members of staff and the registered manager. We spoke with four people who used the service and received feedback from six relatives. We received feedback from two visiting health care professionals. We contacted the local authority for their feedback.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection we found that the rating had remained the same.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People told us they felt safe. One person said, "Oh gosh yes I feel very happy here, very safe." Relatives also told us they felt people were safe. One relative said, "I feel happy in the knowledge that my [relative] is in a safe place with caring staff who look after her well and in the knowledge that should anything untoward happen they would immediately contact me."
- Staff told us that the management team was regularly around the home checking staff were working safely.
- People had individual risk assessments. Staff were aware of people's individual risks. For example, they knew who were at risk of choking and what to do to minimise the risk. We noted people were supported safely.
- For people who had bedrails in place, these were fitted corrected and checked for safety. Care plans included a risk assessment.
- Falls, infections, wounds and any other incidents in the home were reviewed to look for any themes or trends and to check if any additional actions were needed.
- People had personal emergency evacuation plans (PEEPS). These detailed how people should be evacuated in the event of a fire. Staff knew how to evacuate people safely in the event of an emergency.
- Staff were aware of how to support people to maintain or improve skin integrity. Records showed that people were supported to reposition and pressure relieving equipment was in place and checked.

### Systems and processes to safeguard people from the risk of abuse

- Safeguarding incidents were reported to us when needed and to the local authority safeguarding team.
- Staff had received training on what signs of abuse to look out for and knew how to report any concerns they had within the home or externally. Staff felt they could raise any concerns with the management team.

### 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 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 accessing testing for people using the service and staff.
- We were 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.
- We were assured that the provider was meeting shielding and social distancing rules. However, we did note that people who were isolating in their rooms, due to recently coming into the home, had their doors open without an individual risk assessment in place. The registered manager told us this was due to them needing additional observation for safety or their wellbeing. While we noted that these people were at least two metres from their door and there was PPE outside the room for staff use, each person needed to be individually assessed as to why they needed their door open while isolating.

We have also signposted the provider to resources to develop their approach.

#### Using medicines safely

- Medicines were managed safely. We checked a random sample of medicines and found that numbers held were accurate to records held. Medicines were stored securely.
- Medicine audits were completed, and staff training was carried out. Allergies and instructions were noted, and storage temperatures were recorded.
- Some records needed to be better completed to ensure carried over stock was clearly reflected, and handwritten entries were countersigned. However, this had not impacted on safe medicine administration.

#### Staffing and recruitment

- People told us they staff were around when they needed them. One person said, "There is enough of them to help me, always got a drink." Relatives told us there were enough staff and that they were always willing to help. One relative said, "I have had a lot of contact with staff. They are amazing, I think I'm probably a bit of a pain in the backside at the moment whilst I try and get my [person] sorted but they can never do enough for me. I've had conversations with management right down to reception and every single one has helped me with my requests. I visit every week and my [relative] tells me every week how lovely the nurses are so I couldn't be happier."
- Staff told us staffing levels were good and they were confident people's needs were met. They said if something out of the ordinary happened it might mean that time chatting with people was missed. A staff member said, "We do a knock on the door at four where we go and spend time chatting with people, if ever things were busy that might not happen, but care needs are always met."
- We had received information that stated at times there was a delay in call bells being responded to. We observed staff response to call bells and found that staff responded promptly. For example, one person was calling out, we asked if they had their bell to use if they needed help. The person then pressed their bell to call for staff assistance. We noted a staff member attended quickly and were friendly in their approach. We also observed that other call bells activated by people during our visit were consistently answered swiftly.
- We reviewed care notes which showed regular repositioning for those who needed it and a record of regular drinks being offered. We also noted that people looked clean and comfortable and there were no malodours in the home. This indicated that people's needs had been met.
- Staff told us training and supervisions were ongoing. They told us they felt well prepared and had the appropriate knowledge for their role. One staff member told us, "My induction was brilliant, [deputy manager] was with me every step until I felt confident." The training matrix showed that staff had regular training.
- The registered manager told that there was ongoing recruitment at the home. There was a continuity plan should the pandemic impact on staffing numbers.
- The recruitment process included the appropriate checks to help ensure those employed were fit to work in a care setting. This included references and a criminal records check.



### Learning lessons when things go wrong

- Staff meetings included information about events and updates that staff needed to be aware of.
- The manager completed a lesson's learned record in relation to events in the home. This included reflection on any events that had been challenging for the team.
- Staff felt the management team kept them informed and they had enough information to carry out their roles well.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection the rating has improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Continuous learning and improving care

- At the last inspection we found that the systems in place to monitor the quality of the service and to drive improvement were not always effective.
- At this inspection we found systems that were in place were reviewing all areas of the home and this was developed into a home improvement plan to enable them to monitor their progress. The management team had worked on addressing the areas of concern in the home and learned from previous issues. Systems had been put in place to reduce the risk of reoccurrences. This included regular walk rounds, audits, surveys and meetings. The findings were captured and added into an action plan. We saw that actions were signed off when completed.
- Since the last inspection there has been a change of registered manager. Staff feedback about the registered manager was positive. One staff member said, "The manager is a good manager, I always see her about. I know if there is anything I need then I can go and see her, it's not a problem for her to talk to me or the residents, she is very helpful."
- People we spoke with knew who the manager was. One person said, "[Name] the manager is brilliant, she's always around and pops her head in, a really cheerful person."
- There had been concerns raised with us about staff engagement with people. We noted staff interaction with people was positive and they were attentive. The management team carried out checks to observe staff interaction and to ensure people were treated with dignity.
- People and their relatives told us they were happy with the care they received. They were positive about their relationships with staff. One person told us how they had been supported to recovery from a surgery and regain some independence through staff support.
- One relative said, "I have managed to visit [person] on a few occasions and am struck by how well they look; neat and tidy, and well groomed. In spite of [health condition] they remain cheerful and positive, in the main. I think this can be attributed to the friendly and cheerful care of staff. When I telephone, I often hear friendly "banter" in the background and gentle teasing. [Person] enjoys this and seems to be happy and settled there."
- Care plans included clear information to help guide staff and staff knew people well. The service was in the process of changing over to an electronic care plan system.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and 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

- Relatives told us that the home had supported people to keep in contact with them during the COVID-19 pandemic. One relative said, "They keep us informed by email and social media sites. They have been amazing, entertaining them during lockdown making special days and games afternoons. [Registered manager] thinks it's important that we can visit when we are allowed and makes it easy to book online. [Person] gets on well with the staff when we see them on facetime, window visits or behind the screen indoors depending on what we are allowed to do at the time."
- Relatives told us that they felt the management team were open and shared information with them. Relatives commented about how well they home had managed during the pandemic. One relative said, "I think the staff have been admirable throughout the pandemic. Indeed [registered manager's] regular bulletins have been informative, friendly and encouraging."
- The registered manager provided guidance and support for staff. Staff told us that they found the management team approachable and knowledgeable. One staff member said, "You can go to them about anything, even if you've already been shown, you can ask again."
- There were audits across all key areas of the home. For example, COVID-19, falls, care plans and medicines. This information was added onto a dashboard to give an overview of performance and any areas that needed addressing.

Working in partnership with others

- The registered manager was in contact the local authority and engaging with CQC to support the inspection and enable them to address any shortfalls.
- The management team was open to feedback and wanted to use this to improve and develop the service further.
- The service was working with a local care providers association to update their knowledge and skills by accessing training that was offered.