

Discovery Care Limited

Roxburgh House

Inspection report

29-31 Roxburgh Road
Westgate On Sea
Kent
CT8 8RX

Tel: 01843832022

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16 May 2017

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

Care service description

Roxburgh House is a residential care home for 22 people with a physical difficulty and older people, some of whom may be living with dementia. The service is a large, converted domestic property. Accommodation is arranged over three floors and there is a stair lift to assist people to get to the upper floors. There were 19 people living at the service at the time of our inspection.

Rating at last inspection

At the last inspection, the service was rated Good.

Rating at this inspection

At this inspection we found the service remained Good.

Why the service is rated Good

The registered manager was leading the service and was supported by a senior carer. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were kind and caring to people and treated them with dignity and respect at all times. Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager. Complaints were investigated and responded to.

People had enough to do during the day, including going out to local shops and cafes. Staff supported people to maintain relationships with their friends and family.

Assessments of people's needs and any risks had been completed and care had been planned with people and their relatives to meet their needs and preferences and keep them safe.

Changes in people's health were identified quickly and staff contacted people's health care professionals for support. People's medicines were managed safely and people received their medicines in the ways their healthcare professional had prescribed. People were offered a balanced diet and food they liked.

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

There were enough staff to provide the care and support people needed when they wanted it. Staff were recruited safely and Disclosure and Barring Service criminal records checks had been completed. Staff were

supported to meet people's needs and had completed the training they needed to fulfil their role. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

The registered manager had oversight of the service. Staff felt supported and were motivated by them. Staff shared the registered manager's vision of a good quality service and told us they would be happy for their relatives to live at Roxburgh House. Records in respect of each person were accurate and complete.

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 remains Good.

Risks to people had been identified and staff supported people to be as safe as possible.

People were protected from the risks of unsafe medicines management.

Staff knew how to keep people safe if they were at risk of abuse.

There were enough staff who knew people well, to provide the support people needed.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

Is the service effective?

Good ●

The service remains Good.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff supported people to make their own decisions.

Staff were supported and had the skills they required to provide the care people needed.

People were offered a choice of food to help keep them as healthy as possible.

People were supported to have regular health checks and to attend healthcare appointments.

Is the service caring?

Good ●

The service remains Good.

Staff were kind and caring to people.

People were given privacy and were treated with dignity and respect.

People were supported to be independent.

Is the service responsive?

Good ●

The service remains Good.

People had planned their care with staff. They received their care and support in the way they preferred.

People participated in activities they enjoyed.

People were confident concerns they raised would be resolved to their satisfaction.

Is the service well-led?

Good ●

The service remains Good.

Checks were completed on the quality of the service and action was taken to address shortfalls.

People and staff shared their views and experiences of the service and these were acted on.

Staff shared the registered manager's vision of a good quality service.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were accountable for their actions.

Roxburgh House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

This inspection took place on 16 May 2017 and was unannounced. The inspection team consisted of an inspector and an expert by experience in older persons care. 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 the inspection, the provider 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 improvements they plan to make. We reviewed notifications we had received from the service. Notifications are information we receive from the service when significant events happen, like a serious injury.

During our inspection we spoke with seventeen people living at the service, the registered manager and staff. We visited some people's bedrooms, with their permission; we looked at care records and associated risk assessments for two people. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the care and support people received. We looked at their medicines records and observed people receiving their medicines.

Some people were unable to tell us about their experience of care at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

This service was last inspected Roxburgh House in October 2014. The service was rated Good

Is the service safe?

Our findings

People told us they safe at the service. One person told us, "I feel nice and safe here, there are enough people around to help me if you need it. Locked doors when necessary and a call bell within reach".

There were enough staff on duty to meet people's needs. People told us they did not have to wait for the support they wanted and staff had enough time to support them to do things for themselves. We observed staff respond quickly when people needed support. People told us, "I am not rushed at all, I can take everything in my own sweet time" and "I haven't had to use my call bell but I have witnessed others using theirs and a speedy response I must say".

Staffing levels were planned around people's support needs. Many staff, including the registered manager, had worked at the service for several years and knew people very well. There were consistent numbers of staff on duty during the day and night. Cover for sickness and annual leave was provided by other members of the team. The registered manager and senior carers were on call out of hours to provide any advice and support staff needed.

Risks to people had been identified and people had been involved in planning how to manage risky activities, such as smoking. Risks to people, such as the risk of developing skin damage had been identified and action had been taken to mitigate the risks, including changing people's position regularly. People used pressure relieving equipment such as special cushions and mattresses to help keep their skin healthy. Accidents and incidents had been recorded and the registered manager had analysed the information to identify any trends.

Staff knew how to keep people safe. They were trained and understood how to recognise signs of abuse and what to do if they suspected incidents of abuse. Staff told us that they were confident that the registered manager would take any action that was needed. Staff were aware of the whistle blowing policy and their ability to take any concerns to outside agencies if they felt that situations were not being dealt with properly.

The local fire and rescue service had completed a fire safety audit of the premises and the provider was taking action to comply with their recommendations. Regular checks were completed on all areas of the building and equipment to make sure they were safe.

People's medicines were managed safely. One person told us, "My medicines are always brought to me when I need them and I don't need to worry". Staff had completed medicines training and their competency to administer medicines safely had been assessed. Effective systems were in place to order, store and dispose of medicines. Temperatures where medicines were stored, including those requiring refrigeration, were recorded daily and were within the safe range. We observed staff administering peoples' medicines safely and in a caring manner.

Staff were recruited safely. The required recruitment checks had been completed. Any gaps in staff's employment history were discussed and recorded. Disclosure and Barring Service (DBS) criminal record

checks had been completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Is the service effective?

Our findings

We observed people being supported and encouraged to make choices about all areas of their lives, including what they had to eat and drink, where they spent their time and who with.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were offered information, in a way they could understand, to help them make decisions. For example, staff showed people prizes when they won games. People chose the prize they wanted and enjoyed eating the sweets. Staff supported people to make decisions in ways they preferred, such as showing them a limited number of choices at a time.

People's ability to make decisions had been assessed when necessary. When people were not able to make a decision, decisions were made in their best interests by people who knew them well, including staff, their relatives, health care professionals and independent mental capacity advocates. Records of these decisions were maintained.

The registered manager was aware of their responsibilities under DoLS. People were not restricted and were free to come and go as they pleased. One person went out on their own and other people went out with staff, friends and family. Applications had been made to the local authority for DoLS authorisations for people who were restricted in their best interests.

Staff supported people to maintain good health. People told us staff contacted their GP when they felt unwell. People were supported to see health professionals and attend health care appointments. One person told us, "I have had many many doctors' appointments, sometimes they come here to me but otherwise it is arranged that I am taken to the hospital to keep an appointment". Staff stayed with people to offer them reassurance and to help the person tell their doctor about their needs. People had regular health care checks including eye tests and dental checks.

They had told staff about their likes and dislikes and how much they liked to eat and drink; meals and drinks were prepared to people's preferences. People had been involved in planning the menus and had a choice at each meal. If they wanted something that was not on the menu staff prepared it for them. The cook made

four different lunchtime meals on the day of our inspection. People were offered a choice of drinks. Catering staff planned menus to meet people's dietary needs, including diabetic. People who were at risk of losing weight were offered food and drinks fortified with extra calories.

Staff had received the training they needed to complete their roles. Staff completed an induction to get to know people, their preferences and routines. They received regular training and updates to perform their duties. Staff had either completed or were working towards recognised adult social care vocational qualifications. Training was arranged to support staff to meet people's specific needs, including diabetes and insulin administration and Huntington's disease. One person told us, "The staff all know what they're doing alright".

Staff told us they felt supported by the registered manager and were able to discuss any concerns they had with them. Staff received regular one to one supervisions to discuss their practice and an annual appraisal which included discussing plans for their future development.

Is the service caring?

Our findings

People told us staff were kind, caring and had time to spend with them. Their comments included, "the staff all know us by name and will always stop to make time for a chat", "The girls [staff] are all so kind, they really are, every single one of them" and "they are so kind here, they really are and will go that little bit extra to make sure we are happy".

Staff treated people with dignity and respect. People were referred to by their preferred names and were relaxed in the company of each other and staff. People shared the sweets they had won with each other and laughed together with staff often. Staff knew people well and understood what was important to them, such as their own space and made sure people's wishes were respected. One person told us, "If I want a little bit of privacy I just take myself to my room and everyone knows to knock before entering and not before I give the say so".

Staff supported people to remain independent for as long as they wanted and explained to us what each person was able to do for themselves. One person told us, "I like to try to do things for myself which is not easy now but staff help me do as little or as much as I can on my own, so I don't just give up". We observed staff encouraging people to remain independent including encouraging them to sit and stand using their walking aids.

Staff knew how people let them know about the care and support they wanted. We observed staff using gestures and showing people items to help them understand questions and make choices. People responded appropriately and told staff what they wanted.

People told us they had privacy and decided how much privacy they had. Some people preferred the reassurance of staff staying with them in the bathroom, while other people preferred to be alone and called staff when they needed support. One person told us, "I have a curtain around the washing area so if someone comes in to help a bit they just wait until I am ready and say so and then will come through the curtain but not until I am ready". Another person told us, "The girls [staff] are good about knocking before entering the room and always give me time to adjust before coming in". Staff offered people assistance discreetly and were not intrusive.

People's relatives and friends were free to visit them whenever they wanted. People were encouraged to bring personal items into the service such pictures and ornaments to help them feel at home. One person told us, "My room is my own space, I feel safe in here".

Personal, confidential information about people and their needs was kept safe and secure. People who needed support were supported by their families, solicitor or their care manager. The registered manager had referred people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

Is the service responsive?

Our findings

The registered manager met with people and their representatives to talk about their needs and wishes, before they moved into the service. An assessment was completed which summarised people's needs and how they liked their support provided. This helped the registered manager make sure staff could provide the care and support the person wanted.

People had planned their care with staff and their relatives when necessary. People told us staff provided their care in the way they preferred. Information about people's abilities and the care they needed was available for staff to refer to in people's care plans. A care plan had not been developed with one person who visited regularly for short term care. This did not impact on the person as staff knew them and their care preferences well. Staff prompted and encouraged people to do what they were able for themselves and helped them to do other things. The registered manager had recognised that people's care plans needed to be more detailed and had obtained guidance about care planning from the local Clinical Commissioning Group's Clinical Nurse Specialist for Older People. They had rewritten people's care plans and had plans in place to continually improve the quality of peoples' care records.

Staff knew what may cause people to become anxious or upset and provided care in the way they preferred to reduce the risk of them becoming distressed. We observed staff chatting calmly to one person when they became anxious and the person calmed down quickly. Another person told us, "Sometimes I can feel a bit down. The girls [staff] notice and can always find some way for cheering me up".

Handover meetings were held between shifts and records were kept. Staff referred to these when they returned from leave or days off. People's care plans were reviewed and updated when their needs or preferences changed. Staff told us they were informed about changes in people's needs quickly.

Routines were flexible to people's daily choices, such as how they spent their time. People had told staff what time they preferred to get up and go to bed and staff supported them to do this. Staff respected people's choices and supported them to do what they wanted to do. One person told us, "The girls [staff] don't just grab us to go out or go to the toilet, they ask nicely and patiently until we are ready or want to go". Another person told us, "We are not held to any strict timings. If I want a shower in the middle of the day they [staff] will usually oblige".

People had enough to do during the day and followed their interests. We observed some people choosing the games they wanted to play while other people watched television or read. Some people went out regularly without support. Other people were supported to visit local shops and cafes, which they enjoyed. One person told us, "We are going out for a coffee this afternoon, one of the girls are taking a couple of us along the road". We spoke to the person when they returned and they told us they had had "A lovely time".

People told us the registered manager and staff listened to any concerns they had and addressed them. A complaints policy and procedure was available to people, their relatives and visitors. No complaints had been made about the service. One person told us, "If I am worried I have no fear of complaining or asking for

help, they [staff] will always listen". Another person told us, "I can talk to the manager whenever I need to, she is always available for a chat".

Is the service well-led?

Our findings

The registered manager had been leading the service for several years and knew people well. Staff told us they were supported by the registered manager who was always available to give them advice and guidance when they needed it. They told us they could speak to them at any time about any worries or concerns they had. Staff were motivated and enjoyed working at the service. They said they felt valued and appreciated. Staff worked well together to provide people with the care and support they needed.

There was a culture of openness; staff and the registered manager spoke with each other and with people in a respectful and kind way. The registered manager had a clear vision about the quality of service they required staff to provide. This included supporting people to be as independent as they could be. This vision was shared by staff. All the staff we spoke with told us they treated people as they would want to be treated and provided people's care in the way they would like their family to be care for.

The registered manager led by example and supported staff to provide the service as they expected. They checked staff were providing care to these standards by working alongside them and observing their practice during the day and at night. Any shortfalls were addressed immediately by the registered manager and other staff. For example, one staff member referred to 'feeding' people twice during our inspection. The registered manager and colleagues reminded them that they 'supported people'. Staff were reminded about their roles and responsibilities at staff meetings and during one to one meetings. They understood their roles and knew what was expected of them.

People were involved in planning what happened at the service at regular residents meetings. One person told us, "We are all involved in our own way, I like to chat to the staff about entertainment and then the others all like to choose what goes on the telly or what we will do for a game the next afternoon". There were regular team meetings and staff told us their views and opinions were listened to.

People had been asked for their feedback about the service each month and action was taken immediately to address any concerns raised. One person told us, "The girls [staff] ask how I feel here and if I am happy with things the way they are or if there is anything they can do to make it better". Staff fed back their views during staff meetings and one to one meetings. A process was not in operation to ask people's relatives and other stakeholders, such as doctors for their views of the service. The registered manager agreed this was an area for improvement.

The registered manager completed regular checks on all areas of the service including the environment, medicines and the support people received. They had taken action to address any shortfalls they found.

Accurate records were kept about the care and support people received and about the day to day running of the service. All the records we asked for were available and up to date.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service like a serious injury or deprivation of liberty

safeguards authorisation. This is so we can check that appropriate action had been taken. Notifications had been sent to CQC when required.

Services are required to prominently display their CQC performance rating. The registered manager had displayed the rating in the entrance hall.