PK Healthcare Limited

Roxton Nursing Home

Inspection report

154 Birmingham RoadSutton ColdfieldB72 1LY
Tel: 0121 345 2621
Website: www.roxton.biz

Date of inspection visit: 11 and 12 January 2015
Date of publication: 31/03/2015

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?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

This was an unannounced inspection which took place on 11 and 12 January 2015. At the last inspection on 23 January 2014 we found that the provider was meeting the requirements of the Regulations we inspected.

Roxton Nursing Home is a residential care and nursing home providing accommodation for up to 45 older people. At the time of our visit 43 people were living there.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Everyone who lived at the home told us they felt safe. Relatives and staff all said they felt people were kept safe. The provider had processes and systems in place to keep people safe and protected them from the risk of harm and ensured people received their medication as prescribed.

Risks to people had been assessed and appropriate equipment was available for staff to use.

Summary of findings

We found that there were enough staff to meet people's identified needs because the provider ensured staff were recruited and trained to meet the care needs of people. Although during the holiday period some staff felt the provider did not have enough staff to cover for illness and placed remaining staff under additional pressure.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their care or treatment they receive. The provider had made the appropriate applications in line with the DoLS legislation.

We saw that people were supported to have choices and received food and drink at regular times throughout the day. Staff supported people to eat their meals when needed.

People were supported to access other health care professionals to ensure that their health care needs were met.

People told us the staff were very caring, friendly and treated them with kindness and respect. We saw staff were caring and helpful.

We found that people's health care needs were assessed and regularly reviewed. We saw that some people did not have sufficient group or individual social activity to prevent them from being isolated.

People and their relatives told us they were confident that if they had any concerns or complaints, they would be listened to and the matters addressed quickly.

The provider had management systems to assess and monitor the quality of the service provided. This included gathering feedback from people who used the service and their relatives.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe.

Staff were recruited safely to work with people living at the home.

People received their medicines safely

Good

Is the service effective?
The service was effective.

People were supported to access health care from professionals as required.

The provider had ensured they protected people's rights in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring.

People said staff were kind and caring to them.

Staff were respectful and caring towards people and maintained people's dignity.

People were able to maintain contact with relatives when they wished.

Good

Is the service responsive?
The service was not always responsive.

Some people were not engaged in group or individual social activities to prevent isolation.

People received care when they needed it and care records were updated when people's needs changed.

Requires Improvement

Is the service well-led?
The service was well led.

People and relatives said the provider was approachable.

Quality assurance processes were in place to monitor the quality of the service.

Good

Roxton Nursing 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 unannounced inspection took place on 11 and 12 January 2015. The inspection team consisted of two inspectors 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 service.

Before our inspection we looked at the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We spoke with 16 people, eight care, nursing and domestic staff, eight relatives, two visiting professionals, registered manager and the registered provider. We looked at the care records of six people to see how their care and treatment was planned and delivered. Other records looked at included three staff recruitment and training files; to check staff were recruited safely, trained and supported, to deliver care to meet each person's individual needs. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to ensure people received a quality service.

Most of the people were unable to tell us in detail about how they were supported and cared for. We used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe here, it's absolutely fantastic." A relative told us, "[Person's name] is looked after well here, nice and safe." Everyone spoken with said they would speak with the registered manager or a staff member if they had any concerns. Staff told us they were confident about recognising and reporting abuse; they were able to explain what signs they would look for. For example, change in a person's mood, the person not wanting to be touched and physical signs such as bruising. One staff member told us, "If I saw anything that was abusive I would tell the senior nurse on duty." It was clear from the demeanour of the people, their facial expressions and how they reacted to staff supporting them, they were comfortable and relaxed with the staff that supported them .

Most of the staff told us they had received safeguarding training and they were clear about their responsibilities for reducing the risk of abuse. We looked at records and these confirmed a number of staff had not received up to date safeguarding training. However; staff were knowledgeable when speaking to us. Staff told us the provider's safeguarding procedures provided them with guidance to ensure people were protected and confirmed they would contact other agencies. When the provider had become aware of any safeguarding incidents, they had responded appropriately.

Staff explained to us, people living at the home, or if this was not possible, their relatives, were involved in completing people's risk assessments. This process recognised risks to people were identified and monitored. For example, one person chose to eat only soup and puddings; the records showed risk assessments had been completed to support the person's choice. The assessment showed this was the person's choice. The person had been involved in managing the risk and the provider had put in place actions to support them with their decision. Staff explained to us how they monitored the person's weight. This was to check it did not drop below a certain indicator. If it did, the staff said they would encourage the person to have additional supplements to increase their weight.

We saw that one person had sustained an injury. The accident was recorded and we saw some furniture had been moved, in their bedroom, to reduce the risk of further injury. Records showed the person had been monitored hourly, to check there were no adverse effects following the injury.

Staff told us what they would do and how they would maintain people's safety in the event of fire and medical emergencies. Staff told us that safety checks of the premises and equipment had been completed and were up to date. The provider safeguarded people in the event of an emergency because they had procedures in place and staff knew what action to take.

People told us that they felt that there was enough staff to meet people's needs. One relative told us, "It's absolutely fantastic. There's always enough staff," another relative told us, "They could do with more staff at weekends." Some of the staff told us they felt that the home could benefit from more staff, particularly in the mornings and at weekends. One staff member told us, "When everyone is in, it's ok," another staff member told us, "It becomes difficult when somebody is off ill or on holiday, we have to provide cover." We were told by everyone that there had been staffing issues over the holiday period due to sickness. No agency staff was brought in and remaining staff had to provide cover. The provider confirmed they do not employ agency staff. We saw that the provider had an emergency plan in place for staff cover. Some of the staff felt this plan applied additional pressure to their working day with an impact on service delivery to the people. They told us it caused delays when assisting people to get up and ready for breakfast. The provider told us they had placed an advert to recruit one additional care worker. We saw that during our inspection visit, there were sufficient staff on duty.

The provider had an effective recruitment process in place to ensure staff were recruited with the right skills and knowledge to support people. Staff told us they had pre-employment checks before they started to work at the home, including a Disclosure and Barring Service (DBS) check and references. The DBS check can help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

We looked at a sample of medicines received in the home. We saw that there was excessive stock of some medicines. A staff member told us, "We do keep some extra stock." The Manager told us that they had duplicated some stock for the Christmas period, to ensure that they had sufficient supplies available. This would be corrected in the January

Good

Is the service safe?

stock check. We saw that there was no protocol in place for monitoring one person's controlled drug. This was raised with the manager and on the same day they introduced a system to check stock daily.

People told us they received their medicines as prescribed by the doctor. We saw that staff supported people to take their medicines safely and that medicines were stored safely and securely at all times. We looked at five Medication Administration Records (MAR) charts and saw that these had been completed correctly. One staff member told us, "The medication system works." Therefore, the provider's processes for managing people's medicines confirmed staff administered medicines correctly.

Good

Is the service effective?

Our findings

People, relatives and health care professionals were complimentary about the staff and told us they felt staff were knowledgeable and trained about people's needs. One person told us, "The staff help me to get up and help me to pick my clothes, they know what I like." A relative told us, "I think the staff have the skills to look after [person's name]." A health care professional told us they felt their 'client's needs' were being met.

Staff told us they had received training to support them in their role. One staff member said, "I've just completed [name of training course] and now feel confident what signs to look for in people and make sure we pick up any changes in their health." Training records looked at confirmed that the provider had a training programme in place, that tracked the training requirements for each staff member. Some of the staff told us they did not have regular supervision; although all staff said they had an annual appraisal. Staff said they generally felt supported by the provider and that they would speak with the manager if they were concerned about anything. The manager told us staff did have supervision however we saw that notes of the meetings were not always kept.

Staff were able to explain to us the basic principles of the Mental Capacity Act in relation to their role. The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people, who may lack mental capacity to make decisions to consent or refuse care. The provider had made DoLS applications for a number of people, who did not have capacity to make an informed choice about their care. Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty in order to keep them safe. The provider had complied with the law to protect people's rights in line with legislation.

People told us they were able to choose their meals. We saw that people had been given two options for lunch in the morning. Picture menus were available to support people with different communication styles. We saw people that were seated in communal areas, were supported by staff to choose for themselves, whether to eat at a dining table or in their lounge chairs. One person told us, "The meals are very good here, always hot." As a starter, staff offered soup and bread, although no alternative was offered to people who did not want soup. One person told us, "I don't like soup so I don't have a starter." Staff provided one to one support for people who required support. People with specific dietary requirements were given appropriate meals and supplements to meet their health and nutritional needs. There was music playing in the background, staff were patient and did not rush people, supporting them to eat at the person's own pace in a relaxed environment.

We saw staff offered people a choice of drinks at different times during the day. One relative told us, "I'm always offered a cup of tea and biscuits when I visit." We saw people who chose to remain in their rooms had drinks available to them. Although one person's drink had been put out of reach, however we saw a staff member move it closer to the person, when they completed a routine check of the rooms.

Staff said they had received training on supporting people to maintain a balanced diet, and where appropriate, how to monitor people's food and fluid intake. They explained what action they would need to take if someone was at risk of losing weight or they were not drinking enough fluids. For example, a number of people were at risk of losing weight. The records confirmed they were monitored regularly and being supported to maintain a healthy diet and received additional food supplements. Referrals had been made to Speech and Language Therapist (SALT) for added support.

People told us they were regularly seen by other health care professionals. One person told us, "If I am unwell, they [staff] call the doctor." Relatives had no concerns about people's health care needs. A relative said, "As soon as [person's name] is poorly they [staff] get the doctor in." Another relative said, "The doctor has been involved a lot." We saw that care records were in place to support staff by providing them with clear guidance on what action they would need to take in order to meet the people's individual care needs. Health care professionals confirmed to us that staff made timely referrals, when a person's needs changed, this supported people to maintain their health and wellbeing.

Good

Is the service caring?

Our findings

People and relatives told us that the staff were very caring and respectful. One person said, “They are lovely people, they look after me.” Another person said, “The staff are very kind and patient.” A relative told us, “On the whole the staff are excellent it cries out from the place,” another relative told us, “The staff are caring and very compassionate.” Health care professionals told us staff were sympathetic and felt they cared a lot about the people. We saw that people responded well to the staff, the interactions were calm and caring. Staff were able to tell us about people’s individual needs, their likes and dislikes. This contributed to staff been able to care for people in a way that was personal to the person.

We saw that staff gave people choices and discussed with them what they required support with. One person told us, “I choose what I want to wear and they [staff] listen to me.” Staff were able to explain to us how they could support people who could not verbally communicate their wishes. For example, staff told us that once they got to know people they could tell by their facial expression and body language whether the person was happy with their care and the way it was being delivered. Visitors confirmed they were involved in discussing their relative’s needs. A relative told us, “We take an active interest in [person’s name] care and make sure we are included in discussing their care needs.”

Information was available about independent advocacy services, although the registered manager confirmed no one was currently being supported by an advocate. Advocates are people who are independent and support people to make and communicate their views and wishes known.

People told us staff respected their privacy and dignity. One person told us, “They [staff] leave my door open because I want to see what’s going on but they close it when they are helping me.” A relative told us, “The staff always knock the door before they come in and make sure the curtains are drawn before helping [person’s name].” Staff respected people’s well-being and discreetly assisted one person to rearrange their clothing to maintain their dignity. Staff were friendly and they laughed with people and supported people to move around the home. This was carried out with care ensuring people moved at the pace suitable to them.

Everyone told us there were no restrictions when visiting. A relative told us “We’ve never had a problem with the times we have visited [person’s name].” There were separate rooms for people to meet with their relatives in private. This ensured that the service supported people to maintain family and friend relationships.

Requires Improvement

Is the service responsive?

Our findings

People and relatives told us they were satisfied with how people's needs were being met. A relative told us, "Before [person's name] came here they only ate pureed food. They [staff] have helped [person's name] and now they are eating dinners and sandwiches." One person's room had become contaminated; it had been cleaned and refreshed within thirty minutes. The response by staff reduced the risk of infection to the person.

There were a number of people living with dementia with different needs. Staff were able to tell us about people's individual needs, their likes, dislikes, interests and how they supported people. The care records we looked at showed people's preferences and interests had been identified and were regularly reviewed; so as to reflect any changes in people's needs. One person said, "The staff do what I ask them to." Relatives confirmed they were involved with people's care planning and discussed the person's individual needs, on a regular basis with the staff. One relative told us, "They ring me up, they were good about [person's name] swallowing and got SALT involved immediately." Another relative told us, "Some staff go that extra mile [staff name] is excellent, they're outstanding [person's name] loves them." One staff member told us, "We do get to know each person so we know what to do and what the person likes."

We did not see individual or group social activities taking place within the home on the day of our visit. One person told us, "I don't really do any activities because I can't hear anything, I prefer to read." A staff member told us, "A mobility man comes on a Tuesday and he is very good everyone loves him." Another staff member told us, "We try and do some things, puzzles and drawing between four and five pm, when we have a bit of time." A relative said, "There doesn't seem to be much for [person's name] to do." Another relative explained how staff sat with [person's name] and completed puzzles and games. A staff member told us they had only just taken on the responsibility of arranging group and individual activities. This was in addition to their current role and they were in the process of putting together a new programme. There was an unplanned system in place and some people were not being engaged in suitable, social activities or stimulation which could lead to social isolation.

Everyone we spoke with told us they felt able to raise concerns with the staff or manager. One relative told us about a recent complaint they had made and they were satisfied with the speed in which it was addressed. Another relative told us, "If we have any concerns or questions, we will ask." We reviewed the complaints book and saw that a formal process was in place that contained contact details of relevant external agencies. Staff explained how they would handle complaints and confirmed they would follow the complaints process and were confident the manager would resolve them quickly. Although one complaint that had been made to staff, which was dealt with quickly, had not been recorded in the complaints file and the manager had not been made aware of it.

Good

Is the service well-led?

Our findings

People, relatives and health care professionals were complimentary about the quality of the service. Everyone knew who the manager was and that they could speak with them whenever they wished. One person told us, "The manager seems alright, I see them walking about." A relative told us, "The owners are pretty good, they are approachable and hands on," another relative told us, "The manager is always here and they know what's going on." A health care professional told us, they felt the home was open and run efficiently; that staff were always helpful and professional. Staff largely felt supported and if they had a problem they would approach the manager. One staff member told us, "The home is run well." All the staff told us they, "Loved their job."

People could not recall if they attended resident meetings. Relatives said they did recall meetings but some had been unable to attend all of them. Records showed there were resident meetings. The last meeting had been arranged for December 2014 but was cancelled due to illness within the home. We saw people and relatives were encouraged to give feedback through surveys. One relative told us, "We do get questionnaires in the post, but I don't always complete it." Records showed people and residents were happy with the service and support people received. Where suggestions had been proposed, these were recorded on a separate action plan and reviewed by the provider.

Staff told us they had meetings, records confirmed that meetings had taken place. Staff could not provide us with any examples of ideas they had put forward. Staff told us they would have no concerns about whistleblowing and felt confident to approach the manager, and if necessary to contact CQC. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations, for example, the local authority and CQC. Records showed the provider worked well with the local authority to ensure safeguarding concerns were effectively managed.

There was a registered manager in post, with no changes of managers, so the service was stable and the provider had a history of meeting legal requirements. The provider had notified us about events that they were required to do so by law.

The provider had internal quality assurance processes in place for example, referrals to health care professionals and reporting safeguarding concerns. Internal audits were completed by the manager to monitor the quality of the service. For example, health and safety processes, care records, staff training and medicines. This confirmed the provider had procedures in place to monitor the service to maintain the safety and wellbeing of people living at the home.