

St Philips Care Limited

# Roxholm Hall Care Centre

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Roxholm Hall Care Centre is a residential care home that. It provides personal care and support for up to 39 older people, people living with a mental health disorder or with a dementia. At the time of the inspection there were 30 people living in the service.

People's experience of using this service:

Staff were aware of how to identify signs of abuse, reporting mechanisms and the importance of recording incidents. People had their risk of harm assessed and regularly reviewed. Care plans reflected their needs. The staffing levels were appropriate for the number of people currently living in the service.

Medicines were ordered, stored, recorded, administered and disposed of safely. The service was clean. Lessons were learnt when things went wrong.

Care needs were assessed and care plans reflected individual needs, preferences and choice. Staff had the knowledge and skills to carry out their roles effectively. People were provided with a varied, nutritious and well-balanced diet that met their needs and preferences. Special dietary needs were catered for.

There were good working practices and relationships with other professional groups and external bodies. The layout of the service met the needs of the people who lived there. Signage was suitable to individual need in word and picture format.

Staff were aware of the Mental Capacity Act. The service is compliant with deprivation of liberty safeguard legislation.

People were cared for by kind, caring and compassionate staff. People were involved in making decisions about their care. Where unable, decisions were made in their best interest. People were treated with dignity and respect.

Staff have the knowledge and skills to provide people with personalised care. Staff were aware of their individual needs. Information on making a complaint was available to people and their visitors. We saw that complaints are fully investigated and responded to in a timely manner.

People are supported to share their end of life care needs and preferences and all wishes are recorded

The registered manager was a visible leader. People, their relatives and staff reported significant improvements since the current registered manager has been appointed. People had a voice and their opinion was sought on the running of the home. Staff feel that they are listened to and suggestions on improvements to the service are acknowledged and actioned.

The service learnt from the outcomes of audits. The registered manager and their team were committed to

sustaining improvements made and further developing the service.

The quality monitoring processes had improved since our last inspection. The provider was no longer in breach of regulation 17 of the health and social care act.

The provider met the characteristics of 'Good' in all areas. This has improved from a rating of 'Requires Improvement' at the last inspection in 2017. More information about this is in the full report.

Rating at last inspection: Roxholm Hall Care Centre was last inspected on 04 December 2017 (report published 16 February 2018) and was rated as requires improvement overall.

Why we inspected:

We asked the provider to complete an action plan at our last inspection. We wanted to see if the provider had made progress with their action plan and that the service was safe and well-led.

Follow up:

We will continue to monitor intelligence we receive about Roxholm Hall Care Centre until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Roxholm Hall Care Centre

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by an 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. In this instance, in the care of an older person or a person living with a dementia.

#### Service and service type:

Roxholm Hall Care Centre is registered as a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection

The service had a manager 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:

We did not give the provider notice of this inspection.

#### What we did:

Before the inspection we reviewed information we had received about the service since the last inspection. This included an action plan detailing the actions the provider would take following the outcome of our last inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made judgements in this report.

During our 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 speak with us. We spoke with the registered manager, the area manager, the director for care, three members of care staff, the cook, the housekeeper, the administrator and six people who lived at the service. We also spoke with three visiting relatives and a volunteer.

We looked at a range of records related to the running of and the quality of the service. These included risk assessments, three staff recruitment and induction files, staff training information and arrangements for managing complaints. We looked at the quality assurance processes that the registered manager had completed. We also looked at care plans and daily care records for seven people and six medicine administration records.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that Roxholm Hall was a safe place to live. One person who had the key to their bedroom door said, "I have a key to my room. At night I just close it. I don't want to be locked in, I would feel like a prisoner. There is always someone to check on you [at night]." This person kept their bedroom door locked when they were not in their bedroom.
- Staff had access to safeguarding and whistleblowing policies to help keep people safe from harm. We saw that these documents reflected current best practice guidelines.
- Staff from all disciplines were aware of how to identify if a person was at risk of abuse and their responsibility to escalate their concerns through the safeguarding route or by whistleblowing. Staff had information on the local authority safeguarding helpline and the providers whistleblowing helpline and told us that they would not hesitate to use it if they had to. One staff member said that they had personal experience of sharing concerns with the local safeguarding authority. Another staff member summed up what they would do and said, "See it, report it, and log it."
- There were effective safeguarding systems and processes in place to protect people from abuse and harm.

Assessing risk, safety monitoring and management

- People had their risk of harm assessed on admission and identified risks were regularly reviewed. We found that people's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage risk. Staff told us that they understood the support people needed to promote their independence and freedom, yet minimise the risks.
- There was at least one designated fire marshal on duty each shift. People who lived in the service had a personal emergency evacuation plan (PEEP) in place. This provided staff with information on how to safely evacuate the person to a place of safety in an emergency.
- We saw up to date records were kept on the maintenance of fire safety and utility systems such as electrical items and gas appliances.
- On day one of our inspection a leak in the ceiling above an upstairs corridor was identified. The registered manager immediately advised staff to cordon off the corridor to prevent people coming to harm from the wet floor. The maintenance person was informed and emergency action was taken to repair the leak.

Staffing and recruitment

- The registered manager had found it challenging to recruit sufficient numbers of skilled staff to the service. This was because the service was situated in a rural location and was not served by public transport. Therefore, the registered manager and provider had taken the decision not to manage the service at its full capacity, and agreed not to have more than 30 people living in the service at any given time. This meant that there were sufficient numbers of staff to meet people's care and support needs to keep them safe.

- We looked at staff rotas for a five-week period; before, during and after our inspection. We saw that where there were gaps in the off duty due to vacancies, sickness and annual leave that regular care staff, the registered manager, the deputy manager and bank staff covered these shifts.
- The registered manager was actively recruiting to any vacancies. For example, they were interviewing the following week for a full time senior member of care staff and had recently appointed another housekeeper and a part time kitchen assistant. Staff told us that there were sufficient numbers of staff on duty to look after people safely. One member of housekeeping staff said, "We have time to do our job, and can have more hours if needed, we don't run about like a headless chicken." A member of care staff said, "There is enough staff, staffing has gone up." Another member of care staff told us, "[Registered manager] often helps us, nothing is too much trouble."
- During the time the provider and registered manager had put a restriction on new people moving into the service, there were sufficient staff on duty to care for people with input from the registered manager.
- There was a robust recruitment and selection process in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- This robust process was also applied to the orientation of agency staff. The registered manager requested and received from the agency a copy of the staff members security checks, training record and experience before they were allocated to work in the service.

#### Using medicines safely

- At our last inspection in December 2017, we found that some of the arrangements used to manage medicines were not robust. We also noted that our own records showed that some errors had occurred in the administration of medicines in the period since our last inspection visit in 2017 and the previous one in 2016.
- We found on this inspection that the registered manager and provider had taken appropriate action to monitor and audit the management of medicines for any ongoing concerns or potential areas of poor practice. This approach was also used to assess that staff were competent to safely administer medicines. Overall, we found that improvements had been made and people received their medicines safely from competent staff.
- We observed the lunchtime medicine round and found that people's medicines, were managed consistently and safely by staff who were assessed as competent to do so. People told us that staff looked after their medicines and one person said, "Staff give me my tablets and they stay with me [until I take them]."
- We looked at the medicine administration records (MAR) for six people and found that medicines had been given consistently and there were no gaps in the MAR. Each record had a photograph of the person for identification purposes and any allergies and special instructions on how to administer individual medicines were recorded.
- Where a person was prescribed as required medicine, such as pain relief, staff had access to protocols to enable them to administer the medicine safely.
- Where a person was prescribed slow release pain relief through a skin patch, the site of the patch was rotated to prevent their skin from breaking down. In addition, all safety checks were taken by two staff when administering a controlled medicine to safeguard against errors.
- All bottles and creams were marked with the date when they were opened. This was to prevent people receiving out of date medicines.
- Robust systems were in place for the safe ordering, storage, administration and disposal of medicines. The medicine policy adhered to up to date national guidance for the safe management of medicines in care homes.



### Preventing and controlling infection

- At our last inspection in December 2017, we found that sufficient provision had not been made to protect people by the prevention and control of infection. However, on this inspection we found that the provider had taken appropriate action to protect people.
- Since our last inspection an Infection Prevention Control (IPC) Link Practitioner had been identified and appointed. They attended all IPC Link meetings planned by the local authority IPC Team. The link practitioner was responsible for sharing up to date guidance and research with their colleagues.
- We spoke with a housekeeper who told us that they had the support to do their job efficiently and effectively to maintain a clean environment and said, "We have cleaning rotas, we deep clean one up and down daily [bedrooms], the curtains are washed and the carpets are cleaned."
- In addition, the registered manager and provider had worked closely with the local authority to make improvements. The service had recently been assessed by the local authority IPC team and received their report on Thursday 30th November. An action plan had been submitted to the IPC Team and to date there are no plans for a return visit.
- We saw when a person has a serious infection that staff followed national guidance to prevent the risk of infection to other people and their visitors.
- We found that the all areas of the service were clean and there were no offensive odours. The people we spoke with confirmed our observations. One person said, "Yes, its clean and the bed linen is changed regularly."

### Learning lessons when things go wrong

- We also found at our last inspection in December 2017, that some of the arrangements to ensure that lessons were learned and improvements made when things had gone wrong were poorly organised and recorded.
- On this inspection we found that all care plans were now on the electronic record keeping system and were updated and amended whenever a resident has a change in their care needs and preferences.
- In addition, any identified risks were actioned straight away with appropriate referrals made to the relevant professional. For example, the NHS falls team, the speech and language therapist (SALT) or community mental health team.
- We noted that action was taken when an activity work bag containing scissors and glue had been left unattended in the activity room. The deputy manager discussed the incident with the staff member responsible and actions were taken to prevent a similar incident.

# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Before a person moved into the service the registered manager undertook a full assessment of their physical, social, psychological, cultural and spiritual needs. Risk assessments and care plans were developed in accordance with their needs and preferences and regularly reviewed.
- When a person moved into the service for a short-term respite stay they also had their needs and preferences assessed.
- The provider had recently introduced an electronic record keeping system to ensure that staff maintained up to date records. All care staff carried a hand-held device. We observed when a person had finished their lunchtime meal, that a member of staff recorded on their device a record of the person's food intake. We looked at other records and found that an accurate and timely record for all aspects of a person's daily care needs, such as their food and fluid intake, weight charts, blood sugar monitoring and their position changing charts were maintained in this way.

Staff support: induction, training, skills and experience

- People were cared for by staff who were enabled to develop their knowledge, skills and experience. Staff attended mandatory training on key topics such as health and safety, fire safety and nutrition. In addition, they were provided with training pertinent to their roles and individual needs of the people in their care.
- One day one of our inspection eight staff attended a half-day session on Basic Life Support (BSL) skills. BSL training enables staff to support a person if their heart suddenly stopped beating or if they stopped breathing, until paramedics arrived.
- Staff received regular supervision sessions and an annual appraisal to discuss their performance and professional development. Staff found this a positive experience and one member of staff said, "[Registered manager] is very encouraging. I think she is happy with my work. Supervision with [registered manager] is very positive."
- Newly appointed staff undertook the Care Certificate, a 12-week national programme that covered all aspects of health and social care. A member of senior care staff had completed the Care Certificate assessor programme, so as training could be completed in-house.

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

- People were provided with a nutritious, varied and balanced diet. Hot and cold drinks and snacks were available throughout the day.
- Staff ensured that people ate their meals with minimal interruptions. The service practiced protected mealtimes and visitors were kept to a minimum to reduce the risk of unnecessary disturbances. Staff told us that this enhanced the dining experience for people and they were more likely to eat well when they were not distracted by visitors. There was soft music playing in the background and the atmosphere was calm.

- At lunchtime staff offered people second helpings and a top up of their drinks. We noted that staff sought feedback from people on the quality of their meal once the lunchtime meal was over. People told us that the food was good and they liked their meals. One person said, "I usually have porridge and toast for breakfast, for lunch I go to the dining room. I'm quite happy."
- We spoke with the cook who told us that all ingredients were fresh and sourced from a local supplier. We noted that soups, cakes and desserts were freshly made. People were encouraged to join in the preparation of food for special events. For example, at Halloween, people were supported to carve pumpkins and make spicy pumpkin soup.
- People had their risk of dehydration, malnutrition and obesity closely monitored by staff. Food and fluid charts were completed daily and weight charts were analysed for early signs of risk. The cooks fortified soups, potatoes, desserts and cakes with milk, cream and butter to help people at risk maintain a healthy weight.
- Kitchen staff had access to an up to date record of individual food likes, dislikes, allergies and special diets. All dietary needs were cross referenced with individual care plans.
- Some people with swallowing difficulties had been referred to the speech and language therapist (SALT) for guidance on special diets. Other people identified at risk of weight loss or malnutrition had been prescribed nutritional supplement drinks by their GP or dietitian.
- People with swallowing difficulties had their food specially prepared. Some had their food mashed and others had it pureed or liquidised. To ensure their meal was always visually appetising, individual food items were set in moulds prior to being served on their plate.
- Staff had guidance on known allergens and had attended allergen awareness training.
- A member of staff had recently trained as an Oral and Nutritional Ambassador with Lincoln Care Association (LinCA). The staff member provided other staff with advice and guidance on oral healthcare, nutrition and hydration and the care of a person with swallowing difficulties.

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

- Throughout the service we saw that adaptations had been made to support people living with dementia, sensory difficulties or a physical disability. There were signs in place to help people to orientate themselves around the service.
- Staff had taken great care to ensure that the dining rooms were a pleasant and homely environment, that enhanced the dining experience. Tables were set with linen tablecloths and condiments. The decoration and furniture in the dining rooms reflected the needs of the people who dined there.
- Reminiscence and sensory objects were on the walls in the corridors and communal rooms to help people recall and chat about their life prior to moving into the service. For example, we saw a board with a variety of locks and bolts on it that people could safely fiddle with.
- On the first floor there was a designated activity room for arts, crafts and music. The work benches were at a suitable height for people who were wheelchair dependent to use. The first floor was accessed by a stair lift or a passenger lift that could accommodate a wheelchair.
- There was an on-going decoration and refurbishment programme. People were involved and had a say in the decoration of the service. One person's relative said, "The decoration in the home has improved dramatically. Everything is tidy."

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

- People were supported to access healthcare and social care professionals such as their GP, optician and dentist.
- Some people had been admitted to the service from hospital for rehabilitation. We noted that they received support from community physiotherapists and occupational therapists before they were assessed as able to return to their own home.

- Staff recorded important information in a professional visits book. We saw a record of feedback and actions to be taken from a range of health professionals such as the Parkinson Disease nurse specialist, the community psychiatric nurse and the district nurse. This information was also shared at each shift handover to maintain continuity of care.
- People were supported to maintain their physical fitness through regular armchair exercises and physical games that improved their balance and dexterity.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At the time of our inspection six people were being lawfully deprived of their liberty and two others were waiting to be assessed by the local authority DoLS team.
- Staff were aware when a person had appointed a lasting Power of Attorney (LPA) to act on their behalf when they were no longer able to make decisions for themselves. A copy of the document was kept with the person's care file.
- When a major decision, such as permanently moving into the service had to be made, a best interest meeting was undertaken with the person and their family or representative. Records showed that staff were acting in the person's best interest.
- We saw that staff had sought support from an Independent Mental Capacity Advocate (IMCA), appointed by the local authority MCA and DoLS team. The IMCA represented the person, to act in their best interest as they had no-one else to support them and were unable to communicate their wishes.
- We found evidence in the care files that people give their consent to care and treatment.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us that they were well looked after. One person's relative said, "She's always been well looked after. She's loves it, we visit at different times and she's always been looked after, the staff come in and her face beams up." Another relative told us, "We are really happy with the care she gets. Always treated with kindness and compassion."

- People were treated by kind, caring and compassionate staff. We noted that some people suffered from anxiety and the actions staff were to take to help clam the person were recorded in their care plan. For example, we read one person's request, "When I'm anxious hold my hand and talk softly to me".

- We observed staff interact with people with cognitive difficulties. Staff were calm and spoke clearly with people, gave them time to answer and listened to them. Staff used touch to reassure people and we saw that people responded to this with a smile or reaching out for the staff members hand. We noted that people trusted staff, felt safe and had a bond with them.

- We saw that care records, personal files and archived documents were stored securely and all computers were password protected. All offices were locked when not in use. This meant that peoples' confidential information was stored in compliance with the Data Protection Act and the General Data Protection Regulations (GDPR).

- Peoples' individual religious, cultural, spiritual beliefs and lifestyle choices were respected by staff and a record was maintained of their preferences and choices.

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

- People were enabled to access an independent advocate if they wished. An independent advocate is a lay person, independent of the service and offers support and acts as voice for people who are unable to make decisions for themselves. For example, to make the decision to move into the service permanently.

- People were encouraged and enabled to personalise their bedrooms with familiar items from home, such as family photographs, ornaments and soft furnishings.

- People were supported to sit in friendship groups and there was a lot of friendly chatter. We spoke with two people who liked to take tea in each other's bedrooms.

- There were ample communal sitting areas throughout the service, such as lounges and quiet corners in the corridors. People could choose where they wanted to sit.

Respecting and promoting people's privacy, dignity and independence

- Family and friends were welcome to visit at any time and relatives were also encouraged to take their loved ones on trips out. For example, on day one of our inspection, one person had gone out to lunch with their relative.

- Staff were aware how to maintain a person's dignity and respect their personal space. One staff member

said, "Always know before entering their bedroom or toilet. When giving personal care cover them and close the curtains. Let them choose what they want to wear. Give them a choice." Another staff member said, "Learn about each individual. Learn what they like to be called."

- All care staff had been nominated by the registered manager to become dignity champions with the National Dignity Council. Dignity champions put dignity and respect at the heart of everything they do to make care a positive experience for people. The champions can access useful resources and research and network with like-minded health and social care professionals.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had their care needs assessed and personalised care plans were introduced to outline the care they received. Care was person centred and people and their relatives were involved in planning their care. We saw that individual care plans focussed on supporting people to live well and maintain their optimum level of independence and well-being.
- Care plans were easy to follow and were written in a clear, dignified and respectful manner.
- People were supported to maintain their hobbies and interests and enabled to develop new ones. For example, we saw that one person who had been a dancer, was no longer able to dance, but was enabled by staff to watch dance programmes on television.
- We observed people play an armchair game with a parachute. People were praised each other for their achievements and participation.
- Several people who lived in the service had served in the armed forces. Staff told us that people liked to talk about their past experience and one staff member said, "One person was a spy and another was a bomb maker." Another staff member told us that people liked to go into the garden and said, "We took them out to garden, wrapped up with hot drinks and watched the Tornado flypast. Everyone enjoyed it." The Tornado was an iconic military plane that had its final fly past over Lincolnshire in February 2019.
- We found evidence in individual care files that the service had taken steps to meet the Accessible Information Standard (AIS). All providers of NHS care or other publicly-funded adult social care must meet the AIS. This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss.
- At lunchtime we saw staff show people the meals that were on offer to help them choose their meal. Care staff told us that they also had picture cards of food and drink to help people make their choice.
- The service did not have its own transport to take people on trips out or to attend appointments with their local GP. The use of private hire cars was an essential, but expensive necessity. Therefore, the service was fundraising to buy a suitable vehicle that could accommodate a wheelchair. The provider had promised to match the amount of money raised when the target had been reached. There was a fundraising thermometer in the main entrance so as people and their relatives could see how close they were to their target.

Improving care quality in response to complaints or concerns

- People and their relatives had access to the complaints policy and procedures that signposted them to external agencies such as the Local Government Ombudsman. In addition, guidance on making a complaint was on display at the main entrance.
- People told us that if they had concerns they would tell their family, a member of staff or the registered manager. One person said, "I'd get in touch with one of the senior carers and I've got my daughters." Relatives told us that they would speak with the registered manager if they had a problem.

- The provider maintained a record of all complaints and compliments received. We saw that complaints were fully investigated and resolved in a timely manner.
- Staff told us that they would escalate any complaints or concerns shared with them to the registered manager or the staff member in charge. One member of care staff said, "I would record their complaint and direct it to the manager."

#### End of life care and support

- A unique training day had been organised by the registered manager for twenty members of staff to attend a funeral home. The purpose of this visit was to give care staff insight into the aftercare people received when they died.
- All staff undertook training on how to care for and support a person at the end of life.
- People had their end of life care wishes recorded in their care plan, such as where they would like to die or have their funeral. We noted that one person had recorded that they were leaving their body to medical science. However, we noted that some people found that the time had not yet come to record their wishes and their choice was respected.
- We saw when a person had been identified as near the end of their life that staff had worked in partnership with the person, their relatives, their GP and other supporting healthcare professionals to promote a pain free and dignified death.
- The registered manager was involved in an NHS pilot of a new emergency treatment assessment record called Recommended Summary Plan for Emergency Care and Treatment (ReSPECT). ReSPECT was being trialled in Lincolnshire and would eventually be rolled out nationally. The document was person centred, it involved the person and key people in the person's life including their family and healthcare professionals. Where a person was admitted to hospital or transferred to another care setting the form went with them. ReSPECT replaced previous do not resuscitate orders and advanced decision to refuse treatment. It meant that all emergency care wishes were recorded in one document.



# 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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- At our last inspection in December 2017 we found the provider to be in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered persons had failed to robustly assess, monitor and improve the quality and safety of the services in the carrying on of the regulated activity (including the experiences of people receiving those services). At this inspection we found that the provider had made significant improvements and was no longer in breach of regulation 17.
- We discussed recently introduced electronic care plan system with the registered manager. Care plans were evaluated by the registered manager, and the provider could monitor them remotely. Trends in incidents and accidents were identified and cross reference risks to risk assessments and care plans. All findings were shared with staff at the service. This meant that staff could deliver high quality care to meet people's individual needs.
- In response to the need for improved systems to monitor their services, the provider was finalising a new Quality Assurance System that will be introduced to their services during the following month. This system will be the method used for assessing, monitoring and improving quality throughout the company.
- We noted that the quality assurance results for 2018 were accessible to people and their visitors at the main entrance.
- Staff told us that the register manager was approachable and always open and honest with them. One member of care staff said, "Leadership is good. The manager always picks me up when I'm not working to the best of my ability. She is always there for me, door always open. She always answers my questions and boosts my confidence."

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

- It is a legal requirement that a provider's latest CQC inspection report is prominently displayed. This is so that people living in the service and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the main reception area and on the provider's website. In addition, the registered manager's certificate was on display.
- The manager and provider had submitted notifications that they are required by law to submit to CQC.
- The staff we spoke with told us that they enjoyed their job and were proud to work at Roxholm Hall. One staff member said, "It's a good place to work. I enjoy and I really like to do my job."
- The registered manager was supported by the area manager. The area manager made regular visits to the service and the registered manager could contact them at any time.

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

- People and their relatives were all aware of who the registered manager was and referred to them by name. Relatives told us that there was a big improvement in the service since the current registered manager took over. They also told us that they were listened to. One person's relative said, "Its changed significantly. I just feel relaxed now. The cleanliness is better. If I have any complaints [registered manager] will address them. It's incredible now."
- Meetings were held with all staff from all areas within the service. We saw the minutes from recent senior staff and care staff meetings. The topics discussed were relevant to the care that people received. For example, medicines, record keeping and infection prevention and control. We noted that staff had a voice at these meetings. One member of care staff said, "At staff meetings we look at what needs sorting out, have our say, we add to the meeting. We really feel part of it."
- People and their relatives were also invited to regular meetings with the registered manager. We looked at the minutes of the meeting held on 27 November 2018. The topics discussed included preparations for Christmas, ongoing refurbishment of the service, and requests for armchair exercises and large print books. We found that both requests were being sourced. One person told us that they attended all the meetings and said, "I like to know what's going on and I have something to say when asked for my opinion."

Continuous learning and improving care

- We found that the manager and their team are committed to improving the standards of care and sustaining these improvements.
- There were robust quality monitoring and clinical governance systems and processes in place. We looked at a range of audits that measured the standards and quality of the care people received.
- The registered manager had signed up for national updates on best practice guidance and up to date research. For example, they received email alerts from the National Patient Safety Agency (NPSA). During our inspection the Director for Care shared with the registered manager recent National Institute for Clinical Excellence (NICE) guidelines of the management of delirium.

Working in partnership with others

- We spoke with a visiting healthcare professional who was a designated named nurse for the service and worked in partnership with staff. They spoke about the positive impact the registered manager had on the service since they took up their post in November 2017 and said, "The attitude of staff has improved, the rapport between DNs and staff has massively improved, trust getting there." The named nurse planned to train staff on spotting early signs of deterioration in the condition of a person's skin, rather than refer for their input once deterioration had progressed
- The registered manager and their team worked in partnership with their local clinical commissioning group and the local authority contracting team
- The provider was a member of the Lincolnshire Care Association (LinCA). LinCA provides members with regular newsletters, workshops and networking to enable them to keep up to date with current best practice initiatives. The registered manager attended these meetings.
- The registered manager was building links with businesses and charitable bodies in the local community to help raise funds for a designated vehicle.