

PK Healthcare Limited

Roxton Nursing Home

Inspection report

154 Birmingham Road
Sutton Coldfield
West Midlands
B72 1LY

Tel: 01213542621
Website: www.roxton.biz

Date of inspection visit:
19 March 2019

Date of publication:
17 April 2019

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:

Roxton Nursing Home is registered to provide accommodation and personal care for up to a maximum of 45 people some of who may be living with dementia. At the time of our inspection there were 42 people living at the home.

People's experience of using this service:

People received safe care and support as the staff team had been trained to recognise potential signs of abuse and understood what to do to safely support people. Staff members followed effective infection prevention and control procedures although some pieces of equipment were due for replacement owing to wear and tear.

People received safe support with their medicines by competent staff members. The provider had systems in place to respond to any medicine errors should they occur. The provider completed regular checks to ensure that people were receiving the right medicine at the right time and people's medicines were stored correctly.

The provider had assessed risks to people associated with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the risk of harm to people. The provider had systems in place to respond to any additional risks to people. Staff members were aware of the necessary action they should take in the event of an emergency.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision. Staff members were knowledgeable about the relevant legislations that informed their practice and supported the rights of those living at Roxton Nursing Home.

People were promptly referred to additional healthcare services when required. People were supported to maintain a healthy diet and had choice regarding food and drink. The environment where people lived suited their individual needs and preferences and people freely moved around their home.

People received help and support from a kind and compassionate staff team with whom they had positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability. People were supported to retain their independence.

People participated in a range of activities that met their individual choices and preferences and found interesting and stimulating. People were provided with information in a way that they could understand. The provider had systems in place to encourage and respond to any complaints or compliments from people or visitors.

The provider, and management team, had good links with the local community which people benefited

from. The provider had systems in place to ensure the Care Quality Commission was notified of significant events in a timely manner and in accordance with their registration.

More information in Detailed Findings below.

Rating at last inspection:

Good (report published 15 March 2017).

Why we inspected:

This was a planned inspection based on the rating at the last inspection, 'Good.' The inspection was also partly prompted by concerns that had been raised with us.

Follow up:

We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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.

Roxton Nursing Home

Detailed findings

Background to this inspection

The 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.

The inspection was partly prompted by concerns that had been raised with us.

Inspection team:

Two inspectors, a specialised (Nurse) advisor and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

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

The service had a manager 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:

This inspection took place on 19 March 2019 and was unannounced.

What we did:

Before our inspection visit, 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 also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is

required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

We spoke with ten people living at Roxton Nursing Home and two relatives. We also spent time in the communal areas observing the care and support people received to understand the experiences of those who were not able to talk with us. In addition, we spoke with the registered manager, five nurses two care staff, one housekeeper, two catering staff members and the provider.

We reviewed a range of records. This included four people's care and support plans and medication records. We confirmed the safe recruitment of two staff members and reviewed records relating to the provider's quality monitoring, health and safety and staff training.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to any potential concerns. Staff members we spoke with told us the procedures they would follow if they were concerned about something. This included reporting their concerns to the management team and the local authority.
- Information was available to people, staff, relatives and visitors on how to report any concerns.
- The provider had made appropriate notifications to the local authority to keep people safe.
- People had personal emergency evacuation plans in place which contained details on how to safely support them at such times.
- Staff members had received specific training on fire safety and knew what to do in the event of an emergency to keep people safe.

Assessing risk, safety monitoring and management.

- People told us they felt safe living at Roxton Nursing Home. One person told us, "I do feel safe." Another person told us, "There are codes on the doors so people can't just walk in here. It is reassuring."
- People's care plans contained detailed risk assessments linked to their support needs. These explained the actions staff took to promote people's safety and ensure their needs were met appropriately. For example, the risks to people's skin integrity had been assessed along with their individual mobility, nutrition and hydration.
- Risk assessments were updated following changes in people's needs. For example, after one person had fallen appropriate referrals were made to the GP, and the falls prevention team. In addition, a review of their medicine took place and as a result their care and support plans, along with their individual risk assessments, were updated. We saw staff members supporting this person in accordance with the guidance provided.
- We saw staff members followed people's individual risk assessments to ensure safe and consistent care and support.
- Checks to the physical environment were completed regularly to ensure it was safe for those living there. These included checks to the fire prevention systems and any trips and hazards. At this inspection we saw a potential trip hazard which was addressed immediately by the provider to ensure people did not come to any harm.

Staffing and recruitment.

- People were supported by enough staff who were available to safely support them.
- We saw people were promptly supported when they needed assistance. One person said, "There are loads of (staff) around and I am never on my own."
- The provider followed safe recruitment processes when employing new staff members. The provider had

systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Using medicines safely.

- People were safely supported with their medicines by a trained and competent staff team.
- One person told us, "They (staff) make sure I take my medicines, they are really gentle with me."
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals, investigations into the perceived error and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe.
- Medicines were safely stored in accordance with the recommended storage instructions.
- The provider completed regular quality checks to ensure people received the right medicine at the right time and the stocks of people's medicines were accurate and stored correctly.

Preventing and controlling infection.

- The provider had effective infection prevention and control systems and practices in place which included regular checks to minimise the risks of communicable illnesses which followed recognised best practice. However, some pieces of equipment at Roxton Nursing Home needed replacing as it was no longer possible to effectively clean them. We saw that the provider had identified this and was in the process of replacing the equipment. In addition, we saw several items had already been replaced.
- Staff members were provided with personal protective equipment to assist in the prevention of communicable illnesses.

Learning lessons when things go wrong.

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accident and near miss incidents were recorded and passed to the registered manager for their review. They analysed these incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people.

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.

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

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

- All the staff members we spoke with had a clear understand of The Mental Capacity Act 2005 (MCA) and how this was effectively applied to those they worked with to ensure their rights were maintained.
- The 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. The provider had made appropriate applications and had systems in place to renew and meet any recommendations of authorised applications. Staff members told us about these applications. This included, those which had been approved and those which were still awaiting approval. This demonstrated to us that staff members understood the legislation that informed their work with people.
- People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice. When someone could not make decisions for themselves, the provider and staff knew what to do to protect the individual's rights. Decision specific mental capacity assessments were completed and the best interest process was followed in relation to decisions about people's care and treatment. When it was appropriate, people had access to independent advocates. One staff member told us people were all treated as individuals with their personal needs and wants respected.
- We saw people were asked for their consent when staff members provided personal care. For example, one person needed assistance with repositioning. The staff member supporting them informed the person why it would be best to move and waited for the person to give their consent before supporting them.

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

- People's needs were assessed and regularly reviewed. People's physical, mental health and social needs had been holistically assessed in line with recognised best practice.
- One person told us the staff members supported them in a way that best met their personal needs. They said, "They (staff) know what I need." The care and support plans we looked at contained accurately scored clinical assessments for people's identified needs. For example, risk associated with diet and hydration and skin condition.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff

who knew them well and supported them in a way they wanted.

Staff support: induction, training, skills and experience.

- People were supported by a well-trained staff team who felt supported by the provider and the management team. Staff members we spoke with told us they received regular support and supervision sessions. These were opportunities for staff members to discuss their performance and any concerns related to their work or personal development. However, we saw these supervision sessions were not as regular as some staff would like. The process had not been fully embedded into the practice of the management team at Roxton Nursing Home. However, all those we spoke with told us they found the management team supportive and they could go to them or to any of their colleagues at any time if they needed support.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, adult safeguarding and fire awareness.
- In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff members had effective, and efficient, communication systems in place to share appropriate and relevant information with those involved in the continued care of people living at Roxton Nursing Home. One visiting healthcare professional told us staff members were always able to provide up to date and accurate information on those they visited.

Supporting people to live healthier lives, access healthcare services and support.

- People had access to healthcare services when they needed it. This included foot health, GP and speech and language specialists. The provider referred people for healthcare assessments promptly if required.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

Supporting people to eat and drink enough with choice in a balanced diet.

- We saw the mealtime experience was a pleasant and enjoyable occasion which also focused on the social interaction between people as well as the food people received. One person said, "The food is very good and I have no complaints." Another person told us, "It's very nice and I usually get two choices."
- People were supported to have enough to eat and drink to maintain their well-being. When people required assistance with their eating this was provided at a pace which suited them and encouraged their eating.
- People's individual diets and choices were known and supported by staff members. One person was following a specific diet linked to their health. The catering staff had made provision to support this person and had sourced alternative foods and ingredients. The catering staff were aware of how to support people with their cultural diets and when appropriate catered for them in accordance with their specific preferences. Staff member we spoke with told us about people's individual diets and choices which supported their decision making.

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

- The physical environment, within which people lived, was accessible and suitable to their individual needs, including mobility and orientation around their home.
- We saw a considerable amount of work had been undertaken to make areas of Roxton Nursing Home more accessible for people. We were also told by the registered manager, and the provider, that further work was

planned which included the creation of a wet room for people to access.

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.

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

Ensuring people are well treated and supported.

- People told us, and we saw, they were treated with care by a compassionate and respectful staff team. One person told us "They (staff) treat me well. They sit and talk to me." One relative told us, "They are lovely staff, nice and kind to residents and visitors."
- Throughout this inspection we saw instances of positive interactions between people and staff members supporting them. We saw staff members had the time and opportunity to spend time with people chatting about things they knew interested them.
- All staff members, we spoke with, talked about those they supported with fondness and compassion.
- People were supported at time of upset and when they were anxious. We saw one person was becoming anxious and confused and was starting to display signs of distress. A staff member promptly recognised this and supported this person by engaging them in an activity. This person visibly relaxed and started to chat with the staff member. This staff member then stayed with them and completed the activity. The staff member was skilled enough to turn a potentially upsetting experience for one person into a positive interaction.

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

- People told us they were supported to be involved in making decisions about their care. One person told us "I am involved in my care, I tell them (staff) how I like things and they respect it."
- People were supported to express their individual likes and dislikes. These were known to staff members who supported them to meet their stated decisions. This included, but was not limited to, food, drink and activities.
- As part of the care assessment process the provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc. The care and support plans we saw recorded people's protected characteristics and how staff members and the management team assisted them to retain their individual identities. One person told us about their religion and how the management team and staff members supported them to meet their spiritual needs.

Respecting and promoting people's privacy, dignity and independence.

- We saw that people were treated with dignity and respect and that their privacy was supported by staff members. One person said, "They (staff) protect my privacy. When I am in my bedroom they wait when they knock."
- We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.

- People were supported to retain their independence. For example, one person started to struggle with eating their lunch. A staff member offered some practical advice to them on how best to hold their cutlery. This enabled the person to continue to eat their meal without a reliance on staff members assistance.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs.

Good: 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, and if needed those close to them, were involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted. People's care plans considered all aspects of their individual circumstances; for example, dietary, social, personal care and health needs. One person said, "My relative dealt with arranging my care plan. But they (staff) know how to look after me, so it must be alright."
- When it was appropriate relatives were kept informed about changes to people's health and care needs at Roxton Nursing Home.
- Two visiting healthcare professionals told us they were impressed with the level of person-centred care provided at Roxton Nursing Home.
- We saw people's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals.
- People had information presented in a way that they found accessible and in a format, that they could easily understand. People had individual communication assessments which highlighted what support they needed from staff members. These assessments included guidance on any sensory impairments people would need support with. For example, glasses or hearing aids. The registered manager told us they were waiting for a delivery of signs which they will place in communal areas to assist with people's orientation around their home.
- People took part in activities that they enjoyed, found interesting and stimulating. At this inspection Roxton Nursing Home did not have a specific named staff member to support people with activities. However, we saw conformation that a new employee had been recruited. During the period of time where they were without a designated staff member we saw staff engaging people in activities. These included puzzles, adult colouring books and physical hand eye coordination exercises.

Improving care quality in response to complaints or concerns.

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so. One person told us they had previously made a complaint. They went on to say this had been appropriately addressed and they were happy with the response.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them. We saw complaints were investigated in line with the provider's policy.

End of life care and support.

- Roxton Nursing Home supported people at the end of their lives. However, at this inspection they were not providing such care to people. When it was needed the management team assessed people's needs and wishes as part of their care and support planning. If it was required they engaged the services of other health

care professionals to ensure people's needs were met.

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.

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

Continuous learning and improving care.

- The management team had systems in place to monitor the quality of the service that they provided. This included checks on the environment, checks of the medicine administration records and reviews of the care and support people received. We saw these checks were completed regularly and actions were completed promptly to ensure people received good care and support.
- The registered manager told us they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes.

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

- People and staff members told us they knew who the registered manager was and saw them on a regular basis or could approach them any time they needed. One person said, "[Registered manager's name] is the manager. They are approachable and supportive."
- We saw the management team and provider had systems in place to investigate and feedback on any incidents, accidents or complaints. The registered manager, and the provider, understood their responsibilities regarding the duty of candour and acted in accordance with recognised good practice.
- Throughout this inspection we saw the registered manager supporting people and working alongside the staff team to meet people's needs.
- Staff members we spoke with told us they found the management team supportive and approachable. Staff members were aware of the changes the management team and provider were making to the physical environment. They felt involved in the decisions which were made.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- At this inspection a registered manager was in post and present throughout. The registered manager understood the requirements of registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at Roxton Nursing Home and on their website.

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

- We saw that people were involved in decisions about where they lived and the support they required. For

example, one relative said, "There are residents and relative's meetings. At the last one we discussed bringing in home cooked food. This was taken on board. We have made suggestions about replacing certain carpet grips." At this inspection we saw carpet strips had been replaced indicating to us the provider acted on people's feedback.

- Staff members told us they felt listened to by the management team and their views and opinions were valued.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Working in partnership with others.

- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.