

HC-One Limited

Roxburgh House (West Midlands)

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

Roxburgh House is registered to provide accommodation and personal care for up to 44 people, who were older people who may experience dementia. At the time of our inspection 39 people were using the service. Our inspection was unannounced and took place on 12 May 2016. The service was last inspected on the 05 November 2013 where we found that the provider was meeting all of the standards.

The manager was registered with us as is required by law. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Medicines were given appropriately and the recording of their distribution was clear and concise. They were kept and disposed of as they should be. People's long term health needs were addressed and people saw medical professionals when they needed to. People received adequate food and drink.

There were a suitable amount of staff on duty with the skills, experience and training in order to meet people's needs. People told us that they were kept safe. People were able to raise any concerns they had and felt confident they would be acted upon.

People's ability to make important decisions was considered in line with the requirements of the Mental Capacity Act 2005. Staff interacted with people in a positive manner and their consent was sought before any care was carried out. Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

People, their relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager. Structures for supervision, allowing staff to understand their roles, and responsibilities were in place. Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were effective. Quality assurance audits were undertaken regularly and the provider gave the registered manager support.

Notifications were sent to us as required, so that we could be aware of how any incidents had been responded to.

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.

Medicines were administered safely.

Suitable numbers of staff were on duty with the skills, experience and training in order to meet people's needs.

Staff acted in a way that ensured people were kept safe and had their rights protected when delivering care.

Is the service effective?

Good ●

The service was effective.

Staff had the appropriate level of knowledge and skills to meet people's individual needs.

Staff had a good understanding of the Mental Capacity Act and the Deprivation of Liberty Safeguards and how these impacted upon people.

People were supported to access healthcare and their nutritional and hydration needs were met.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and interacted with them in a kind and compassionate manner.

People were encouraged to be independent.

People's privacy was protected.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the planning of care.

Staff were aware of people's likes, dislikes and abilities.

People knew how to make a complaint and felt confident that the registered manager would deal with any issues raised.

Is the service well-led?

Good ●

The service was well-led.

People and staff spoke positively about the approachable nature of the registered manager.

The registered manager had forged good links with the local community.

The registered manager carried out quality assurance checks regularly in order to develop and improve the service.

Roxburgh House (West Midlands)

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 inspection took place on 12 May 2016 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are details that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. We liaised with the Local Authority Commissioning team to identify areas we may wish to focus upon in the planning of this inspection.

Before the inspection we requested that the provider sent us a completed Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make and we used this information to assist with our inspection.

We spoke with three people who used the service, two relatives, three staff members, one visiting professional and the registered manager. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to four people by reviewing their care records. We reviewed three staff recruitment and/or disciplinary records, the staff training matrix, three medication records and a variety of quality assurance audits.

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 talk with us.

Is the service safe?

Our findings

People told us that they felt safe, with one person saying, "I love it here. I have always liked it, they keep me safe". A second person said, "It's 100% safe. Its ace, it is wonderful. I am not scared of falling". A relative told us, "They [staff] definitely keep [relative] safe they go out of their way to make sure that she is looked after". A second relative said, "[Person's name] had a fall a couple of years ago, but they [staff] put everything needed into place and it hasn't happened since". A staff member told us, "I am happy that everyone I care for is kept safe".

A relative told us, "If someone is at risk of having an accident, the staff take it seriously and put a plan in place". We saw that detailed risk assessments had been carried out and these focussed on; moving and handling, choking, mobility, skin and pressure areas. As part of the assessment of risk, possible levels of risk and dependency were calculated and this indicated the support that the person would require, including any special equipment. We saw that these assessments were signed and dated and updated regularly. Body maps were also completed when a person had experienced an injury and we saw that incident and accidents were reported to the appropriate external agencies. Staff were able to talk to us about risks to individual people and how they responded to the risk posed. Any learning taken from incidents was cascaded down to staff and discussed as a way to improve future practice. We saw an example of staff being aware of risk, when a person was moved from their wheelchair to a dining chair at lunchtime. The person was moved appropriately, in line with their risk assessment and was moved with reassurance and encouragement from staff.

We found that each person had an individual fire risk assessment in place, alongside a personal evacuation plan. Staff told us that in the event of an emergency they understood the correct procedures to take and would call the emergency services and then either evacuate safely or make the person they were caring for comfortable until assistance came.

Staff had a clear understanding of how to safeguard people and told us that their training was up to date. They were able to give us examples of signs of abuse and told us that they would raise their concerns with a senior member of staff or the registered manager. We found that the registered manager alerted the appropriate external agencies in relation to safeguarding issues.

We saw that an appropriate amount of staff were available to support people. One person said, "Staff are everywhere, always asking if we are ok". A second person told us, "I like the girls [staff] they come to me right away when I ask to go to the toilet". A relative told us, "There are enough staff on to care for people" and a staff member said, "There are sufficient staff. It's a fast paced environment, but no one misses out on care as there are enough of us". All of the staff we spoke with felt they were fully able to keep people safe with the numbers on duty. The registered manager told us, "We are always at 10% over on staff numbers and the staff team cover any absences, so we don't have to use any agency staff who people aren't familiar with".

Staff told us that prior to commencing in their role they had been requested to provide references, identification and to undertake a Disclosure and Barring Service (DBS) check. The DBS check would show if

a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We looked at four recruitment files and saw that all the appropriate checks had been completed correctly and that each staff member had provided a full work history. We found that the registered manager addressed disciplinary issues appropriately and in line with the providers own policy.

One person told us, "I get my medicine as I need it". A second person said, "I have had no problem receiving my medicine. I get the dose that I am supposed to". We saw that when medicines were given staff reminded people what they were and what they were for. We found that medicines had been given out correctly and that they had been signed for by staff as they were taken or refused. Medicines were stored at a correct temperature and were disposed of appropriately. Where medicines were required "as and when" guidance was available for staff to follow. We saw that audits were carried out on medicines regularly to ensure that they were being distributed correctly.

Is the service effective?

Our findings

People told us that staff were knowledgeable, with one person saying, "The staff here definitely know what they are doing". A visiting professional told us, "The staff are very professional and they understand people's needs. I came in to carry out a procedure for someone and staff who knew them stayed and reassured them throughout, they are a lovely staff team". We found that staff were also given their own areas of expertise where they took responsibility for a role as a 'champion'. This included falls and dignity and staff spoke enthusiastically about the role they had, telling us about how they had researched the area that they were responsible for and that they could assist other staff with questions about the subject.

Staff told us that they felt that their induction prepared them for their job with one staff member telling us, "My induction was very thorough and I shadowed other staff members for a week". Staff we spoke with told us how they had been given time to familiarise themselves with the services policies and procedures and to get to know people living in the home. Staff told us that they received supervision every six to eight weeks and that they could go to the registered manager at any point, should they have concerns to raise. Staff also received an annual appraisal, which they said was an opportunity to re-evaluate their practice throughout the year and to consider any areas for further development. Staff members told us that they enjoyed training and that it was available to them regularly. One staff member told us, "I have done lots of training and have lots coming up".

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One DoLS authorisation had been approved at the time of our inspection. Staff we spoke with had a good understanding of the MCA and DoLS. One staff member told us, "My knowledge on DoLS is that it is in a person's best interest to keep them behind locked doors for their own safety. We do this as our doors are key-coded and so we have to put in DoLS applications for people who wish to leave when we feel it isn't safe for them to do so". Another staff member told us, "It depends on whether they [person] can make a decision at that time to keep themselves safe, if they can't we have to".

People shared with us that staff asked their consent before carrying out any actions. One person told us, "The staff always ask my consent". A relative told us, "They [staff] always ask for consent. [Person's name] doesn't like her nails doing and if they can't get them done they will wait until she is in the mood". A staff member told us, "If a person can't talk, I understand their body language and would know right away if someone was trying to tell me no. I would stop and reassure them in that case". We saw lots of examples of where people were asked for their consent and staff waited until they knew people were happy for them to support them, in particular when they were assisting people to mobilise.

People told us that they enjoyed the food on offer, with one person saying, "The food is lovely and I get enough to drink. They always make me a drink, I like lemonade or water and I get it". A relative told us, "[Person's name] loves the food here and my mouth always waters just at the smell. They help people to eat too; [person's name] can't eat without assistance and they help her and encourage her to eat". A staff member told us, "They [people] have enough to eat and drink, the trolley is always coming round". We saw that people were offered drinks and snacks throughout the day.

At lunch time we found that there was lots of chatter in the dining room and people chose who they wanted to sit with. We saw a staff member showing people two alternative choices and explaining to them what was on the plates they were being shown to stimulate their appetite and support them in making a decision about what to eat. A fresh meal of their choice was then brought for them from the kitchen. People preferring not to eat in the dining room received their meal at the same time as everybody else.

Staff told us that where there were concerns around the amount that people ate they would be referred to a dietician. We saw that people at risk of health issues related to their diet were weighed regularly and had their any risks regularly reviewed? We saw people's files contained information around their needs, such as; texture of food, special diet, preferences and favourites, allergies and any assistance required. All staff that we spoke with were aware of people's nutritional needs.

People told us that they were assisted to maintain their health. One person said, "I get my tablets every day and see the doctor if I need to". A relative told us, "My relative has been taken poorly with on-going medical problems. They [staff] called the ambulance straight away then called the family". We found that information relating to people's health appointments such as, visits to their dentist or optician and any visits by professionals to the home were documented in people's care records. Staff were well informed regarding people's health and were able to discuss with us, what conditions they experienced and the support required.

Is the service caring?

Our findings

People told us that staff were caring, with one relative saying, "The staff are magic. They love [person's name] to bits, he's been here years". A second person told us, "I love it here I get on with everybody and we never have a cross word. We have a lot of laughs with the staff and everyone roars out laughing. Staff are very caring, they do everything for us without a grumble". We saw examples of staff stopping to sit with people and taking an interest in what they were saying and engaging them in meaningful conversation on issues important to the person.

People told us that they felt listened to by staff. One person told us, "What I want they listen to and do for me". A relative told us, "[Person's name] will tell them if she doesn't like something and they soon listen". We saw that staff explained things to people and ensured that they understood the information that they were being told wherever possible.

One person told us, "I chose my clothes today". Another person said, "I do what I want to and get up when I want to". We saw one person had chosen to wear their jewellery and that everyone was well dressed in clothes that they had chosen. People and staff told us that independence was greatly encouraged and we saw where people could do things for themselves safely, this was promoted. For anyone who required advocacy services, information was given in the form of leaflets displayed in the entrance foyer. The registered manager told us that if people required an advocate they were assisted to seek a service.

We saw that people were treated with dignity and respect and one person shared with us, "Staff remember that I am still a human being and they respect me". A relative told us, "It is always kept confidential if we chat with the manager, the door is always shut and people keep things private". A staff member told us, "We put a no entry sign on the door handle when carrying out care and we do personal care with the curtains closed". We saw that people knocked on doors before entering and that when they assisted people to mobilise, it was done sensitively and at the person's pace.

One person told us, "I can have visitors whenever I want them". A relative told us, "The staff are so welcoming and always offer us a drink. We don't feel like visitors it's [relative's] home, so we are made to feel that we are a part of it". A second relative told us, "We get invited to all the events, like when the singers come in, the fetes and Mother's Day and Father's Day entertainment. A staff member told us, "We have lots of visitors come and we have great relationships with them". We saw lots of visitors and viewed how they had good relationships with staff members and that they were assisted to have privacy with their loved one if they required it.

Is the service responsive?

Our findings

People told us that they had been involved in compiling their care plan. One person said, "I was definitely part of my care plan, they are my words in there, nobody else's". A second person told us, "I told them what I wanted and what I enjoyed as part of my care plan and it was put in there". A staff member told us, "We update care plans regularly, as they are needed". We saw that care plans included pre admission information detailing the person's history. A resident profile containing wishes and feelings and personal care needs was in place and these had been met and staff were aware of them. An example a person gave us was of how they preferred to get up at a time to suit themselves.

Cultural and religious needs were also discussed as part of the plan and people told us that they appreciated being asked if they wanted to practice their faith. People told us that they were supported to maintain their own cultural and religious preferences. One person said, "I would love to go to church services but it's hard for me to get out and I am not up to it, so I go to the services held here". Another person told us, "I enjoy maintaining my religion, it is important to me and the staff understand that". We were told by staff that should anybody require a specific diet due to their religious or cultural preferences this would be arranged.

We saw an example of personalised care where a person who came into the dining room much later than everyone else was still offered the whole breakfast range and were given toast whilst awaiting their full breakfast to be cooked. The staff member knew exactly how the person liked their food to be cooked and they had a very positive relationship and chatted about a number of topics during the meal time.

People were able to take part in activities should they wish to and one person told us, "In the summer months we go out a lot, we are going to Stratford. I also like to play board games". A second person told us, "I like to sit and watch the others, sometimes I go out in the garden, its nice out there", whilst a third person said, "We love it when the manager's dog comes in, his pictures are everywhere". A relative told us, [person's name] likes to have her nails painted and to do crayoning, she can't really do much else, but they try to include her". A staff member told us, "It can be hard to get people to interact in activities but we try and there is a very good budget available for activities and we have a specific co-ordinator". We saw during one activity that a person who was sitting alone was invited to join in. Where people did not like group activities staff were aware and offered them the opportunity to engage in more personalised activities, such as sitting with the person and asking them quiz questions. We found that details of upcoming activities and entertainment was placed on a noticeboard in the reception area detailing the months entertainment all planned in advance to offer people variety.

One person told us, "We sit and talk a lot here, there are a lot of friends who have been here for as long as me". A second person told us, "We all get along and with the staff as well". We saw that people were encouraged to maintain friendships and that staff could tell us who got on well and that they were assisted to sit together where possible.

One person told us, "If I had any problems I could tell any of the staff". A second person said, "I sometimes

have little grumbles and the manager listens to anything I say". A relative told us, "We have received the complaints policy and it is up in reception anyway, so we know the process". We saw that complaints were dealt with quickly and effectively and that an outcome was given to the complainant. Staff were informed of any learning that they could take on-board to assist their future practice.

People and their relatives told us how they had completed questionnaires asking for their opinions about the service. One person told us, "They [staff] are always asking us to complete surveys and to give our opinions". Another person told us, "They let us know if any changes are made because of our feedback". A relative told us, "The manager does actually listen to what we put in our feedback". People gave examples of actions taken on feedback to include additions to the entertainment that was put on in the home. We saw that there was a poster displayed that gave information on relatives surveys and when they would be distributed. Staff told us that they were also asked to complete feedback on their opinions of working at the home and that the registered manager took their opinions seriously and acted upon them where required.

Is the service well-led?

Our findings

People told us about the open and supportive nature of the registered manager. One person said, "I always speak to the manager she is a nice girl, I can talk to her easily". Another person told us, "I know the manager, but I can't remember her name". A relative told us, "[Registered manager's name] is easy to get along with and she cares about people". We saw that the home was bright and airy and that there was a good atmosphere with people walking around and chatting to each other.

People felt that the home was well led with one person saying, "This place is definitely well led. I wouldn't wish to be anywhere else". A relative told us, "It is run so well it feels like it is mom's home. A weight has been lifted from my shoulders, when I walk away, I leave with no worries". A staff member told us, [registered managers name] is fantastic and although she has been involved working in another home temporarily to provide cover, she has still phoned every day to make sure everything is ok and she has still given us as much time as she can". All staff members that we spoke with were very happy with the support that they received from the registered manager.

A relative told us, "I know they [staff] do a lot of community based events and I am looking forward to getting involved with fetes etc. I want to help and I have been encouraged to get involved". We found that the registered manager had forged strong links with the local community, in particular with a local large supermarket, local community groups and a school. People and staff told us how the children visited the home at Christmas time and people at the home were invited to fetes held by the school.

People told us that they were invited to residents meetings, one person said, "We have residents meetings and I attend. It is a good way to be part of things". A relative told us, "We have a coffee morning every month where we discuss everything about the home, I think that this is the residents meeting and relatives are invited. We saw that communication within the home was positive. In addition to team meetings, handovers and supervision we found that the registered manager and senior staff had regular "flash meetings" where they discussed daily changes, concerns or concerns about people and discussed how these could be addressed. All levels of staff said they felt involved in the development of the service and that they were kept up to date with any plans or changes.

Staff told us that they were aware of the home's whistle blowing policy and that they would whistle blow if they felt the need to. One member of staff told us, "I would whistle blow without a doubt to stop people coming to any harm". A second staff member told us, "Our manager would want us to whistle blow, so that she could deal with the problem".

We saw that a plan had been devised by the registered manager to ensure that the quality of service provided was monitored on an on-going basis. We viewed quality assurance files that detailed monthly audits carried out on medicines, with actions completed where needed. Falls audits were completed and as a result of trends found in people having multiple falls, a meeting was called where staff held discussions on risk and referred people for professional input if needed. Where audits flagged up concerns around people's weight, fluid intake or skin viability these issues were also followed up closely by staff and addressed.

We found that visual checks were made by the registered manager around the home and these included fluids offered to people and taken throughout the day, the appearance of people living in the home and of the general environment. The registered manager told us how spot checks were carried out regularly, but that they hadn't recorded these on the specific forms provided. The registered manager told us that in future the forms would be used to record any spot checks undertaken. Staff were able to confirm to us that spot checks were carried out.

The registered manager told us that they received regular support from the operations manager and told us, "The support is the best that I have ever had. Not only does the operations manager come in regularly, there is a whole team to assist and always someone at the end of the phone".

We saw that the homes CQC registration was displayed as it should be and that we received notifications of incidents and accidents as we should and this allowed us to see how effectively the provider responded to events that occurred.