

Discovery Care Limited

Roxburgh House

Inspection report

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Date of inspection visit: 28 October 2014
Date of publication: 31/03/2015

Ratings

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

Overall summary

Roxburgh House was inspected on 28 October 2014. The inspection was unannounced. The service provides accommodation and personal care for up to 22 older people who may have dementia, Huntington's disease and/or physical disabilities. There are communal areas including a lounge and dining room and people had access to the garden. At the time of the inspection there were 19 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act (2008) and associated Regulations about how the service is run.

People's care and support needs were assessed and any personal risks were identified before they moved into the service. People confirmed that they had the opportunity to be involved in these assessments and in the planning of their care. People said their needs were regularly reviewed so staff were up to date with their care needs. People were treated with respect and dignity by the staff.

Summary of findings

Staff spoke with and supported people in a caring, respectful and professional manner. People's diversity was recognised and encouraged in that individuals representing more than one national origin, colour, religion, and sexual orientation were welcomed and respected by the staff.

People were asked about their dietary requirements and people were regularly consulted about their food preferences. One person told us "The meals are very good its all home cooked".

Healthcare professionals, including GPs, speech and language therapists and dieticians, had been consulted as required. All appointments with, or visits by, health care professionals were recorded in individual care plans and advice was followed.

There were sufficient numbers of suitably trained, skilled and experienced staff to keep people safe and to meet their needs. Staff told us they were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Training and supervision records were up-to-date so the manager knew when refresher training was due.

Staff told us that communication at the service was good and included handovers at the beginning of each shift and regular staff meetings. At staff meetings any changes in people's needs were discussed. Staff confirmed that they felt valued and supported by the manager.

People who used the service, visitors, staff and outside professionals were asked for their opinions about the service. This information was used to improve the service. Systems were in place to audit and monitor the quality of service. Actions had been taken to address any shortfalls, discrepancies or issues highlighted by the audits.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to a DoLS, we found that the manager understood when an application should be made and how to submit one. They were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People who used the service told us they felt safe.

Staff understood about different types of abuse and knew how to prevent abuse.

People's risk assessments were individualised and up to date. People's risks were discussed by the staff team on a daily basis to make sure potential risks to people were identified, assessed and managed.

People received their medicines when they needed them. The correct procedures for administering medicines were followed.

Good



Is the service effective?

The service was effective. Assessments of people's needs were regularly reviewed to make sure people continued to receive the care they needed.

People were asked for their consent before staff delivered care and care plans were signed to say people agreed with them.

People's nutritional needs were assessed and recorded. People had support to access health care professionals when they needed to.

Staff understood the requirements of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DOLS) at the time of the inspection no one who used the service had their liberty restricted so no applications had been made.

Good



Is the service caring?

The service was caring. People who used the service told us that they were supported by staff who were respectful, kind and attentive.

Staff chatted to people about their lives and interests in a respectful and caring manner.

People told us that they were included in decisions made about their care and that their views were acted upon.

People's confidentiality was respected and people were treated with dignity and respect. People told us that they could have visitors whenever they wished.

Good



Is the service responsive?

The service was responsive. People's individual care and support needs were regularly assessed with them.

People received the care and support they needed in a way that suited them.

There had been no formal complaints since our last inspection.

The manager had organised a meeting for relatives and visitors to make sure any concerns were listened to and acted upon.

Good



Summary of findings

Is the service well-led?

The service was well led. There was a staffing structure which gave clear lines of accountability and responsibility.

Staff told us the manager was approachable and very supportive. People who used the service told us that the manager asked for their views and encouraged people to voice their opinions on how the service was doing.

Systems were in place to audit and quality assure the care provided. People and their relatives were able to give their feedback or make suggestions on how to improve the service.

Good



Roxburgh House

Detailed findings

Background to this inspection

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

This inspection took place on 28 October 2014 and was unannounced. Two inspectors who had knowledge of dementia and older people's needs carried out the inspection.

Before the visit we examined previous inspection reports and notifications we had received.

A notification is information about important events which the provider is required to tell us about by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the care records of four people who used the service, four sets of staff training, supervision records, and duty rotas. We spoke to six members of staff, including the cook, and the manager and five visitors. We also spoke to three outside professionals from the local authority and NHS including care managers and community nurses, who were involved in people's care. We looked at policies and procedures within the service along with other records in relation to the quality of service provided.

Some of the people who used the service were not able to speak with us. We observed staff interactions with people using our Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed the care and support provided during lunchtime and teatime and looked around the service including the communal areas, people's bedrooms with permission, the main kitchen and the garden.

We last inspected Roxburgh House on 1 July 2013 where no concerns were identified.

Is the service safe?

Our findings

People who used the service told us they felt safe living at Roxburgh house. One person said, “I feel much safer here than I did at home”. Another person told us “I like to go out independently but the manager makes sure I have someone with me, so I am reassured that I am safe”.

There were policies and procedures in place so staff knew what to do if they saw or heard anything that gave cause for concern. Staff said that they had recently completed safeguarding and equality and diversity training and training records confirmed this. Staff were able to describe different types of abuse, including the signs of discrimination, and were confident that if they reported anything untoward to the manager or the provider it would be dealt with immediately. One member of staff told us “I did have cause for concern on one occasion and I reported it to the manager. The manager dealt with it straight away”.

Through discussion and observations staff had an understanding of how to avoid discrimination. One member of staff said, “We do not discriminate between people who use our service. We are very aware of the harm this can cause and treat people how we would like our own relatives to be treated”. A person who used the service told us, “I have not experienced or seen any discrimination, it’s not that sort of place, the staff do everything they can to accommodate people’s different lifestyles and beliefs”.

The manager and staff encouraged people to talk openly about their personal safety. On one occasion this had resulted in the manager raising a concern with the local authority. After the inspection we spoke with a representative of the local authority safeguarding team who confirmed that the manager had followed the correct procedure and had made sure that people who used the service were safe. We spoke with the staff on duty at the time of the inspection. They were familiar with the safeguarding and whistleblowing policies and confirmed that they knew where to find them.

There were enough staff to meet people’s needs. One person said, “There seems to be enough staff, they are all very good”. Other people told us that they did not have to wait for assistance and that staff were quick to respond when they needed support. Another person said, “I like to go out on my own and sometimes I do, but at other times I

know I am not safe and the manager makes sure I have someone with me”. A member of staff told us, “We assess the risks but we keep it in mind that people have a right to take risks”.

Potential risks to people had been identified and assessed. Two people’s care plans noted that they were at risk from falls. The risks were similar but staff managed them using the different approaches highlighted in people’s individual care plans and risk assessments. The manager told us, “One size doesn’t fit all and we tailor our approach to each person based on their individual risks and needs”. Records showed that risks were regularly assessed and that all risk assessments were up to date and were regularly reviewed. Staff told us that risks were discussed on a daily basis during the hand over period. One member of staff said, “Peoples risks change daily depending on how they are feeling and what sort of day they are having. It’s important that we discuss this with them”.

New staff were screened to make sure they were fit to work at the service. Disclosure and Barring Service (DBS) checks had been completed before staff started working in the service. The Disclosure and Barring Service carried out a criminal record check on staff who intend to work within health and social care services. Recruitment checks for staff had been carried out and followed up including checks of written references. Staff files included an application form, references and health declarations. People’s identity and qualifications had been verified and any gaps in employment history had been checked. Assessments were carried out to ensure that there were enough staff on duty to meet people’s needs. Staff shortfalls like sickness were covered by regular staff employed by the service.

The registered manager was aware of her responsibility if a member of staff’s performance was unsatisfactory. The provider had policies and procedures in place for managing employment issues. These included a disciplinary procedure and guided the provider to deal with staff fairly and within the law.

We observed people being given their medicines. Signatures of staff who administered medicines were at the front of the medicines administration record (MAR) folder so responsibility for the administration of medicines could be tracked. People’s photographs were at the front of their MAR chart so that they could be identified as the right person before receiving their medicines.

Is the service safe?

The medication trolley was stored safely. We observed that when the staff member was away from the trolley administering medicines, the trolley was locked. The staff member stayed with people until they took their medicine and then signed the MAR sheet.

All staff had had medication management training, although not all staff administered medication. Only staff confident to administer medication did so. Patient leaflets were available for staff to refer to so they could identify side effects. Staff were encouraged to research side effects and medicines on the internet.

The manager carried out monthly audits and any discrepancies were acted upon. External audits were carried out by a contracted pharmacy on a regular basis and identified any issues along with what the service needed to do to address them. One person refused their medicine regularly. The G.P had been contacted and the outcome of the discussion was recorded with the actions needed to give the person the right support.

A lockable fridge was in place in the medication room to store certain medicines. Daily checks made sure the temperature remained at the correct level.

All “as and when required” medicines (PRN’s) at the time of the inspection were for pain relief. All the people on PRN pain relief were able to say if they had pain and if they wanted pain relief. Topical medicines such as creams and ointments were recorded on the MAR sheets and administered as prescribed. Any wasted or refused medicines were disposed of correctly. Staff were able to explain the returns and wasted medication process.

A drugs policy and medicines policy was available and up to date. Over the counter medicines were incorporated within the medicines policy.

Is the service effective?

Our findings

People told us that their needs were assessed before they started to use the service. One person told us, “The manager and staff know what help I need, we went through everything before I moved here”. Another person said “The staff are very good, they know what I can and can’t do and help me to continue to do things for myself but help is always there if I need it”.

All new staff completed an induction. New staff members were supported by other staff until they had completed their basic training and were ready to work on their own. All staff had received training in moving and handling, safeguarding, fire awareness, health and safety and first aid. Staff had also received training relevant to their roles such as understanding dementia, mental capacity and deprivation of liberty safeguards, equality and diversity, person centred care and end of life care. All staff had achieved at least level 2 National Vocational Qualification (NVQ).

Staff told us that they felt supported by the provider and the manager. They told us that they had regular supervision meetings with the manager along with a yearly appraisal. Supervision meetings included discussions on staff performance and individual training needs. Staff told us that they felt supervisions were positive. One member of staff told us, “We have formal supervision but the manager is always approachable if we need to talk things over in the meantime”.

Staff used a gentle approach and encouraged people to make their own choices. We observed that staff adjusted the way they spoke when engaging with people to ensure they could be easily understood. We observed that one person had difficulty communicating verbally and used gestures to say what they needed. Staff approached and lowered themselves to ensure they were at eye level and spoke at a pace that was acceptable to the person. Staff acknowledged that they understood what the person’s needs and wants were.

At lunchtime a person became anxious when people started to move towards the dining room. A member of staff approached them and reassured them that they could stay in the lounge if they wanted too. The person smiled and appeared less anxious.

The service had policies in place in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) (2005). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with staff to check their understanding of MCA and DoLS (2005). Staff had a good awareness of their responsibilities in relation to the MCA (2005). The manager told us and records confirmed that no DoLS applications had been made. They told us that no one who used the service had their liberty restricted but that they would make an application if it became necessary.

Staff supported people in a way that matched what was written in their care plans and asked for people’s consent before giving any care and support. One person said “Staff always ask for my consent before assisting me, they never just presume I need or want their help”. Care plans showed that people’s capacity had been assessed when they began to use the service. The manager told us, “Although it’s part of the initial assessment of care we continually assess people’s capacity to understand things and to make decisions as we recognise that it can fluctuate with some people”. A member of staff told us “It’s about keeping people as informed as possible and delivering the information in a way that’s easy to understand”.

We spoke with the cook who was knowledgeable about people’s different nutritional needs. They said, “Due to their conditions, some people here need a very high calorie intake. I always make sure they get the calories they need”. There was a good stock of supplementary products along with foods that people told us they preferred. Staff told us that some people required special diets and we observed that their meals matched what was written in their care plans. People had been referred for specialist support from speech and language therapists and dieticians where required. Records showed that any guidelines given had been followed. People’s nutritional needs were assessed on admission and the service maintained a monthly record of weight gain or loss, and appropriate action was taken. Recommendations from a dietician had been requested to advise on a person’s nutritional needs. People told us that they enjoyed the food provided. One person said, “The food here is lovely it’s all home cooked”. Another person said, “There is always a choice of meals but even then I can have something else if I want and sometimes I will ask for more and I always get it”.

Is the service effective?

People had been supported to access a chiropodist, an optician, and dental care as well as access to medical appointments. People were referred to the GP when necessary. One person told us “You only have to mention that you are feeling a bit under the weather and the GP is

called. Another person said “The GP is always called very quickly if I need attention they are very good like that”. People’s care plans included recommendations from health professionals and there was evidence that recommendations were followed.

Is the service caring?

Our findings

People told us that the staff were caring. One person said, “The staff are very considerate, they never make me feel rushed. It’s the little things they do that matter, like making sure my hair looks nice, its important to me that I look presentable”. Another person said, “Some of the staff have been here a long time and they know how I like things done. They always greet me with a smile”. A relative told us “The manager and staff respect people’s differences and encourage the people who live here to do the same. They create a lovely atmosphere and I am very happy with the care my relative receives”.

People’s diversity was respected. Staff respected people including their origin, colour, religion, sexual orientation and class and respected people’s different lifestyle choices. People told us that they felt valued. One person said “ It doesn’t matter where you come from or what your background is, the staff help to make me feel that my opinions matter, they help me keep my identity, some staff even ask my advice about things”. People were relaxed and were laughing and joking with staff. Staff used a respectful and caring approach when speaking with the people. One member of staff said, “Everyone here has a story and I enjoy hearing about their lives”. A relative told us, “The staff know a lot about my relative because they take the time to ask them about their life, they seem genuinely interested in the people who live here”.

We spent time observing in the lounge and dining area. Staff treated people with compassion whilst they showed that they valued people as individuals. Staff adjusted their approaches to suit the individual person whilst they took the time to listen to the people they engaged with.

People told us that they were involved in the planning of their care. Care plans recorded people’s individual needs, choices and preferences. Care plans were signed by people if they agreed with them and if they had been involved in writing them. Care plans were reviewed and updated to reflect changes so they were up to date.

Staff told us that there was a key worker system in place. People had a named member of staff as their keyworker who they could talk to about any issues, wants and needs they may have. People told us that they felt listened to and respected. One person said, “I trust the staff I can tell them

anything”. Another person told us, “I can talk things through with my keyworker or any staff at any time, if I have any issues with how things are done they will do what they can to change things”.

People’s care plans included details on how and when they needed support, to make sure staff helped them in a consistent manner. One member of staff told us “I have been here a long time and I know what people need and how they like things done, but I still check the care plans in case anything has changed or in case someone wants something done differently”.

We observed that staff encouraged people and their relatives, to express their views and to be actively involved in decisions about their care. One relative said, “ the staff are approachable, I am kept up to date with how my relative is doing and the staff make sure I understand everything.”

Another person told us, “The staff here are good at advocating for me”. An advocate is someone who speaks on another person’s behalf to ensure their views are heard. The manager told us that they would arrange for external advocates if this was needed or requested.

People’s records and care plans were kept securely and people’s confidentiality was respected. When we asked to look at people’s records the manager asked the people concerned for their permission to share personal information. When we looked around the building, staff knocked on people’s doors and asked if they could enter. One person was hesitant about allowing us to see their room and this was respected. Another person who used the service told us, “I am treated with respect. Although I need lots of assistance, staff never patronise me, but treat me as an equal and respect my choices, that’s important to me”.

People were encouraged to maintain their independence as much as possible. People’s rooms were personalised and arranged how they wanted them. People told us that they could get up when they wanted and retire to bed when they wanted. People told us that staff encouraged them to make daily choices so that they chose what they wanted to wear, what they wanted for lunch and how they wanted to spend their day.

There were no restrictions on visitors. People told us that their relatives and friends were encouraged to visit regularly. A relative we spoke to said, “I can visit whenever I like and I always get a warm welcome”. A person who used

Is the service caring?

the service said, “The staff are very good at protecting my privacy they only tell my family what I want them to know. I don’t want them discussing the ins and outs of everything and my views are respected”.

The care people wanted at the end of their lives was recorded in care plans. Relatives had been involved and people’s wishes were recorded and respected.

Is the service responsive?

Our findings

People told us that they were involved in the planning of their care. One person said, “I have signed my care plan to say that I agree with it and I am aware that it is regularly updated”. Another person said, “I can discuss my care needs with the manager and staff at any time and my needs are regularly reviewed. They know what I like and what I don’t like because it’s written in my care plan”. Relatives we spoke with had been involved with the planning of care. One relative said “I am kept up to date with what my relative needs and if I am unsure of anything the manager is always willing to discuss things with me”. Another relative said “My relative could not cope at home but that doesn’t mean they can’t do anything for themselves or can’t think for themselves and the staff here are very supportive”.

Care plans included people’s interests and life histories along with their likes and dislikes so staff knew about people’s backgrounds. Staff supported people in line with what was written in their care plans. People were encouraged to do what they could for themselves. Staff we spoke with explained that people who used the service were encouraged to maintain their independence as far as they were able to. They said “We talk to people about how they would like to keep their independence and support them as much as we can”.

People’s diversity was encouraged and respected. Staff and people who used the service told us that although most of the people who used the service had a similar cultural background the manager and staff recognised cultural diversity and would make sure everyone’s beliefs and differences were supported. A member of staff said, “People who live here have a diverse range of needs and beliefs, we try to fit the service around them as individuals”.

People told us that they were happy with the activities that were available and we observed that most people were engaged in activities of their choice. The manager told us that they were in the process of recruiting a person to organise activities so that there would be more choice.

People had formed friendships with other people who used the service and staff encouraged this by ensuring that space was available for people to sit together. People were chatting about their life’s experiences, whilst other people were enjoying engaging in activities together. One person said, “I have made new friends whilst I have been here. I felt so isolated at home”.

People’s personal care was conducted in the privacy of their rooms. One person said, “I never have to wait for very long when I need something, a couple of minutes at the most”. Staff were available when people needed them. All the people we spoke with confirmed that they received the attention they needed, when they needed it.

People told us that there were regular residents meetings. They said, “I don’t have any complaints. I don’t always attend the meetings but staff do seem to respond to comments and suggestions made”. Another person said, “We have a suggestions box where we can make suggestions or raise concerns”. A relative said, “I had concerns over my relative’s clothes not being returned after being laundered but it was sorted out as soon as I mentioned it”. There had been no formal complaints since our last inspection. Questionnaires had been sent out to visitors and relatives. The feedback from the questionnaires was positive and included comments such as “Staff are caring” and “My relative enjoys the food, its all homemade”.

Is the service well-led?

Our findings

People told us that they were involved in how the service developed and said that the service was well managed. One person said, “The manager makes sure that we have a say in things”. Another person told us, “We have meetings to make sure we are included in the decisions that are made”. A member of staff said, “We have regular meetings with the people who live here. After all it’s their home and they should be able to share their views on things”.

The manager asked for the views and comments from people, their relatives, staff and outside professionals including district nurses, care managers dieticians and GPs who were involved in people’s care. They used these views to help them assess the quality of the service. Surveys had been sent to people and their relatives and the feedback received was positive. Comments included “I am happy with the service provided” and “I have no concerns, my relative is very happy and well looked after”.

An open evening had been planned for relatives’, friends and visitors so that they could discuss how the service could improve with the manager and provider. The provider told us that they were going to make this a regular event.

Staff told us that they were actively involved in the development of the service. They said they felt confident in highlighting any changes or improvements that needed to be made.

Staff told us that the manager was open and supportive and that they were encouraged to develop their skills in an open and positive way. Staff were aware of the responsibilities and accountabilities of their roles through training and supervision.

Staff told us that they would feel confident to whistle blow if they felt there was a need to. Whistleblowing is a term used where staff alert the service or outside agencies when

they are concerned about care practice. One staff member told us they had received good support from the manager when they had felt the need to whistle blow in the past and that they had been informed of the outcome. They told us they were satisfied with the result and that their confidentiality had been protected. Another member of staff told us “The manager’s door is always open and they are very approachable”.

Staff had established some links with the local community by inviting local entertainers to the service and the provider told us that ‘this was a work in progress’ and that they were working to establish more links in the community in the near future.

The provider made regular monitoring visits and provided supervision to the manager. The manager told us “The provider is very supportive and I can contact them at any time if I need guidance. People who used the service said “The [provider] visits regularly. One person told us “The [provider] always asks if there are any improvements that need to be made and if I am happy with the service”. Another person said “Its good to know [the provider] is around and that they are interested in how we feel the service is doing”.

Systems were in place to audit, monitor and review areas such as the management of medicines, staffing levels, staff training, care planning, cleanliness, health records and the environment. Records showed that the manager had analysed the outcome of the audits and had taken action to address any issues. Records confirmed that recommendations from outside professionals including care managers, the GP and the provider, during the audit process, had been followed.

The manager and provider reviewed any accidents and incidents to see how they had occurred to prevent further accidents and incidents. People’s needs would be reviewed by their key worker if they had an accident a new risk assessment plan may be written.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.