

HC-One Limited

Roxburgh House (West Midlands)

Inspection report

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19 February 2019

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Ratings

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

Summary of findings

Overall summary

About the service:

Roxburgh House (West Midlands) is a residential home that is registered to provide care and accommodation for a maximum of 44 people who do not require nursing care. People using the service are older people and younger adults, some with Dementia. 40 People were using the service at the time of the inspection.

People's experience of using this service:

People were supported by staff to remain safe. There were enough staff available to people and people's needs were attended to in a timely manner. Risk assessments were in place to minimise any potential risk to people's wellbeing. Staff were recruited in a safe way. People received their medicines as expected. People felt that staff assisting them knew their needs. Staff received regular supervision and training and had been provided with an induction. Meals were nutritious and people were kept hydrated. People were supported to maintain their health.

People were supported to have choice and control over their lives and staff understood that they should support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care plans reflected their needs and preferences and staff could explain specific care that people required. Complaints were dealt with appropriately in line with the complaints procedure. People participated in activities that were tailored to their needs. End of life plans were in place and acknowledged by staff.

Quality monitoring systems included audits, checks on staff practice and checks on people's satisfaction with the service they received, using questionnaires. The provider had systems in place to ensure they kept up to date with developments in the sector and changes in the law. People knew the registered manager and felt they were visible around the home and were approachable.

Rating at last inspection: The rating for the service at our last inspection was 'Requires Improvement' with our last report published on 30 December 2017.

Why we inspected: This was a planned comprehensive inspection that was due based on our scheduling targets. At the last inspection the key questions around Safe, Effective and Well led were rated 'requires improvement'. This was due to concerns around medicines not always given as prescribed. Lack of staff knowledge around Mental Capacity and Deprivation of Liberty Safeguards (DoLS) and fire procedures and some audits not identifying issues. At this inspection we found that these issues had been resolved.

Enforcement:

No enforcement action was required.

Follow up:

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

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Roxburgh House (West Midlands)

Detailed findings

Background to this inspection

The Inspection:

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

Inspection team:

The Inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type:

Roxburgh House (West Midlands) is a residential home that is registered to provide care and accommodation for a maximum of 44 people who do not require nursing care. People using the service are older people and younger adults, some with Dementia. 40 People were using the service at the time of the 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:

The inspection was unannounced.

What we did:

The inspection activity started on 19 February 2019 when we visited the location. We visited the location to see people using the service, their relatives, the registered manager and staff; and to review care records and policies and procedures.

We reviewed information we had received about the service since they were registered with us. This included details about incidents the provider must notify us about, such as allegations of abuse and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with eleven people that used the service and six relatives to gather their views on the service being delivered. We also spoke with the provider, the registered manager and three staff members. We used this information to form part of our judgement.

We looked at three people's care records to see how their care and treatment was planned and delivered. Other records looked at included two recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service. Details are in the 'Key Questions' below.

Is the service safe?

Our findings

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

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

Using medicines safely

- During the last inspection it was found that it could not be evidenced that medicines were always given as prescribed. We found that people received their medicines safely. One person told us, "The nurse gives me some tablets if I am in pain". A relative said, "Medicines are given properly and the medication is in a trolley and I think it is all secure". Staff told us how they had received training and spot checks on their competency in giving medication and felt comfortable in doing so.
- Staff were knowledgeable about people's requirements and could tell us about people's preferences in respect of how they liked to take their medicines.
- Medicine Administration Records (MAR) that we looked at recorded the medicines given with no gaps. We saw that one person's eyedrops had no opening date written on them, but this was rectified during the inspection and the staff member spoken with.

Assessing risk, safety monitoring and management

- At the last inspection it was found that not all staff understood the fire safety procedures. Staff we spoke with were knowledgeable and could describe in detail what would be required of them in the event of a fire.
- Any risks to people were identified, with risk assessments in place related to people's needs. Staff understood these risks and had knowledge on how to reduce any risk of avoidable harm.
- People's risk assessments considered risks presented by the home's environment and any medical diagnosis or social need.
- Risk assessments included, but were not limited to; mobility and falls, eating and drinking, medicines and skin integrity.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with one person telling us, "Certainly feel safe here, we always have someone around". A relative told us, "It's a safe environment for sure".
- Staff understood different types of abuse and felt they would be able to recognise any signs or symptoms and report them appropriately in order to safeguard people.
- The provider had effective safeguarding systems in place that staff understood. We saw these had been followed and one staff member told us, "I report any concerns immediately to the seniors or management, as is the process, they will then contact the safeguarding team".

Staffing and recruitment

- People and their relatives told us there were enough staff available to people to meet their needs. One person told us, "Yes I think there are enough staff". A relative said, "There are enough staff, if they are busy, as they sometimes are, they always prioritise". Staff members felt that enough staff were employed on each

shift to keep people safe.

- We found that rotas reflected the amount of staff on duty at the time of the inspection.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Preventing and controlling infection

- People told us they felt that staff ensured hygienic practices were in place when assisting them. One person told us, "They [staff] use gloves and are clean".
- Checks on infection control were carried out periodically to ensure that a high standard was maintained. One person told us, "The place is clean". Another person said, "My room is spotless".

Learning lessons when things go wrong

- The registered manager told us how they learnt from incidents where outcomes could be improved. An example was during the last inspection it was found that not all staff had a comprehensive understanding of DoLS, so the registered manager ensured that a discussion took place on the subject during each team meeting.

Is the service effective?

Our findings

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

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

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

- During the last inspection it had been found that some staff lacked knowledge around DoLS, however this time we found that staff had a good understanding and were able to tell us who had a DoLS in place and why.
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that applications for DoLS had been actioned appropriately and that approvals were in place where these had been granted.
- An initial assessment was completed with people to ensure care was planned and reflected people's individual needs and preferences. This included, but was not limited to health and wellbeing, mobility, medical diagnosis and nutritional needs.

Staff support: induction, training, skills and experience.

- People and their relatives told us about knowledgeable staff. One person said, "Yes, they know what's going with my care, I think they are well trained". A relative said, "The staff know [person] well".
- Staff members told us that their supervision was regular, one staff member said, "I have regular supervision and I am never frightened to go to the manager, its an open door".
- Staff received an induction, which included shadowing longer serving staff members and familiarising themselves with the people and the home.
- There was a system in place to monitor training. This was updated and gave current information on training. We found that most staff members had completed the required training, with a plan in place for those who needed to complete training.

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

- We saw people enjoying the food on offer and a number of people made complimentary remarks whilst dining. One person told us, "We have two choices from the menus, and the food is okay, I like it and I can always ask for some more". We saw that where one person did not want either choice they were able to

request an alternative to suit them.

- We found that people were supported when they needed assistance with food and drink. People also received snacks and drinks from staff throughout the day and a 'snack station' was set up in the lounge where people could help themselves to snacks, fruit and drinks.
- Staff were aware of people who may be at risk of poor nutrition and monitored people's nutritional intake and weight as required.

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

- The provider worked with other healthcare professionals to ensure positive outcomes for people.
- We found that healthcare professionals worked alongside staff to promote people's health and wellbeing.

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

- People had access to healthcare services and professionals according to their needs and agreement. One person told us, "I see the optician and doctors come regularly".
- Care staff knew what to do when people needed immediate assistance from healthcare professionals.

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

- People told us that staff asked for their consent before assisting them. One person told us, "Yes they always ask for consent and offer choices generally".
- Staff had a good working knowledge of how they should gain people's consent when providing personal care or assisting them. A staff member told us, "We ask for consent, but also observe body language to guide us and nobody is ever made to do what they don't want to". We saw staff asking people for consent.

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

- We saw that the building was decorated in a way which supported people's needs. For example bedroom doors were numbered and individually coloured in shades which people could identify as their room.
- Areas within the home were currently being redecorated and we saw that the needs of people with dementia were being considered in the plans.
- Photographs and pictures displayed around the home were ones that people could identify with.

Is the service caring?

Our findings

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

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

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

- People and their relatives were positive about how staff provided personal care. One person told us "Yes staff take time to treat me as individual, they know my wishes for my care". A relative shared, "The staff respect [person] when carrying out personal care".
- People told us that the staff were kind and caring towards them, with one person saying, "The staff care, they will sit with you if you are unhappy". Staff told us how they had good relationships with people and we saw this clearly.
- The registered manager and staff were aware of the need to ensure people's diversity was respected and acknowledged. Any cultural and religious needs were acknowledged and we saw that an LGBT/Human Rights champion had been appointed and a gender neutral sign had been positioned over the toilet facilities.

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

- One person told us, "Staff are interested in me as a person, they are interested in my views. I have been lucky [coming here]". A second person said, "We can have meals at the table or I can chose where I want to eat, I get choices". A relative said, "I have never seen anyone being stopped or discouraged from doing something, they make their own decisions"
- People told us that they had been a part of their care plan and attended reviews. Staff shared that care plans were updated in the event of any changes.
- Where people required the services of an advocate the registered manager told us this would be arranged. An advocate supports people by speaking up for them so that their opinions are heard and their views are shared.

Respecting and promoting people's privacy, dignity and independence

- People told us care staff treated them with respect whilst promoting their dignity, privacy and independence.
- One person said, "As far as respect privacy & dignity are concerned they [staff] treat us in a dignified manner". A relative told us, "They [staff] respect residents, if there is a little accident, they take a person to their room to change them without fuss". A staff member told us, "I treat people the way I would want my nan to be treated, these people are like family to me".
- We found that people were encouraged to be independent and one person shared, "I am encouraged to pursue my interests I like to look at books, I do things for myself". A staff member told us, "We encourage people to be independent, we don't want to take anyone's freedom to do things for themselves". We saw that a self serve style breakfast had been introduced to encourage independence.

Is the service responsive?

Our findings

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

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

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

- Care plans were compiled in conjunction with people and their relatives and included, but were not limited to; health and medical information, personal care needs, eating and drinking, medicines and skin integrity. Reviews took place in a timely manner.
- People were in control of the care they received and told us their care was personal and responsive to their needs. One person said, "My family and myself are involved in everything, we decide on the care".
- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. People told us that they had access to their records.
- We found that care plans held a person's life history and also gave an insight into their likes, dislikes, hobbies and interests. Staff knew people's backgrounds and activities carried out were in line with people's interests and hobbies. We saw that one person with a military background was taken on regular occasions to a professional shooting range and they told us how much they enjoyed this. Another person who had a long-held interest in a specific sport, had been given a tablet computer to watch previously recorded events on you-tube as often as they wanted.
- An area of the building had been redecorated to look like a family home from many years ago, with old fashioned furniture resembling a room people may have been familiar with in their earlier years. Great improvements had been made to the garden area, which now had an updated seating area and the registered manager talked us through the plans to grow vegetables in the garden which people could eat.
- Activities took place and all staff had access to the activity cupboard, so there was no time limit on when activities took place. We saw how during the afternoon all staff stopped what they doing [where it was safe to] and participated in events with people, known as 'stop the clock'. On the day we visited people were offered cheese and wine tasting and we saw the registered manager engage in a game of wooden camel racing with people. We also saw that staff members brought in their own children to visit people during their time off, which we saw people enjoy.
- Staff were aware of people's goals and ambitions and wanted to motivate them to engage in events that were meaningful to them. Staff told us how people wished to continue activities they would have done in their own home and staff facilitated this by taking people out shopping regularly, taking them to local pubs for drinks and lunches and helping people to access the wider community, such as attending community centres. One person had worked all of their lives and wanted to remain productive and so they were invited to regularly be on the interview panel for new staff and were encouraged to formulate their own questions. One person had previously worked in a care home and wanted to help out, so they had been given a uniform and their own shift rota, with little jobs to do, another person was awaiting their uniform.

Improving care quality in response to complaints or concerns

- People told us that they knew how to complain and would do so if they needed to. One person told

us, "I have never complained, I can speak to the manager if there is a problem". The registered manager told us how some concerns had been raised around people's clothing being mislaid or confused with other peoples. In response to this the registered manager had inquired into a new system for labelling clothing with the use of small named plastic tags. The registered manager had purchased the system needed to attach the tags and was in the process of giving people the opportunity to purchase the tags for staff to attach.

- The provider had a complaints policy and procedure. Written information about how to raise a complaint was available to people, this in accessible formats when needed.
- We saw that complaints were dealt with appropriately, with written responses provided for formal complaints and copies of all correspondence kept.

End of life care and support

- Comprehensive 'end of life' plans were in place and staff were knowledgeable about these. Staff spoke to us about using sensitivity around related discussions and were able to tell us people's preferences and the care they would need.
- We found staff were aware when people had made a choice not to be resuscitated in the event of a cardiac arrest and the (DNAR CPR) agreements were easily accessible.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

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

- The previous inspection had identified that audits had not discovered the issues raised during the inspection. At this inspection we did not find any issues of concern. The service had a range of effective quality monitoring arrangements in place. For example, there was regular audits of medication, accidents and incidents and falls and care records.
- The registered manager had been in place for around three years and was registered with CQC.
- The registered manager said they were supported by the provider and we saw representatives of the provider present throughout the inspection.
- The provider had ensured we were notified of events as required by the law. We also saw that the previous CQC inspection rating was displayed at the office and on the provider's website.
- Staff told us that they understood the whistle-blowing policy and would use it if they felt the need. A whistle-blower exposes any information or activity deemed not correct within an organisation.

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

- People, relatives and staff gave us their thoughts on the registered manager. One person said, "The manager is approachable so are the staff". A relative told us, "The manager is ok, they always discuss everything with us [about person's care]". A staff member told us, "The registered manager here is really good, we all have good morale".
- People told us they liked living in their home and one person said, "This is a happy place". A relative told us, "This place is relaxed. I think they are good with people and treat them very well here". A staff member said, "This is a lovely place, there are lots of little friendship groups and it's like a family, it is a great place".

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

- Not everyone we asked could recall being asked to provide feedback on the service, but we saw the results of a recent customer satisfaction survey, which was positive overall. We saw that a print out of the findings were made available to people in large print where needed. Staff were also asked for their opinions using a survey.
- There had been a change in 'residents meetings' and they were now known as 'committee meetings'. Everybody was still welcome, but the idea was to hand the control of the meetings to people using the service and their relatives and a relative was now the chair of the committee. Staff told us how they offered support where it was needed. One person told us, "We have meetings, I attend them". Staff told us that they

attended regular team meetings and one staff member said, "We can put ideas forward and they are listened to, I suggested more activities and they were put on".

Continuous learning and improving care

- The registered manager told us how they had plans to improve the service and this included making the décor more 'dementia friendly' and encouraging more older people to become 'IT savvy'.
- The registered manager told us how they were always learning from people's needs and would continue to improve as much as possible.

Working in partnership with others

- The registered manager and staff told us how they worked closely with health professionals such as District Nurses. Staff told us how they worked with relatives to update them as to the person's wellbeing.