

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Roebuck Nursing Home

London Road, Stevenage, SG2 8DS

Tel: 01438740234

Date of Inspection: 28 September 2012

Date of Publication: October 2012

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Fine Care Homes Limited t/a Roebuck Nursing Home
Registered Manager	Ms. Moira Edmondson
Overview of the service	Roebuck Nursing Home is a purpose built residential centre providing accommodation and nursing care for up to 63 people, some of whom live with dementia
Type of service	Care home service with nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 September 2012, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the 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.

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### What people told us and what we found

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When we visited the Roebuck Nursing Home on 28 September we found that the service respected people's individuality and involved them in the community of the home. One person said, "It's just like my home here" whilst another told us, "We are a big happy family."

We found that people's care was planned and delivered in accordance with their needs. One visitor told us, "Nursing and care is very good – they provide me with information about anything that happens and keep me up to date."

People felt safe at this home. One person said, "Oh yes I feel very safe." One visitor told us that they had never worried about safety of their relative because the staff were very professional.

We saw that people were cared for by a staff team that had received proper training for their role and that were supported by an effective supervision and appraisal regime.

The provider had an effective approach to monitoring the quality of the service they deliver and people who live there and their relatives contributed to this. One visitor we spoke with said, "My relative takes part in resident's meetings. In my experience they do want feedback and they do listen".

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care and their privacy, dignity and independence were respected.

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### Reasons for our judgement

When we inspected the Roebuck Nursing Home on 28 September 2012 we found that people expressed their views and were involved in making decisions about their care and treatment. People we spoke with said that they had the opportunity to take part in regular residents' meetings. We saw a colourful notice on a board in the corridor that advertised this meeting as taking place every seven weeks and encouraging people to take part. We saw records that showed these meetings had taken place and saw that they were well attended.

We also saw that people could make decisions about how they were treated on a daily basis. For instance, we saw a menu that had two choices of cooked meal available for lunch; the chef told us that anybody could order whatever they wished to eat if they did not like the menu selection. People we spoke with confirmed that the service would provide such alternatives on request and one person said, "If you want more they give you more and if you want less they give you a smaller plate – you just have to ask". Another person told us that when their relative visited the staff at the home would set aside a separate dining area in a quiet lounge at that person's request so that they and their visitor could eat privately. This showed that people's right to make choices was valued and respected.

We found that people were supported in promoting their independence and their involvement in the community at the home. One of the staff we spoke with told us that people were encouraged to create their own personal environment in their bedrooms and we saw that people's rooms had personal items such as photographs, ornaments, soft toys and bed linen. We also saw that the staff at the home involved the people living there in communal activities and celebrations. We saw that there was a range of daily activities that people could either participate in or not as they chose. These activities ranged from board games to seasonal activities such as making hallowe'en decorations. One person told us that the staff at the home arranged a party and provided a cake for everyone's birthday. They said, "It's just like my home here" whilst another told us, "We are a big happy family." This demonstrated that people were both valued as individuals and

respected as members of the home's community.

People's diversity, values and human rights were respected. A visitor we spoke with praised the staff for ensuring that their relative kept in touch with the rest of their family and explained, "They always bring my relative the 'phone when my family call from abroad." We also saw that there was a poster advertising a church service every Tuesday and one person told us they had had a visit from a minister. This showed that people were supported in maintaining links with their family and with their faith.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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When we inspected this home on 28 September 2012 we found that people's needs were assessed and care and treatment was planned and delivered in line with those individual needs. We spoke with staff who were making entries in people's daily records and observation charts who told us that both the nursing and the care staff had access to everyone's care plans. They also told us that they were confident in using the care plans to provide, for instance, appropriate support with personal care at any given time, because the care plans were reviewed and updated to meet people's changing needs. We looked at care plans and saw that individual assessments had been carried out that took account of people's needs, including their personality and their likes and dislikes. The care plans we saw had been signed by the person to whom they related or by their relative. One visitor we spoke with said, "Nursing and care is very good – they provide me with information about anything that happens and keep me up to date." This showed that the service developed care plans to take account of people's needs and preferences and that they were developed with people or those acting on their behalf.

We saw that the care plans and risk assessments for each aspect of people's daily lives, such as moving and handling and nutrition, were reviewed monthly. These reviews took account of people's daily records which contained detailed notes completed in the morning, afternoon and evening about food and fluid intake, personal care and visitors, including medical visitors, that people received. This system meant that daily changes in people's needs could be noted and monitored. For instance, we saw food monitoring charts which showed whether people had eaten a small or large portion, whether or not they had finished the meal and whether they had eaten with or without support from staff. One person's record had identified that they had eaten very little for a number of meals and that, as a result, the next staff shift were alerted by a note in the hand-over document. This showed that people received care and treatment that was planned and delivered in a way that was intended to ensure their safety and welfare.

We spent some time towards the end of, and just after lunch carrying out a short observation on the dementia unit. The dementia unit had colourful walls and textured pictures which created a sensory environment. We also saw staff interacting with people on the dementia unit. This interaction was kind and sensitive and appropriate to the needs of the people they were communicating with. For instance, we saw a staff member having a conversation with one person who was holding a doll. The person spoke about the doll

as if it were a real person and the staff member encouraged and participated with this. Both the sensory environment and the sensitive approach taken by the staff member showed that care and treatment at the home reflected relevant research and guidance about people living with dementia.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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People we spoke with said they felt safe at the home. One person said, "Oh yes I feel very safe." One visitor told us that they had never worried about safety of their relative because the staff were very professional and caring.

The manager told us that all of the staff were aware of the local authority's safeguarding procedures and that they had all received training in safeguarding vulnerable adults. We looked at training records that confirmed that all staff had carried out safeguarding training within the last year. We saw that there was a binder at the manager's desk that contained information about safeguarding people including information about the local authority's safeguarding procedures and the provider's safeguarding policy. This binder was accessible to all staff.

We spoke with staff who confirmed that they had received safeguarding training and that they knew how to access the safeguarding procedures. We tested their understanding by asking some hypothetical questions and they demonstrated that they knew what types of abuse there were and how they could identify such abuse if it occurred. They also explained how they would refer any allegations of abuse using the safeguarding process and confirmed that they knew about whistle blowing procedures. This showed that people living at this service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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We saw that the provider had a training programme that was separated into three categories; induction, role specific training and update or refresher training. We saw that the induction training followed the common induction standards set down by the national training organisation for the care sector and staff we spoke with said that they had received this training upon appointment. One member of staff told us they had been at the service since it first opened three years ago and felt well supported through training, especially after they first began their role.

We saw that the role specific training programme involved functional skills such as moving and handling, health and safety and safeguarding as well as professional skills attained through a national vocational training programme. Much of this training was delivered through e-learning whilst other aspects were delivered on a face-to-face basis. On the day of our visit, we saw records that confirmed that all the staff were either up to date with the provider's training regime or had training dates scheduled.

The manager told us that staff were supported through a regular formal appraisal process as well as daily supervision. One staff member said "I have an appraisal every two months but I am supervised daily in my work by the nurse". We looked at appraisal records and saw that the process involved discussions about performance, welfare and development and provided an opportunity to communicate issues that affected the running of the service. Staff told us that they felt supported by this process and that the manager in particular was supportive and approachable over any issue affecting their work.

One staff member told us that they felt the appraisal process gave them opportunities to develop their skills and that they had recently been given the opportunity to become the home's 'dignity champion'. They told us they were attending a dignity training programme the following week. They said that they hoped this role allow them to be an ambassador for dignity which would, in turn, help to promote good practice among their colleagues. This showed that the provider supported the staff through effective supervision, by ensuring they received appropriate professional development and by enabling them, from time to time, to obtain further relevant qualifications.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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We saw that the provider had an approach to quality monitoring that took account of a variety of sources of information and feedback, including people living at the home, their relatives, staff and visiting professionals. For instance, we saw records showing that professionals were asked for their feedback in August 2012 and that a local authority home-finder, a visiting trainer, and a nurse assessor had all provided positive feedback about the service. Similarly, staff had been canvassed in November 2011 and relatives of people living there had been surveyed in September 2012. People living at the home had been asked their views in May 2012 and September 2012 and we saw that feedback provided during this process had been acted upon. For example, one person who stated that they would prefer to stay in bed longer in the morning had been served breakfast at a later time in their room from that point forward.

One visitor we spoke with said, "My relative takes part in residents meetings" and we saw records showing that such meetings took place every seven weeks where issues about matters such as activities provision and menus were discussed. The visitor also told us, "In my experience they do want feedback and they do listen". This showed that people who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We found that the service undertook a regime of audits relating to a variety of different aspects of the service. For example, we saw records that showed that temperatures were taken of all refrigeration equipment and of all refrigerated food that was delivered. In the same way, temperatures were also taken of cooked food at the point it was cooked and at the point it was served. This showed that the people living there were protected from risks to their health and welfare because the provider had a diligent approach to monitoring the quality of food.

The manager told us that they responded effectively to complaints about the service. We saw documentation relating to complaints that showed there was an effective system for logging and responding to complaints raised by people using the service or their representatives. For instance, we saw records of correspondence that the manager had initiated with an external organisation responsible for a particular aspect of funding that had arisen as a result of a complaint made by a relative of a person using the service. This

showed that the provider took account of complaints and comments to improve the service.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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