Inspection Report

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: 20 December 2012

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We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Records	✓ 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

Contents

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'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

How we carried out this inspection

We reviewed all the information we have gathered about Roebuck Nursing Home, looked at the personal care or treatment records of people who use the service, carried out a visit on 20 December 2012 and observed how people were being cared for. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We inspected the Roebuck Nursing Home on 20 December 2012 in response to concerns we had received about infection control and wound management practices.

During our visit people spoke positively about the home. Ten of the 12 people living there and all five of the relatives we spoke with said they felt they had contributed to the care planning process. People spoke well of the service. One person said, "I am of the belief I have chosen the right place." A visitor told us, "My family and I are very happy with the care my [relative] is receiving."

We also saw that care was delivered according to people's needs that arose from their cultural or ethnic backgrounds. For instance, two people told us that staff had managed their specific skin care requirements very well.

Care was delivered in a way that ensured people were safe. Risk assessments and corresponding management plans were in place to help the staff at the home deal effectively with issues affecting their wellbeing, such as wounds or pressure sores.

The staff at the home followed a clear infection control policy and cared for people in a clean and safe environment. Hand-washing was the primary means of providing a barrier against infection at the home. Some of the disinfectant gel dispensers were found to be empty.

People's care plans and other records were generally accurate and fit for purpose. However, charts used to record when people changed position had some gaps that could not be accounted for.

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

More information about the provider

Please see our website 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

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We spoke with 12 of the people living at the home, 10 of whom said they had contributed to their care plans. We also spoke with five relatives of people who were visiting at that time. They, too, said they had been involved in care planning and that they were also present at meetings where care plans were reviewed. We looked at four care plans and saw that individual assessments had been carried out that took account of people's needs. This included their personality and their likes and dislikes.

One person said, "It's not what I would have wished for in my old age, but I do need care and I am of the belief I have chosen the right place." Another said, "I was not asked if I wish to be assisted with my personal care by a male or female carer [care worker], but when I refused a male carer [care worker] action to address my request was immediate." A relative said, "My family and I are very happy with the care my [relative] is receiving. The staff are very respectful. An example of this is that they always knock on the bedroom door and request permission to enter."

We also saw that care was delivered according to people's needs that arose from their cultural or ethnic backgrounds. For instance, two people told us that the staff had managed their specific skin care requirements very well. This showed that care was planned in a way that met people's individual needs and that people were satisfied with the level of care they received.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People we spoke with told us that they felt safe. They felt confident that any concerns they might have would be dealt with immediately by the management at the home.

We saw that risk assessments related to the individual care and nursing requirements of the person they referred to. Risks were recorded as soon as they were identified. Each risk

was recorded separately with its own management plan in place to ensure that a specific outcome was achieved. For example, we saw that a person had been identified as being at risk of developing pressure sores due to a dramatic change in the numerical score in the grading system that is used for this purpose. This had resulted in a management plan that included two-hourly changes to the person's position.

We saw that this system was effective in identifying and managing risks to people. For instance, one care plan noted that a particular type of wound had been identified for one person which had become infected. The desired outcome of the management plan stated that, "[person's name] wound be healed with no sign of infection." We noted that the management plan showed a regime for changing dressings, applying medicated cream and for re-testing for infection. We saw that the plan had been reviewed on five occasions within the three months that the wound was in existence. The reviews showed how healing had progressed and that the infection had been eliminated.

We also spoke with a visiting medical practitioner who told us that staff at the home practiced effective wound management techniques, for example, by using good quality mattresses and dressings and by monitoring fluid intake.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We saw that there was a detailed infection control policy in place. This provided staff with information about, for example, hand-washing, dealing with spillages and handling specimens and sharps. We spoke with staff who told us they were aware of the policy on infection control. One staff member spoke confidently about action they would take in the event of an outbreak of infection at the home.

We noted that there was a system for colour coding of disposal aprons. Staff only used particular aprons for specific tasks, such as handling food or carrying out personal care. We spoke with staff members who confirmed that they were aware of the purpose of each colour coded apron and of the limits they could be used within.

We found that the management of the home had taken particular precautions to prevent the spread of a topical infection. At the time of our visit, the local health establishments had been wary of an outbreak of the Norovirus, a virulent infection spread through personal contact. When we entered the home we saw that the manager had placed a large notice by the visitor's book that explicitly warned of the virus and a separate notice that explained the infection control protocol to deal specifically with that risk. Both notices were prominently displayed and visible to anyone who came into the home. The protocol instructed all visitors to wash hands thoroughly before entering the premises by means of the adjacent visitor's toilet and to wash their hands again before coming into contact with any person living in the home. The Registered Manager explained that the housekeeping staff had been instructed to wipe the common surfaces, such as door handles, every two hours with a disinfecting agent and we saw this taking place.

We inspected the system for disposing of clinical waste and found that this was effective. The collection bins outside the premises were in use and only half full at the time of our visit. We looked at the sluice rooms used for cleaning soiled laundry and found these to be clean and serviceable with no trace of hazardous waste being allowed to build up.

Whilst there was an effective system for controlling infection, the provider might find it useful to note that some of the pump dispensers used for supplying disinfectant gel were empty at the time of our inspection. This was commented upon by both a visiting medical practitioner we spoke with and by one of the staff members. Hand-washing is understood by those working at the home to be the primary means of cleansing. However, the absence of gel in some of the dispensers meant that those staff who wished to use gel as

a secondary barrier to supplement hand-washing could not do so.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose.

We looked at four care plans during our inspection and found that they related to the individual care and nursing requirements of the person they referred to. We saw that there was a relationship between the assessments of each person's needs, the delivery of care or the management of risk and the daily records and monitoring charts for each person. We could see that care was planned according to each person's specific identified needs. The daily records captured the day-to-day delivery of this care as well as any observed changes in people's needs. We saw that regular reviews of the person's needs based on these daily observations were carried out and that this, in turn affected the overall care plan.

A visiting medical practitioner told us that the daily monitoring charts, such as fluid intake, were "in order" and carried enough information to enable them to treat people properly. They also told us that the medication records enabled an effective system to be operated between the home, the general practice and the pharmacy.

We looked at the management plans for two people who either had or were at risk of developing pressure sores. We found these to be detailed, with enough information to show how the risk had been managed over time. For instance, one person's wound management plan had been reviewed on five dates during October, November and December 2012. These reviews were derived from detailed observations of the wound each time the dressing was changed showing that the wound had healed and become free from infection.

There was a range of different monitoring charts in use to deal with different aspects of people's care or their risks. However, the provider might find it useful to note that turning charts used to show when a person's physical position had been changed were not always completed satisfactorily. The turning charts of both people who were subject to a wound, or pressure sore risk management plan contained a number of gaps. For instance whilst some gaps had been due to one person's admission to hospital for a number of days, other gaps in the same record could not be explained by the Registered Manager. Most of these gaps appeared between early evening and midnight. Whilst the records clearly showed how often the person had changed position throughout the rest of the day, it was not clear whether they had done so during these periods. This means that people could

not be confident that their pressure sore risk management plan would be followed at all times.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk