

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

Roxby House

Winterton Road, Roxby, Scunthorpe, DN15 0BJ

Tel: 01724733777

Date of Inspection: 19 October 2012

Date of Publication:
November 2012

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Wider Options Limited
Registered Manager	Mrs. Lesley Sharon Fisher
Overview of the service	Roxby House is a care home situated on the outskirts of the village of Roxby, near Scunthorpe. The home provides accommodation and personal care for up to 30 younger adults with learning disabilities and autistic spectrum disorder.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations, carried out a visit on 19 October 2012 and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with stakeholders.

What people told us and what we found

We used a number of different methods to help us understand the experiences of people who used the service, because the majority of people who used the service had complex needs which meant they were not able to tell us their experiences.

We were able to speak to one person who used the service and a relative during the visit. We were told that choice was offered to people using a variety of different methods including symbol and picture documentation, individualised activity planning programmes and person centred planning. The person who used the service commented, "I like living here", "It's my home and I want to stay here", "I have lots of activities" and "I help out at the Red Cross shop."

The relative we spoke with commented, "We looked at 15 other places before deciding on Roxby House. My son has settled very well and I have no concerns whatsoever", "The staff are brilliant and there is a structured programme", "My son is never in because of all the activities" and "I cannot praise the service enough, it's a fantastic place."

We spoke with one person who used the service and they told us they liked living in the home and said they felt safe. They also told us they liked their bedroom and had chosen the colour it was painted. They also said that staff were polite and helped them.

We observed that people were able to convey their views to staff and had developed their own ways of communicating.

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

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

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.

Reasons for our judgement

People who used the service were given appropriate information and support regarding their care or treatment. People were supported in promoting their independence and community involvement and they were involved in decisions about their support and their diversity, values and human rights were respected.

We observed people coming and going throughout the visit and there was a high level of occupation and activities taking place. Roxby House offered a variety of activities including day trips out and holidays. We saw photographs of and written documentation that confirmed this. On site there was a sports hall and gym, hydra pool, sensory room, media room, library, music room, arts facility, hair salon. There was a garden with wooded area and swing and a farm with small animals. The registered manager told us, "We have a very structured programme which is tailored to individual needs and a high level of activity takes place on a daily basis."

We were told by staff that meal times were planned with the people who used the service. People were supported to be as independent as possible with planning, preparing and eating their meal. The menu was displayed in picture format and this ensured people knew what food was on offer.

We saw written documentation such as the young person's handbook, care plans and reviews that had been developed using both written and pictorial methods. This helped to ensure people who used the service would be able to understand what care and support was offered at Roxby House.

We observed that staff interacted with people and used different ways to communicate. This helped to ensure the people were involved in decision making and were able to make choices on a daily basis.

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 saw that prior to being offered a place at Roxby House an assessment of the person's needs was carried out. The registered manager told us, "We visit the young person and commence our assessment. If we feel that we can meet the person's needs then a transition plan would be developed. However, if we feel that the person's needs cannot be met then a place would not be offered."

We looked at the care records of two people who used the service and saw that each person had a personal profile which included specific preferences, likes and dislikes. There was also a communication passport which described needs and detailed how the person would communicate and any preferred method. For example, 'Give me time to process what you have said and give me plenty of time – count in your head from 1-10'. These gave clear information to the reader about how the person would communicate to ensure they were listened to.

We also saw sensory support plans were in place and were specific to the needs of the individual. These included hearing, vision, smell, taste, touch, balance and movement. For example one stated, 'when you are supporting me it is essential to – talk to me in a jovial manner, give me praise and tell me how well I have done'.

We saw that risk had been assessed and each person had individual management plans in place for various areas. These included; going out in public places, medication, epilepsy and behaviours that challenged the service. These detailed signs, triggers, symptoms and how the person may present. The plans were specific, gave direction to staff and stated that the least restrictive technique should be applied first. They stated that physical intervention and the use of 'as required' medication was to be used as a last resort.

People who used the service were observed to be individual in style and dress. Staff told us for those people able to make some choices, they would display various options and this assisted with independence.

Documentation evidenced that health care professionals were contacted for advice and

visited people to treat their health needs. We saw that each person had a health action plan in place as recommended by current good practice guidance. Support from a speech and language therapist, clinical psychologist and psychiatrist were provided on site by the organisation.

Structured daily activity programmes have been developed for each person which included independent living skills, therapy and activity sessions. We saw that the people who used the service were relaxed and comfortable in their surroundings and staff supported people in an inclusive way.

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

Our judgement

The provider was meeting this standard.

People who used 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.

Reasons for our judgement

People who used 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. The provider responded appropriately to any allegation of abuse and people were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements.

Prior to our visit we looked at documentation about incidents that the provider was required to submit to the Care Quality Commission (CQC). We saw that there were high numbers of incidents occurring between the people that lived in the home, compared to other similar services.

During the visit we spoke with the manager who told us that the North Lincolnshire local safeguarding team required all incidents even very minor altercations between people who used the service be reported. The manager said, "It is very rare we have a serious assault and usually the incidents are minor with no lasting effect or injury caused."

We looked at the incidents and saw how they were recorded, reported and analysed. Each person had individual risk management plans in place and we saw that these were clear with regard to the level and likelihood of the risk occurring. We also saw that following incidents a de-brief took place with the person who used the service and any staff members involved. There was a multi-disciplinary team on site that included a psychologist and a speech and language therapist. The consultant psychiatrist visited on a regular basis. There was evidence in place that confirmed incidents were discussed and action taken to address the risk of the behaviour re-occurring.

We spoke with the local safeguarding team who confirmed that all incidents must be reported. They told us that the provider reported incidents and had taken appropriate action in managing or reducing the risk of incidents occurring again.

During our visit we spoke with the manager, a visiting relative and two life skills instructors and we checked documentation such as incident records and care files. These demonstrated that incidents putting people at risk of abuse had been reported or discussed with the local safeguarding team and the Care Quality Commission (CQC).

We saw records confirming that the 96% of staff had undertaken Safeguarding of Vulnerable Adults (SOVA) training. We also saw that 96% of staff had completed training in The Mental Capacity Act (2005).

We saw evidence in the case files belonging to people who used the service that their rights had been protected. The manager told us that, "We assess people using the mental capacity assessment and if deemed the person does not have capacity to make a certain decision, a best interest meeting would be held."

The manager told us that all staff had received training on physical intervention when they started work at the service and that this training was updated yearly. The form of physical intervention used is British Institute of Learning Disabilities (BILD) accredited, which is part of current guidance and good practice. One staff member told us, "We have a first response team, but this is not used often." They went on to say, " We try and diffuse the situation and use talk down techniques first. Physical intervention would only be used as a last resort."

This meant that staff had undertaken training that ensured they were skilled and understood their role in protecting vulnerable adults from harm or the risk of abuse.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

During our visit we looked at the environment and saw that the home was suitably designed and maintained to an adequate standard. The manager told us that there was a maintenance team on site to deal with any repairs and redecoration.

We saw that the communal areas were warm and comfortable. We also observed people enjoying activities within the home. Bedrooms contained lots of personal effects making them homely and individual in style.

However, the provider may find it useful to note that we saw a bedroom door propped open and this was a fire door. The manager stated that a self closing device would be ordered immediately. Some of the communal areas had not been vacuumed and we noticed dirty laundry left in the kitchen area of one house during the preparation of meals. Again the manager took action immediately and the laundry was removed, we were given assurances that this would be checked on a regular basis.

We saw evidence confirming that regular maintenance was carried out to ensure the building was safe and accessible.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. We spoke with the manager who told us that all relevant references and checks were applied for and received back, before the new staff member would undertake a care shift.

We checked the files of two new members of staff. This confirmed that all checks were in place before they undertook a care shift. However, we did notice that not all references were from previous employers. Some were character references when there had been a second previous employer and they had not been contacted.

A discussion with the registered manager and the administration manager confirmed that since June 2012 a new recruitment procedure had been introduced, which would now involve seeking two references from previous employers. This showed us that the provider ensured appropriate checks were undertaken and operated a robust recruitment process.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. We saw evidence that people's views were listened to and complaints were dealt with swiftly.

We saw evidence that regular meetings were held with people who used the service, relatives or advocates and people were able to raise concerns or issues. People who used the service were given information about the complaints procedure and this was presented in an easy read or pictorial format.

We looked at the complaints log and saw that each one had been investigated and the outcome relayed to the complainant. This showed us that the service listened to complaints, investigated them and took appropriate action where necessary.

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@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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