

***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: 08 August 2013

Date of Publication:
September 2013

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard
Records	✗	Action needed

Details about this location

Registered Provider	Fine Care Homes (Stevenage) Limited
Registered Manager	Ms. Moira Edmondson
Overview of the service	Roebuck Nursing Home provides 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

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, carried out a visit on 8 August 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

During our inspection of Roebuck Nursing Home on 8 August 2013, we saw evidence that staff had made every effort to identify and act on the wishes of people who lived there. One person told us, "I can do what I like and nobody tells me what to do. [It's] free and easy; just like home."

Care plans we looked at showed that people's needs and preferences had been assessed and documented. A relative told us, "The care here is very personalised. They treat everyone with respect and dignity."

The premises were safe, suitable and fit for purpose. Adequate emergency procedures had been put in place and the safety equipment we saw had been regularly checked and well maintained. People told us they liked living at the home because it was clean, in good decorative order and they had their own shower and toilet facilities.

Records showed that the provider had put effective recruitment procedures in place to ensure that staff were fit, able and properly trained to meet the needs of people who used the service. This included carrying out appropriate checks before staff began work.

A complaints policy and procedure had been put in place and we saw evidence that people's comments, feedback and suggestions had been regularly sought.

However, some of the care records we looked at had not been reviewed in line with the providers own policy and contained information that was both incomplete and out of date.

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

What we have told the provider to do

We have asked the provider to send us a report by 19 September 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is

taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received care, treatment or support, every effort had been made to obtain their consent and act in accordance with their wishes.

Reasons for our judgement

During our visit we spoke with people who lived at the home, observed care being provided, checked records and spoke with people's relatives, members of staff and a healthcare professional. We saw examples of where staff had made considerable efforts to obtain people's views and consent about different aspects of their care, treatment and support.

Some of the people who lived at the home experienced difficulty in communicating their needs and requirements. We saw that staff used a wide range of both verbal and non-verbal communication methods to explain what was happening and ascertain individual preferences and choices about issues such as food, clothing and personal hygiene.

Care records we looked at showed that people were respected as individuals and encouraged to take part in decisions about their lives and daily routines. Suitable arrangements were in place for obtaining, and acting in accordance with, the consent of people who lived there and, where necessary, their family and relevant health and social care professionals.

One person told us, "The staff are good at asking and explaining before they do things." Another said, "I think it's great, [it's like] 'home from home' here. I can do what I like and nobody tells me what to do." A relative we spoke with commented, "[Name] is able to exercise free choice."

We saw evidence that suitable arrangements had been put in place to assess, document and review people's ability to make decisions in line with published guidance relating to the Mental Capacity Act (MCA) 2005. Staff we spoke with during our inspection demonstrated a good understanding of how consent about the care and treatment provided should be obtained. This meant that people had been supported to provide valid consent and knew how to change, amend or withdraw decisions previously made.

One member of staff told us, "We talk a lot about capacity and involve GP's and a

Consultant Psychiatrist from [a local hospital] where necessary. Initial assessments are carried out and reviewed every six months. It's important to allow individuals to have independence over their lives and make choices."

Records we looked at showed that most staff had received basic awareness training about consent and capacity issues regarding the MCA 2005.

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

During our visit we observed staff treating people with respect and kindness while delivering appropriate levels of care and support. We also saw that care was delivered in a way that met people's individual needs and welfare requirements.

One person we spoke with told us, "I find its ok here....I get well looked after. The staff are pretty good and very approachable. I'm happy here, it's like home from home." Another said, "Staff are very good towards me." A relative commented, "They treat people as individuals and meet their needs. The staff are brilliant; they have provided great care to both me and my [relative]. We have been involved fully in care planning."

Care records we looked at showed that people's needs and preferences had been assessed and documented. They were personalised to each individual and gave staff guidance on the care and support each person needed. This included detail about people's preferences regarding issues such as food, activities, clothing and personal routines.

During our inspection we saw that people had been given access to health care professionals such as GP's, opticians and dentists when necessary. We also saw that a wide range of activities had been provided at the home by a full-time activities coordinator. These had included bingo, indoor hockey, board games, arts and crafts, exercise sessions and birthday parties for people who lived at the home. One person told us, "There are always activities in the afternoon. [Name], the activities coordinator, is very good."

Some aspects of the care records we looked at were not as accurate or up to date as they should have been. However, during our inspection we saw that care and treatment had been planned and delivered in a way that met people's individual needs. For example, we saw that proper steps had been taken to protect people against the risks of inadequate nutrition, dehydration and pressure sores. This meant that people had received safe and appropriate levels of care, treatment and support in a way that protected their rights.

We also spoke with a GP who had recent experience of the home, some of the people who lived there and the levels of care provided. They told us, "Nurses do know their patients and are well prepared. Care is good with no adverse comments from residents. [I

have] no concerns around skin [care], hydration and nutrition."

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

The provider had policies and procedures in place to ensure the premises were safe, secure, suitable and well maintained. During our inspection we noted the premises were warm and clean with plenty of natural light to help promote good health and well being. We saw that people who lived at the home looked happy and relaxed in a comfortable environment.

One person told us, "I love my room, [it's] cosy. I've got my own toilet." A relative said, "The premises are very nice. The facilities are great and easy for me to access as a disabled visitor."

Adequate emergency exits, lighting and fire fighting equipment were in place throughout together with clear instructions about their use. Appropriate levels of security were in place to keep people safe without restricting movement throughout the premises and communal garden area.

Records we checked showed the provider had emergency evacuation procedures and fire drills in place. Fire, smoke and carbon monoxide detection systems were also in place and regularly tested, as were all electrical and gas installations.

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 had been cared for and supported by suitably qualified, skilled and experienced staff.

Reasons for our judgement

Records we checked during our inspection showed that recruitment policies and procedures had been put in place to ensure that staff were both fit and able to meet people's needs. This included carrying out appropriate checks before staff began work.

One person told us, "Permanent staff are great, [I] couldn't fault them. They are kind and nice." Another said, "The staff are lovely, really nice." A relative commented, "They [staff] meet all of his needs. I don't think they could do much more. I have confidence in them. I am happy with [the] staff."

Staff had been required to complete detailed application forms and attend structured interviews, during which their relevant competencies were assessed. Staff were not allowed to start work until all necessary character, identity and reference checks had been satisfactorily completed.

A member of staff said, "Staff are happy, [we are] a good team [and] hard workers. The team here makes a difference." Another told us, "Generally the staff here are incredibly caring, professional and experienced." A GP with recent experience of the home told us that the ability and competence of staff had improved over time.

This meant that people were kept safe and their health and welfare needs had been met by staff who were fit and able to do their job.

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 had been responded to appropriately.

Reasons for our judgement

We saw that the provider had put a complaints policy and procedure in place. Information and guidance had also been included in 'service user guides' to help people understand how to make a complaint and the methods used to resolve it.

Everyone we spoke with during our inspection told us they knew how to make a complaint but had never had reason to do so. A relative told us, "Any gripes and groans that we've had, like missing laundry, have been quickly sorted out."

We looked at the complaint file and saw that concerns raised by people who lived at the home, and family members, had been dealt with effectively. Complaints had been properly recorded, investigated by the provider and resolved to the satisfaction of all parties.

Records we looked at also showed that the provider had regularly sought feedback from people who lived at the home, their relatives and healthcare professionals by sending out surveys to obtain their views, comments and suggestions for improvement.

This meant that people were supported to make complaints if the need arose and had been encouraged to provide feedback about the services provided.

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

Our judgement

The provider was not meeting this standard.

People had not been protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records had not been maintained.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

During our inspection we looked at care records relating to four people who lived at Roebuck Nursing Home. They all lacked up to date information relating to some aspects of the care, treatment and support provided to the people concerned. This meant that people who lived at the home may not have been adequately protected against the risks of unsafe or inappropriate care and treatment because accurate records had not been properly maintained.

In one of the records we looked at, charts used to record and monitor the personal care provided on a daily basis had 31 unexplained gaps between 1 January 2013 and the date of our inspection. We looked at the other records and saw that one contained 28 unexplained gaps for the same period, while another had 19 and the fourth had nine. It was therefore, unclear from these records whether or not personal care and support had been delivered to the people concerned for a total period consisting of eighty seven days.

We saw that the providers own policy recommended that key aspects of care records should be reviewed and updated on a monthly basis or more frequently if necessary. However, we found a number of examples in the records we looked at where this had not been followed.

For example, one record we looked at showed the person concerned had been identified as having risks concerned with nutrition, hydration and pressure sores. However, we saw that charts used to record and monitor progress against these risk assessments had not been completed, updated or reviewed since March 2013. A mental capacity assessment contained in the same record had not been reviewed since 2011 and a 'do not resuscitate' (DNR) form was incomplete.

In another of the records we looked at, a dependency profile used to assess the needs of the person concerned had not been completed or reviewed for a three month period. In addition, despite the person having been identified as having had risks associated with the development of pressure sores, the charts used to monitor progress in that area had not

been updated between September 2012 and May 2013.

Records relating to another person showed that a number of risks had been identified. These included issues around mobility, infections, falls and nutrition. We saw that the risk assessments and charts used to monitor progress in those areas had not been updated or reviewed since February 2013.

This meant that records relating to people's care, treatment and support had not been accurately maintained in all cases and therefore, may not have been fit for purpose.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records
	How the regulation was not being met: The registered person had not ensured that service users were protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them. Accurate records had not been maintained in respect of each service user about the care and treatment provided. Regulation 20 (1) (a).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 19 September 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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