

*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: 14 November 2013

Date of Publication:  
December 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Records**

✓ Met this standard

## 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

## 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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Records	6
<b>About CQC Inspections</b>	8
<b>How we define our judgements</b>	9
<b>Glossary of terms we use in this report</b>	11
<b>Contact us</b>	13

## Summary of this inspection

---

### Why we carried out this inspection

---

We carried out this inspection to check whether Roebuck Nursing Home had taken action to meet the following essential standards:

- Records

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 14 November 2013 and talked with staff.

---

### What people told us and what we found

---

Our previous inspection of Roebuck Nursing Home in August 2013 found that certain minimum standards of quality and safety had not been met. People had not been protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records had not always been maintained. We judged that this had a moderate impact on people who lived at the home at the time.

During our inspection on 14 November 2013 we found that necessary improvements had been made.

We checked the care records relating to seven people who lived at the home. They all contained detailed and accurate information about people's care, treatment and support needs. We saw that risk assessments had been reviewed regularly and the records used to monitor the care and treatment provided were up to date and had been completed properly.

A senior member of care staff told us, "Management have taken the records issue very seriously. We have all worked really hard to make the improvements needed and new audit systems are now used to make checks on a daily basis. Our care records have improved significantly since the last inspection."

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](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

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

---

### Reasons for our judgement

Our previous inspection of Roebuck Nursing Home in August 2013 found that accurate and appropriate records about the care, support and treatment provided to people had not always been properly maintained. This meant that the provider had not adequately protected people who lived at the home from unsafe or inappropriate care and treatment.

Some care records lacked accurate and up to date information about certain aspects of the care and treatment people had received. We saw that records used to monitor the personal care provided were incomplete. A number of risk assessments, 'do not resuscitate' (DNR) forms and mental capacity assessments were inaccurate and out of date.

During our inspection on 14 November 2013 we found that necessary improvements had been made. We looked at the care records relating to seven people who lived at the home. They all contained detailed and accurate information about people's care, treatment and support needs.

We saw that all of the forms used to record and monitor the levels of personal care provided to people on a daily basis had been completed properly and were up to date. These records are now kept in people's rooms which means that care staff can access and update them as soon as care has been provided.

A member of staff told us, "It's so much better now having personal care forms in people's rooms. It means we can get hold of them quickly and update them straight away. Less chance of mistakes or people forgetting to do it at the time."

Records showed that key aspects of people's care and treatment had been reviewed and updated on a monthly basis or more frequently when necessary. We saw that dependency profiles contained detailed and accurate information about people's needs and had been regularly updated.

We looked at 5 DNR records relating to people who lived at the home. All of the records had been reviewed where necessary and contained information that was both accurate and up to date.

We saw that new systems had been put in place that required senior care staff to audit people's care records on a daily basis to ensure that they were accurate, up to date and completed properly.

A senior member of care staff told us, "Management have taken the records issue very seriously. We have all worked really hard to make the improvements needed and new audit systems are now used to make checks on a daily basis. Our care records have improved significantly since the last inspection."

This meant that people had been protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

## 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.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

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

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---