Inspection Report

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: 10 July 2013

Date of Publication: August 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
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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

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

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 10 July 2013, observed how people were being cared for 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 commissioners of services.

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 used a number of different methods to help us understand the experiences of the people who used the service, because the majority of them had a variety of complex needs and communication difficulties and were not able to tell us their experiences.

We found before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. The manager confirmed they would complete an assessment if capacity to make decisions was in doubt and a best interest meeting would be held. We were able to speak to one person who told us how they spent their time in the home and how staff supported them. They told us, "I normally give it thumbs up living here."

The relatives of three people who used the service commented, "Both myself and my son are included in his care arrangements." "Our son is always happy to return to Roxby House and we have always been very satisfied with the care provided- he has an extensive and varied list of activities." Other relatives told us, "I couldn't be happier – he has a great life there – if he could stay at Roxby for ever I would be happy…he has come on leaps and bounds…his programme is superb…he comes home regularly to spend time with us…we only have positive things to say about Roxby. " and "Roxby house is an excellent place for our daughter…the activities are brilliant, the house manager is brilliant – runs a really good set up and the communication with us is excellent."

We observed people were supported throughout the day and structured activities were available. These were provided both on site and within the local community.

Staff helped to make sure health and social care was coordinated by a range of

professionals.

We found that all staff employed in the service received regular supervision, training and support to enable them to fulfil the role expected of them.

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

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 any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We saw that people's wishes and preferences were recorded in each of the six care files we checked.

Relatives and people who used the service told us the manager had talked to them about things that affected their lives and they had agreed with it.

The staff we spoke with gave good examples of how they offered people choice and involved them in making decisions about their lives.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The manager told us that if someone could not make an informed decision other people were involved in looking at what was in their best interests. This was confirmed by staff during discussion. Evidence of records of meetings to discuss these situations were seen in individual care records.

The staff we spoke with told us they had received training about protecting people's rights. Their comments demonstrated an understanding of their role in promoting people's rights and acting in their best interests.

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

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 looked at the care records of six people who used the service. We found that their care and treatment was planned for and delivered in a way that was intended to ensure people's safety and welfare.

We saw that prior to people being offered a place at Roxby house, an assessment of their needs was carried out by the registered manager. The manager told us that if they felt the person's needs could not be met, then a place would not be offered. In the situation where the person's needs could be met, a transition plan would be developed.

When people were ready to move on from the service to more independent living a transition plan was also developed with the individuals involved. The plans included decisions about where people wanted to live and how they would be gradually introduced once suitable placements became available.

People who used the service were observed to be individual in style and dress. We were told that for those people unable to make a choice, staff would display various options and this assisted with promoting their independence.

We looked at the care plans for six people and found that detailed information about their care and support had been developed from comprehensive assessment processes. Individual person centred planning meetings had been held for each person and care plans reflected their individual needs, personal goals and preferences. Where people needed the information in different formats for example, in a pictorial format, this was in place.

We found that care plans had been evaluated monthly and records for the recording of people's weight, fluid intake and health needs were maintained. Where needs had changed we found that care plans had been updated to reflect these changes

Discussions with staff showed that they were knowledgeable about people's care needs

and the care required to meet needs. We found that professional advice had been sought where they had identified any issues relating to a person's health. For example; physiotherapy, occupational therapy and district nursing services.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Each file we checked contained details about the risks people might be vulnerable to or may present. For example each individual had an assessment to establish if it was safe for them to have a fob to access their own unit, or whether they needed support from their 1:1 worker with this to keep them safe. We found these risks had been regularly reviewed so the information remained up to date. We also saw various tools that were used to monitor things like people's weight and health needs, together with evidence of liaison and involvement with appropriate health professionals where needed.

People who used the service had individual management plans in place, which were specific to the needs of the individual. These included; going out in public places, medication, epilepsy and behaviours that challenged the service and detailed signs, triggers, symptoms and how the person may present. We also saw 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 only used as a last resort.

The care files showed that when people were unable to sign their care plan this was discussed with their relative. The relative signed to say they had seen the care plans and agreed the contents reflected the care the person should receive. We saw detailed daily notes had been completed which recorded how people had spent their day and actions staff had taken in response to changes in their needs.

There were a range of activities available both on site and in the local community. These included; music, cycling walking, drama, computer skills, wood work, gardening ,craft and sports as well as independent living skills and work placements.

Structured daily activity programmes had been developed for each person and included independent living skills, therapy and activity sessions. We saw that people were occupied during the day in things such as; music therapy, art therapy, gardening, working on the farm and using the onsite library. Other people were accessing activities of site in the local community.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

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.

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.

People we spoke with said they felt safe in the service. They told us they would, "Talk to staff" and "Tell my keyworker" if they had a problem.

The provider had a safeguarding policy in place which appeared to be aligned with the local authority's guidance. We reviewed information from the local authority which confirmed that there were no safeguarding concerns current at the time of our visit.

The provider organisation submitted monthly safeguarding reports to the local authority. The provider responded appropriately to any allegation of abuse. Staff we spoke with were prepared to use the provider's whistle blowing policy if the circumstances called for this course of action.

Staff also had the opportunity to voice any concerns through the organisations 'cause of concern' document, which they could use to report any concerns they had about any aspect of the service and care delivery.

We looked at the incidents and saw how they were recorded, reported and analysed. Each person had individual risk management plans in place and these identified 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. A consultant psychiatrist also visited on a regular basis. There was evidence in place that confirmed incidents were discussed and action was taken to address the risk of the behaviour re occurring.

Staff attended training in safeguarding adults and received regular updates of this. When we spoke to staff they were able to describe how they would respond in situations involving abuse or suspected abuse, so that people were safe.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. Arrangements were in place to complete assessments of capacity for people who found it difficult to make an informed choice.

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

The training manager told us that all staff received training on physical interventions when they started work at the service and that this was updated on an annual basis. The form of physical intervention used is British Institute of learning Disabilities (BILD) accredited. Staff told us they try and diffuse the situation and use 'talk down' or diversion techniques first. We were told physical intervention would only be used as a last resort.

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 protected from the risk of infection because appropriate guidance had been followed. 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 undertook a tour of the building with one of the house managers to inspect cleanliness and to observe staff practice, We also spoke with people who used the service and staff, and we reviewed records. We saw evidence that staff undertook annual refresher training in infection prevention and control, which was up to date.

The people who used the service were supported by staff to clean their rooms and communal areas.

During a tour of the building we saw that mops used for different areas were being soaked together in the same container. This was discussed with the house manager and the home manager, who ensured that these were disposed of immediately and replaced with new ones. They also discussed this with staff and reminded them of good infection control practices

We saw that the laundry had a clear dirty-to-clean flow and were provided with hand washing sinks. We found that in one of the units that the temperature within the laundry was very hot, due to a hot water cylinder being positioned behind it. When this was raised with the home manager, we were informed the unit was due for refurbishment and that the laundry would be addressed within this.

Staff used personal protective equipment (PPE) such as disposable gloves and aprons and PPE was available for staff use. We asked to review the cleaning schedules used on a daily basis and saw that a daily record of cleaning tasks undertaken was maintained which was checked by senior staff.

We found evidence that control measures were in place to deal with outbreaks of infection.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We found medicines were given to people appropriately, were kept safely and were safely administered and disposed of.

We looked at the systems in place for managing medicines in the home. We looked at general storage and handling as well as a sample of medication administration records (MARs), stock and other records. We found that appropriate arrangements for the ordering, recording, administration and safe handling of medicines were in place.

Medicines were kept securely and were only accessible to authorised care workers. Staff had received medicines awareness training during their induction. There was also evidence in staff files that additional medication training courses were also provided. Staff told us that they completed a number of competency checks before they were allowed to administer the medicines.

We found that senior members of staff carried out regular medicines audits (checks).

The audits concentrated on a count of medicines received, recorded as administered and remaining medicines in relation to how many were.

We looked at how medicines were reviewed and how staff responded to the changing needs of people who used the service. We found that appropriate referrals were made where necessary and any recommended actions were put in place quickly.

Supporting workers ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

Staff received appropriate professional development. The staff we spoke with felt they were well trained and supported. They said their training had included topics such as moving people safely, safeguarding people from abuse, fire awareness, and food hygiene. The records we saw confirmed this training had taken place.

During our visit we saw staff supporting people in an inclusive way. They were seen helping people to get ready for the social evening and make choices about how they spent their time. Staff appeared competent and confident in their roles.

We also saw staff had completed training specific to the needs of the people who lived at the home such as PRICE (protecting rights in a caring environment), SPELL (National Autistic Society accredited autism training, Structure, Positive expectations and outcomes, Empathy, Low arousals and Links).

Staff we spoke with told us that new staff completed a comprehensive three week induction course when they joined the company. This included becoming familiar with policies and procedures and people's care records. They added that they also shadowed an experienced care worker until they were confident and competent in their role. The staff we spoke with told us essential training was provided during this induction period. The records we saw confirmed this had taken place.

Staff were able, from time to time, to obtain further relevant qualifications. For example we saw care workers had been encouraged to complete a nationally recognised care qualification.

Staff comments and the records we looked at showed staff had received regular support sessions and an annual appraisal of their work. The care workers we spoke with said they were well supported and felt they could speak to the manager and senior staff about any concerns they might have.

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

Our judgement

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.

Reasons for our judgement

During the inspection visit we spoke with the manager and checked the quality assurance systems in place. We found that people who used the service, their representatives and staff were asked for their views about their care and treatment and these were acted upon.

We saw evidence that people were supported and encouraged to comment on the service and were involved in decision making. One individual had been supported to choose their own keyworker through discussion and showing them pictures of each staff member.

Records of residents meetings showed that people who used the service had the opportunity to discuss areas of the service such as meals, activities and outings. We saw records that showed the manager also held meetings with staff from all departments.

The service carried out a range of audits as part of their quality monitoring programme, with representatives from the provider carrying out an audit of the service. When shortfalls were identified action plans were agreed and put in place to address these.

Additional audits were also completed by the manager and house managers, including cleanliness and presentation of the building, care planning and medication.

We reviewed a selection of audit files and spoke with staff about how the provider carried out quality assurance. An audit was undertaken by the organisation and the result of this was published. A record of any actions undertaken to address any shortfalls or concerns was also available.

Details of accidents and incidents were audited and reported to the provider organisation. The provider organisation took account of complaints and comments to improve the service. We saw a record of informal complaints in the care record.

We saw records which showed that the manager closely monitored all incidents and use of physical interventions
in the service. All incidents were reviewed on a monthly basis, to support staff to identify any potential triggers and amend care plans, risk assessments and behavioural support

plans accordingly.

Staff were asked for their views about care and treatment and they were acted on. We reviewed the minutes of three previous staff meetings and saw that, issues were fed back to staff, discussed, actions identified and acted upon. Staff told us they felt staff meetings were useful and that management arrangements were supportive.

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