Roland Residential Care Homes Limited

Roland Residential Care Homes - 6 Compton Road

Inspection report

Winchmore Hill
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09 November 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Roland Residential Care Homes – 6 Compton Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is a terraced house over two floors that accommodates up to seven people. At the time of the inspection there were six people living at the home. This inspection took place on the 1 and 9 November 2018.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

People's personal risks had been assessed and clear guidance provided to staff to enable them to minimise the known risks. There was a clear focus on mental health risk assessments and information on how to maintain mental health well-being.

People received their medicines safely and on time. People received yearly medicines reviews and there were systems in place to audit medicines.

Staff had received training in safeguarding which was refreshed each year. Staff were able to explain different types of abuse and understood how to report any concerns. Staff were safely recruited.

The home had taken steps to ensure that people were protected from the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to have choice around food and had easy access to drinks. Menus were planned weekly in consultation with people.

We observed warm and friendly interactions between staff and people. Staff knew people well and there was a warm, pleasant atmosphere within the home.

Staff understood how to treat people with dignity and respect and we observed this throughout the inspection.

Care plans were person centred and documented what was important to people and how they wanted their

care to be delivered.

The home took time to find out each person's interest and assisted them to take part in them. There were also in-house activities that people could choose to take part in. People, where appropriate, were supported to access the community.

People's views on how the home was run was taken into account and people attended residents' meetings to voice their opinion.

There was a complaints procedure that people and relatives were aware of.

There was good oversight of the home by the registered manager. There were a number of quality assurance audits that helped identify any areas that needed to be addressed, and we saw lessons were learnt from accidents and incidents.

People, relative and staff were positive about the registered manager. The registered manager was visible around the home and people appeared comfortable talking to him.

The home worked in partnership with other healthcare professionals to ensure that people's individual well-being was supported.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Roland Residential Care Homes - 6 Compton Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.
This inspection took place on 1 November 2018 at the home and was unannounced. On 9 November 2018 we contacted relatives by phone to obtain their feedback. The inspection was carried out by one adult social care inspector.

Before the inspection we looked at information that we had received about the service and formal notifications that the service had sent to the CQC. We also looked at safeguarding notifications that the provider had sent to us. Providers are required by law to inform CQC of any safeguarding issues within their service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with five staff including the registered manager and four care staff. We also spoke with three people living at the home. We looked at three care records and risk assessments, six people's medicine records, four staff files, and other paperwork related to the management of the service including staff training, quality assurance and rota systems. Following the inspection, we spoke with two relatives.

Good

Is the service safe?

Our findings

We asked relatives if they thought their relative was safe living at the home. Comments included, "The care plan is to keep him safe" and "Yeah, I think [person is safe]. They know her very well."

Staff had received training in safeguarding and were able to explain what different types of abuse were and how to recognise any signs of abuse. Staff understood how to report any concerns. We saw that safeguarding was discussed in staff meetings and people were also encouraged to talk about any concerns that they may have during residents' meetings and individual key-working sessions. A staff member told us, "The people we look after are vulnerable and they are open to abuse. It is our duty to make sure they are safe in our environment. We need to raise any concerns to the management team or it could be CQC or the local safeguarding team."

People's individual risks were well documented within their care plans. Each risk had been clearly recorded and detailed guidance provided for staff to ensure that they understood how to minimise the person's known risk. Risks assessed included diabetes, mobility, absconding, and behaviour that challenged. There were detailed person-centred risk assessments for each person's mental health. These provided information on relapse indicators and triggers for mental ill health. Risk assessments were updated every year or immediately when risk factors changed.

People received their medicines safely and on time. People's medicines were recorded on medicines administration record (MAR) sheets. We looked at MARs for the month before the inspection and found that there were no gaps in recording. People were encouraged to understand their medicines and why they had been prescribed. We saw that people had meetings with their key-workers that focused on providing support and understanding around their medicines. Where people had 'as needed' (PRN) medicines there was guidance for staff on when to administer these. As needed medicines are medicines that are prescribed to people and given when necessary. This can include medicines that help people when they become anxious. There was detailed guidance for staff for when to offer as needed medicines to people and staff were able to tell us in what circumstances they would offer PRN medicines. Staff had received medicines training and we saw regular competency assessments to ensure that staff safely administered people's medicines.

We saw that two people were on medicines that required regular blood tests. There were records of when the person had had their blood test and when the next one was due. For these medicines, we saw that there were risk assessments in place that detailed what the medicines were, guidance for staff on potential side effects and what staff should do if they observed any side effects.

The home understood how to ensure that staff followed infection control procedures and staff had received training in infection control. Staff used gloves and aprons when conducting personal care. There were infection control measures in place in the kitchen including different colour chopping boards for different types of food. We also observed staff reminding people to wash their hands before helping to prepare food. The home had recently been awarded a five by environmental health for their cleanliness and infection

control procedures in the kitchen area.

The home followed safe recruitment practices. Staff files showed pre-employment checks such as two satisfactory references from their previous employer, photographic identification, their application form, a recent criminal records check and eligibility to work in the UK. This minimised the risk of people being cared for by staff who were inappropriate for the role.

There were enough staff to ensure person centred care. Where people required support for appointments or to access the community, the registered manager told us that this was accounted for and extra staff put on duty if necessary.

We reviewed accidents and incidents and saw that there had been four incidents since January 2018. Where an incident had happened there was detailed information on what had happened and what the outcome was. Where there was any learning the registered manager used this to improve the quality of care for people. We saw that incidents were shared and discussed in staff meetings.

The home had up to date maintenance checks for gas, electrical installation, lift maintenance, hoists and fire equipment. Staff understood how to report any maintenance issues regarding the building.

Good

Is the service effective?

Our findings

People were supported by staff that were able to meet their needs. Staff told us and records confirmed that staff were supported through regular supervisions and yearly appraisal. Staff received a comprehensive induction when they began working at the home. This included mandatory training such as safeguarding, mental capacity and health and safety. Staff also completed the care certificate during their induction. The Care Certificate is a set of standards and principles that care staff should adhere to, to underpin good care delivery. Staff shadowed more experienced members of staff before being able to work alone.

Staff received regular training and the registered manager had a system in place to show when staff needed to refresh training. All staff had received training on how to safely restrain people if they were becoming a risk to themselves of others. However, all staff that we spoke with told us that although they had received this training, they had not used it. Staff said that they knew people well and used distraction techniques to help calm people down.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

DoLS were well documented within the home. Where people required a DoLS, these had been applied for and there were records in place for when DoLS needed to be reviewed. Where necessary there were records of best interests meeting and the results of these were carried through into people's care plans. Where people had capacity, we saw that they had front door keys and were able to come and go as they pleased. People that were subject to a DoLS were supported to access the community with the support of staff and this was documented in their care plans.

The home completed pre-assessments before people moved in. This involved gathering information from healthcare professionals involved in the person's care and where appropriate, relatives. Information gathered helped form the basis of the person's care plan and ensured that people were supported according to their individual needs. A relative commented, "They did do a pre-assessment via a visit. We also got her up to see the home. They gathered quite a lot of information in conversations with us." The registered manager told us that prior to people moving in, they could visit the home and also have overnight stays.

People were involved in choosing what they wanted to eat. We saw weekly menus that had been prepared in consultation with people. People were able to access drinks such as tea, coffee and cold drinks whenever they wanted to and we observed people making tea for themselves. Where people required help to prepare meals, their care plans documented what type of support they required. On the second day of the inspection we saw staff preparing homemade soup and people sat down and ate together.

People's care files showed that they had access to regular healthcare appointments such as, GP's, dentists, opticians and psychiatric services. Staff were aware of how to refer people if they were in need of healthcare. People were supported, where appropriate, to attend appointments by staff. Where any guidance had been given by healthcare professionals this was included in people's care plans. For example, there was detailed information for a person that had been referred to diabetic foot care services and how staff should support the person. The home had clear guidance on how to support people's health and well-being.

Good

Is the service caring?

Our findings

We asked people and relatives if they though that staff were kind and caring. People told us, "I've been in a fair few of these places but this is by far the best. By far" and "They're [staff] nice to me, they're kind." Relatives commented, "I only see a portion of the care. What I see appears to be good" and "I value relationships, responsiveness and the place radiates with people and warmth."

Throughout the inspection staff were seen to know and understand people. We observed warm and friendly interactions throughout the inspection. For example, a person came to the office and was laughing and joking with staff. The person requested their money and cigarettes for the day. Staff responded warmly and asked what the person was planning for the day and how they were feeling.

During the inspection a person became distressed and upset. We observed a staff member talking to the person and using distraction techniques to help them calm down. The staff member clearly knew the person well and later explained to us what worked for the person. Care plans detailed what helped people when they became distressed. A relative told us, "They're very good with her when she becomes upset and they talk her through it."

Staff understood how to treat people with dignity and respect. One staff member said, "I always introduce myself and wait for a reply. It's little things, making sure doors are closed when giving personal care. Giving respect that everyone deserves and taking their needs into account, Treating them as a person and not an illness." People were able to lock their bedroom doors to ensure privacy and we observed staff knocking on people's doors and waiting for people to respond before entering. Throughout the inspection we observed how staff spoke to people and interacted found that staff spoke to people calmly and with respect often asking their opinion.
People were encouraged to stay in contact with friends and family and care plans documented how staff should support people to do this.

People's faiths were documented and the home supported people to attend places of worship when they wished.

People were actively involved in planning their care and we saw that care plans included their opinions and wishes. Where appropriate, relatives were consulted on people's care needs.

Relatives that we spoke with told us that there were no restrictions on visiting the home. Comments included, "There's always lots going on there but it's always fine to visit" and "I just show up."

Good

Is the service responsive?

Our findings

Care plans were person centred and contained detailed information that enabled staff to understand the person and how to work effectively with them. Care plans were updated yearly and sooner if there had been any changes to a person's care needs. Where people were subject to a section 117 we saw that they received yearly reviews that helped form the basis of their care plan. A section 117 is part of the Mental Health Act (1983) and provides care and support from the NHS and social services after leaving inpatient psychiatric care. Care plans also documented peoples likes and dislikes and what good care looked like for them. One person had a specific health condition and there was detailed guidance for staff on how to manage this.

People were supported to do things that increased their well-being. One person currently did voluntary work with another being supported to apply. Another person enjoyed music and a staff member told us, "One person we have found that they like music. We asked for examples of music he liked. We then looked at headphones and he now listens to music regularly." We observed the person using the homes computer to listen to music. Staff made an effort to find out what things each individual enjoyed and then supported and encouraged them to engage in this. During the inspection we observed how staff supported people with their individual interests. For example, one person came to the office to ask for support to use the internet, staff immediately assisted the person to use the house laptop computer. The registered manager told us, "It's [the lap-top] for residents' computer lessons. It helps them learn how to type."

The home also organised in-house activities available to all people including a dancing group, baking group, foot massage and swimming group. The home organised a weekly meal out according to people's choice of where they wanted to go. We also saw that in the week following the inspection there was an animal therapy session. One of the staff told us that some people living at the home liked animals and they had booked this session to ensure people were able to have a hands-on approach to support their interests.

The home had a complaints policy and there had been no complaints since the last inspection. People were encouraged to speak to staff if they had any complaints or concerns and we saw that people were also reminded about how to complain in resident's meetings. A relative told us, "Yes, I know very well how to complain. I would call [the registered manager]."

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We observed that the registered manager was visible around the home and people knew who he was. We also saw that people were comfortable talking with the registered manager and often came to see him for a chat. Staff were positive about the registered manager and said that they felt able to ask for guidance and support at any time. There were clear lines of accountability and staff understood how he management structure worked and how to appropriately report things.

Relatives that we spoke with were positive about the communication with the home and felt that the home contacted them when necessary. One relative said, "They're pretty good. They will call or e-mail and let us know what's going on. The staff are always approachable and friendly."

There were regular audits completed that were used to quality assure various aspects of the home. Audits included checks of fire systems including fire extinguishers, fire alarms and fire door closures. There were three monthly health and safety audits that checked the environment, people's bedrooms, water safety and maintenance, and weekly medicines audits. Where there were any issues identified, these had been clearly documented and addressed. There were systems in place for the registered manager to have oversight of staff training and supervisions, appraisals and overall maintenance of the home.

The home had completed an annual quality assurance survey that had been sent to healthcare professionals, people and staff. Feedback was overall positive and the registered manager had analysed the results in order to make improvements to the care provided. One comment from the feedback stated, 'High standard of staff conduct. Staff always very helpful and considerate'.

In conjunction with other homes the provider owned, there was a regular newsletter that was produced by people. This included people's poetry and artwork, upcoming events and information on the homes. On world mental health day people decided to help produce a leaflet about mental health which was distributed to the local community. This increased community understanding and the registered manager told us, "We received lots of good feedback from our local community and some of them came and spoke to us too." The home proactively worked to highlight mental health understanding and people's decision to help inform the local community and be part of that was supported by staff.

The home held regular resident's meetings to gain their opinion on the running of the home. The registered manager told us that it was important that people felt able to express their views and be listened to. Relatives that we spoke with felt that the home empowered people to have a better quality of life.