

Mrs S Birk

# Roshini Care Home

## Inspection report

25-26 Villiers Road  
Southall  
Middlesex  
UB1 3BS  
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Website:

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 12 and 14 October 2015 and the first day was unannounced. We last inspected the service in January 2014 when it met all of the regulations.

The service is a care home without nursing and provides accommodation and personal care to up to 11 people with mental health needs. When we inspected, 11 men and women with mental health needs were using the service.

The Care Quality Commission has registered the provider of the service, Mrs. Birk, as an individual and the service does not require a registered manager. Mrs. Birk is

responsible for the day-to-day management of the service. 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 found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Summary of findings

The provider did not always ensure they followed legal processes when they deprived people using the service of their liberty.

People using the service told us they felt safe. They also told us they received the medicines they needed safely.

The provider carried out checks to make sure staff were suitable to work with people using the service and there were enough staff to meet people's needs.

Staff received the training they needed to provide them with the skills and knowledge to care for and support people effectively.

Staff understood people's right to make choices for themselves and where necessary, for staff to act in someone's best interest.

Staff treated people with kindness and patience.

The provider assessed people's care and support needs when they moved to the service.

The provider had a complaints procedure and people told us they knew how to make a complaint or what to do if they were unhappy about something.

The service was well-led by a provider who was visible and inclusive and spoke with passion about providing a good quality of life for the people at the service.

You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 was safe.

People using the service told us they felt safe. They also said they received the medicines they needed safely.

The provider carried out checks to make sure staff were suitable to work with people using the service.

There were enough staff to meet people's needs.

Good



### Is the service effective?

The service was not always effective.

The provider did not always ensure they followed legal processes when they deprived people using the service of their liberty.

Staff received the training they needed to care for and support people effectively.

Staff understood people's right to make choices for themselves and where necessary, for staff to act in someone's best interest.

Requires improvement



### Is the service caring?

The service was caring.

Staff supported people to choose where and how they spent their time.

Staff treated people with kindness and patience.

Good



### Is the service responsive?

The service was responsive.

Staff were able to describe people's needs, wishes and likes.

Staff demonstrated a good awareness of people's support needs and worked as a team to make sure they met them.

The provider had a complaints procedure and people told us they knew how to make a complaint.

Good



### Is the service well-led?

The service was well led.

The provider was visible and inclusive and spoke with passion about providing a good quality of life for the people using the service.

The provider asked people using the service, their families and professionals involved in their care and treatment for their views about the service.

Good



## Summary of findings

The provider had arrangements in place to monitor the quality of the service.	
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# Roshini Care Home

## 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 12 and 14 October 2015 and the first day was unannounced.

The inspection team comprised two inspectors and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience for this inspection had personal experience of using services for people with mental health needs.

Before the inspection, we reviewed the information we held about the service. This included the last inspection report and the Provider Information Return (PIR) the provider sent us in May 2015. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority's safeguarding adults and contract monitoring teams.

During the inspection, we spoke with seven people using the service, the provider and three members of staff. We looked at the care records for three people using the service and other records related to the running of the service. These included medicines management records for five people, health and safety records and audits the provider carried out to monitor the operation of the service.

Following the inspection we spoke with a relative of one person using the service, a health care professional and two local authority care co-ordinators.

# Is the service safe?

## Our findings

People using the service and their relatives told us people were cared for and supported safely in the service. Their comments included, “It’s good here, it’s safe. I saw other places but I think I made the right choice” and “My [relative] is very safe, I never worry.”

The provider had a policy and procedures for safeguarding adults and staff were able to tell us about these. Information about safeguarding and reporting concerns was available for people using the service and their visitors. Staff told us they had completed safeguarding training provided by the London Borough of Ealing. They were able to tell us the kinds of abuse that may occur in a care home and what they would do if they suspected someone was at risk of abuse. The provider told us there had been no safeguarding concerns since our last inspection and the local authority’s safeguarding adults team confirmed this.

People received the medicines they needed safely. Staff stored medicines securely and recorded and accounted for each person’s medicines. The provider had procedures for the disposal of medicines and records showed staff followed these. Staff kept records of all medicines they gave to people and these were up to date and accurate. There was a medicines profile for each person and this included a photograph and details of any allergies.

The provider had clear protocols for PRN (as required) medicines that gave staff clear guidance when they should administer each medicine. These were up to date and the provider had agreed the protocol with the service’s GP. Staff recorded all PRN medicines separately and these records were also up to date. We saw staff administered medicines appropriately. They explained to the person what they were doing and sought their consent. Staff told us they carried out daily audits of medicines to make sure they followed the agreed procedures. We found no errors with the medicines we checked during the inspection.

People’s care records included assessments of possible risks. These included moving safely around the home, accessing the local community, managing personal finances and risk of self-harm or self-neglect. The assessments included guidance for staff to minimise these risks and keep people safe. Staff reviewed people’s risk assessments regularly. Staff recorded all accidents and incidents. The records included details of what and how

the accident happened and the actions staff took immediately afterwards. The provider told us they reviewed the accident and incident reports to make sure they supported people safely. For example, following a number of incidents, the provider arranged a mobility assessment for one person and they were supplied with mobility equipment to make it easier for them to move around the home and the local community.

There were enough staff on duty to meet people’s needs and the provider deployed staff appropriately and as needed. For example, the provider told us they arranged for additional staff to help with planned appointments and at night time, if staff had assessed people using the service needed more support. During our inspection, staff met people’s needs in a calm and unhurried way. People told us they did not have to wait for staff to support them and they received the support they needed promptly, during the day and night.

The provider had appropriate procedures for the recruitment of staff. These included checks on their identification, work experience, references and a disclosure and barring check, which identified any criminal record. We saw that the provider had interviewed all staff and that records relating to their recruitment were accurate and up to date.

The building was very clean and well maintained. Each person had an ensuite bedroom and there was a variety of communal areas for people to use. The service had a large, attractive garden where people told us they enjoyed spending time. One person told us, “The garden is lovely, I enjoy helping with the gardening.” A second person said, “I like my room, I’ve got everything I need in there.”

The provider took action to maintain the premises safely and ensured checks were carried out on the premises and the equipment staff used. In the Provider Information Return they told us, “We have a weekly in-house fire alarm test, fire alarms are serviced twice a year and firefighting equipment is serviced annually. Fire drills are conducted every 6 months with staff and residents to make sure they know what to do in order to keep safe in the event of a fire breaking out.” The records we checked confirmed this. There was an up to date fire risk assessments and evacuation plan. Fire detection and firefighting equipment was regularly serviced. Certificates to show electrical, gas and water safety were in place. Risk assessments were in place regarding the building and equipment.

# Is the service effective?

## Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). This is where the provider must ensure that people's freedom was not unduly restricted. Where restrictions have been put in place for a person's safety or if it has been deemed in their best interests, then there must be evidence that the person, their representatives and professionals involved in their lives have all agreed on the least restrictive way to support the person.

The provider had not applied for DoLS assessments where these were required. We saw staff supported people within the service and accompanied them on outings, and some people were unable to leave the home without staff support as their care needs assessments said they would be at risk. Staff told us some people went out unaccompanied but other people needed support. They said they would prevent these people from leaving, unless staff were available to support them. This meant that, on occasion, staff deprived some people of their liberty and the provider had not sought the necessary authorisation from the local authority.

For example, one person's care records identified the need for one to one support from staff outside the home. The daily care notes staff completed for this person showed they had only left the home on one occasion between 01-14 October 2015, when they went to the GP surgery. The person's care plans also said staff should support them to visit a local place of worship but we saw no evidence this had happened recently. When we asked a member of staff when the person had last visited the place of worship, they told us it was in April 2015.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People using the service and their relatives commented, "I'm happy here. I don't get many visitors but I've made friends here," "It's quite a nice place, a luxurious home" and "I've never had any complaints." One person told us staff listened to them and provided their support in the way they wanted. They told us they were happy living at the service. Relatives we spoke with also felt staff had a good understanding of how to meet their family member's needs. One relative said, "It's a good service, my [relative] has improved so much, it's remarkable."

The staff who cared for and supported people using the service were appropriately trained and supported. Staff told us they had completed comprehensive induction training when they started work in the home and the records we saw confirmed this. They told us they met regularly as a group and individually with the provider to discuss their work, training needs and other issues. They told us they found this helpful and said they felt supported in their work.

Staff told us they received the training they needed to provide them with the skills and knowledge to care for and support people effectively, and we saw they put this into practice during our inspection. Records showed staff had received training in topics specific to the needs of the people using the service, for example, safeguarding adults, mental health awareness, medicines management and health and safety.

In the Provider Information Return, they told us "We will be using the Skills for Care, Care Certificate for new staff that are new to care. We will also consider using the Care Certificate for less experienced staff to supplement their training." The records we saw showed all current staff employed in the service were qualified to National Vocational Qualification Level 2 or 3 in health and social care.

Records showed staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff understood people's right to make choices for themselves and where necessary, for staff to act in someone's best interest. We saw staff offered people choices throughout the day about activities and at meal times. Care records included information about people's routines and preferences and we saw staff knew about and respected these.

Most people using the service were able to make daily decisions and staff respected these. Where people were not able to make decisions about the care and support they received, the provider acted within the law to make decisions in their best interests. Care records showed the provider, where necessary, had contacted relatives and other people involved in people's care to agree decisions in people's best interests, a requirement of the Mental Capacity Act 2005.

Care records included information about people's nutritional needs and wishes and their care plans included

## Is the service effective?

guidance for staff on how they should address these needs. These included any special diets including meeting people's religious and cultural needs. Staff had received food safety training and from our discussions with staff and observations during the inspection, we saw staff catered for people's individual nutritional needs and preferences. People's comments included, "The food is nice, the staff cook and I have my vegetarian food. Sometimes I do cooking" and "The food is very good. There is a main course and a dessert. There isn't really a menu, we leave it up to the chef."

People using the service had access to the healthcare services they needed. A healthcare professional told us,

"We've never had any problems with the home. The staff bring people to their appointments if they need support and we never have to chase them." Care records included information about their healthcare needs and information for staff that enabled them to provide care and support to keep people healthy. Care records included information about the health and social care professionals involved in each person's care. For example, the records clearly identified each person's GPs, community nurse and social workers so staff could access them if required. Care records also included information and guidance for staff on the actions they should take in the event that a person's mental or physical health deteriorated.



# Is the service caring?

## Our findings

People using the service and their relatives told us staff were kind and caring. Their comments included, “I get along with staff, they are friendly,” “You can talk to the staff, they’re very friendly” and “All the staff are very good, they are very caring people.”

During the inspection, we saw staff treated people with kindness and patience. They gave people the care and support they needed promptly and efficiently and people did not have to wait for staff to help them. Staff told us they made sure they respected people’s dignity and privacy when they needed support with their personal care needs. We saw staff knocked on bedroom doors before entering people’s rooms and they always made sure they closed bedroom and bathroom doors when they supported people with their personal care.

We also saw staff supported people to choose where and how they spent their time. While most people came to the

main lounge, others chose to stay in their rooms. During the inspection, we saw some people chose to return to their rooms during the day, as well as spending time in the lounge and the garden.

All of the people we saw were clean and well dressed. Staff told us they supported some people to choose the clothes they wore each day and they were able to tell us the clothes each person preferred. One member of staff said, “All of the people here like to be well dressed.”

People’s care plans included information about their needs in respect of their gender, religion and culture. For example, as part of the provider’s initial assessment of people’s care needs, they were asked about their preference for the gender of staff who supported them with their personal care. Staff recorded people’s preferences in their care plans and we saw they respected this choice. Care records and daily care notes also included information about people’s dietary and faith needs.

# Is the service responsive?

## Our findings

Most people told us they were involved in planning the care and support they received. Their comments included, “I have a care plan and I’m getting the right support” and “My key worker talks to me about my care plan and asks me to sign it if I agree.” One person did say, “I have a care plan but I’m not sure what’s in it.” We discussed this with the person’s key worker who told us the person did sometimes choose not to take part in reviews of their care, but they always offered them the opportunity to participate.

People also told us when they needed help, staff supported them with activities in the home and the local community. Their comments included, “Sometimes I go shopping and I do my own cooking,” “I like going for a walk to the market or the shops” and “I’m happy here. I go for walks and I like to watch TV.”

The provider assessed people’s care and support needs when they moved to the service. Staff used assessments to develop care plans that showed how they would meet people’s identified needs. Staff regularly reviewed people’s

care records and had reviewed the three care plans we reviewed in the past six months. Staff told us they had time to read people’s care plans and daily diaries and this kept them up to date with people’s care needs.

Staff were able to describe people’s needs, wishes and likes. They demonstrated a good awareness of these and worked as a team to make sure needs were met. The daily care notes staff completed showed they usually delivered people’s care in line with their care plan.

The provider had a complaints procedure and people told us they knew how to make a complaint or what to do if they were unhappy about something. People felt the provider and staff responded to their concerns and complaints. One person said, “I can always talk to staff if I want to complain about anything.” Another person told us, “There’s nothing I’d want to complain about.”

The provider told us staff dealt with complaints when people made them and recorded the actions they took in people’s daily care notes. The records we saw confirmed this. The provider also confirmed there had been no complaints made using the formal complaints procedure. A relative told us, “I’ve never needed to make a complaint, quite the opposite, I’ve nothing but good things to say about the home.”

# Is the service well-led?

## Our findings

People using the service, their relatives and staff described the service positively. Relatives told us they found the provider and staff approachable and open to any suggestions they had made so that improvements could be made to the service. Comments we received included “You can always talk with the staff or [provider]” and “I trust the home and know my [relative] is well cared for.” A relative also told us, “[The provider] is very good. They choose their staff very well.” A local authority care co-ordinator told us, “This is one of the best homes in Ealing. [The provider] is very good, she works very well with us to meet people’s needs.”

Staff said they enjoyed working at the service and were committed to providing good quality care and support to people. They told us they felt they made a positive difference to the experiences and lives of people using the service. They said the provider was approachable and they felt able to express their views about how the service could be improved. Staff had a good understanding and awareness of their roles and duties in relation to delivering good quality care at the home. Their comments included, “We work well as a team, we talk together and everyone listens” and “Team work is important, we have to work together to get the best outcomes for people living here.”

The service was well-led by a provider who was visible and inclusive and spoke with passion about providing a good quality of life for the people at the service. The Care Quality Commission registered the provider of the service as an individual and the service did not require a registered manager. The provider is responsible for the day-to-day control of the home. They had a detailed knowledge of individuals and their needs and had developed strong relationships with local health and social care professionals.

The provider asked people using the service, their families and professionals involved in their care and treatment for their views about the service. The provider sent out feedback questionnaires in June 2015. We saw people commented positively on the care and support they received and their relatives and professionals also said they felt the service was well run and effective. The provider told us they used comments and survey responses to make changes to improve the service. For example, in response to comments from people using the service, the provider said they had introduced a daily afternoon walking club for physical activity and introduced Saturday trips to the local market and ‘pampering’ sessions on Sundays.

The provider kept staff fully informed about any issues that needed to be discussed. They told us they had held staff meetings in April and October this year and meetings also took place on an ad hoc basis if they needed to communicate specific information. Staff told us they had the opportunity to feedback their views either at staff meetings, in supervisions or appraisals, or by approaching the provider directly. Meeting minutes showed the staff team discussed a variety of issues, including the development of the service, people’s care and support needs and staff training and development. Staff also told us they had a daily handover between shifts where they passed important information to staff who were starting their shift.

The provider had arrangements in place to monitor the quality of the service. These included care plan audits, health and safety checks, medicine audits and staff training. The provider evaluated audits and developed and followed up an action plan to make sure they addressed any issues. For example, following a visit by the fire service, the provider confirmed they had completed all the work recommended to improve fire safety measures.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**The provider did not apply for legal authority before they deprived people of their liberty.**

Regulation 13 (5).

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.