

Roman Park Limited

# Roman Park

## Inspection report

99 Fosse Way  
Syston  
Leicestershire  
LE7 1NH

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04 September 2019

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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

### About the service

Roman Park is a residential care home providing personal care and support to people with a learning disability at the time of the inspection.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 14 people. 12 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff did not wear anything that suggested they were care staff when coming and going with people.

### People's experience of using this service and what we found

People and their families were very positive about the care and support provided at the service. Relatives spoke of positive relationships between staff and people who used the service. One relative said, "They are like family here."

People were cared for by trained staff who knew how to protect them and keep them safe from harm. Appropriate numbers of staff were available to meet people's needs and people told us staff were always accessible. People received their medicines in a timely way and systems were in place to safely manage medicines. Accidents and incidents were investigated fully with actions taken to avoid recurrence. The home was clean and tidy. Staff followed infection control procedures.

Care plans were complete and current. Care was delivered in a way that met good practice guidance and current legislation. Staff were well-trained and knew the specific needs and preferences of people living there. People had a variety of food choices each day and were complimentary of the quality of the food. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring towards the people using the service. The service had a warm and welcoming atmosphere. Staff were observed to work with people in a kind and patient manner that promoted their dignity. People using the service told us they felt they had a voice and felt respected by staff and management. Family members of people using the service told us they felt listened to, were always welcome and were actively involved in the lives of their loved ones.

Staff were responsive to people's specific needs and preferences. All staff had extensive knowledge about people using the service. One person told us, 'I like [staff member] because they know what I like and don't like.' Staff assisted people to pursue their desired outcomes at a pace suited to them. People could choose activities they enjoyed. A visiting professional told us, 'Everyone is doing something when I visit, it has a nice

vibe.' People whose conditions changed were promptly referred for medical reviews.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills, pursue their interests and become more independent.

The registered manager was referred to as 'friendly' and 'like family' by people using the service. Family members of people using the service told us the registered manager was approachable and acted quickly on any issues they might present. The registered manager had quality assurance systems in place to monitor service delivery and quality. The management team of this service has been stable for many years and this was reflected in a low staff turnover rate. Staff praised the leadership of the registered manager for creating a positive environment for them and for people using the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 23 February 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good ●

# Roman Park

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was conducted by two inspectors.

#### Service and service type

Roman Park 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all information to plan our inspection.

#### During the inspection

During the inspection we spoke with five people who used the service and three visiting relatives to find out about their experience of the care provided. We observed staff engaging with people in the communal areas

of the service.

We spoke with six members of staff including the provider, the registered manager, assistant manager, senior carer, care staff and the housekeeper.

We reviewed a range of records about people's care and support. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including accident and incident reports and quality assurance records were reviewed.

# Is the service safe?

## Our findings

Safe – This means we looked for evidence that people were safe and protected from avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The people we spoke with told us they felt safe. Relatives of people using the service told us they were satisfied the service was safe.
- Staff were trained in safeguarding and knew how to recognise and report abuse. The registered manager understood the requirement to report concerns to the CQC.

Assessing risk, safety monitoring and management

- Risk assessments were in place to identify risks to the health and safety of people using the service. These assessments were up-to-date and had been reviewed regularly.
- Risk assessments were individualised to each person's specific needs. One person's care record evidenced the need for a specialist diet due to a risk of choking. Another person's care record identified what staff needed to do to keep them safe outside of the home.
- The service had protocols in place to support and safeguard people in the event of an emergency such as a fire outbreak.
- Equipment was and maintained regularly. Regular checks were undertaken on equipment, portable electronic devices and water temperatures.

Staffing and recruitment

- People told us there were enough staff available to meet their needs in a timely way.
- The provider had safe recruitment protocols. They completed relevant checks which assured them staff were suited to work with people who used care services.
- There was very low staff turnover at the service. People were supported by a consistent staff team that knew them well

Using medicines safely

- People's medicines were managed safely. Records of medicines administration were completed according to best practice guidance. Medicines were stored safely and were ordered in a timely way.
- The registered manager conducted routine audits and spot checks to ensure medicines administration and recording was completed effectively.

Preventing and controlling infection

- We observed staff use personal protective equipment. This showed staff took steps to minimise the risk of spreading an infection.
- High standards of hygiene were maintained throughout the home. A housekeeper was employed to keep the service clean. People using the service also assisted with various tasks to keep communal areas and

their personal spaces clean and tidy.

- Staff were trained on infection control and were aware how to prevent the spread of infection.

Learning lessons when things go wrong

- Following an occasion where the management team had accepted an emergency placement based upon assessment information provided to them, the service had improved their internal initial assessment process to ensure that any new admissions were assessed by their own management team and that all placements were in the best interest of the person and others living at the service.
- The management team sought feedback from people using the service, their relatives and from staff. Following feedback changes have periodically been made to respond to suggestions.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were determined to be consistently good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider worked with people, their relatives and other professionals involved in their care to ascertain people's needs. They used the information obtained to plan people's care. This meant the support people received was holistic.
- People's care was reviewed regularly. Care plans were amended as required to reflect any changes in need.

Staff support: induction, training, skills and experience

- Staff told us that they received training relevant to their role. Staff reported being kept up to date with any recommended changes in legislation or guidance.
- Staff at the service were experienced in care, many were long-term staff of the service. This meant they were knowledgeable on how to meet the needs of the people that used the service.
- Staff were encouraged to continue in professional development. For example, the senior carer at the service was working towards an advanced NVQ qualification in care. An NVQ is a work-based qualification which recognises the skills and knowledge a person needs to do a job. Staff need to demonstrate competency in their role.
- All staff received training in a variety of areas which enabled them support people at the service. For example, the housekeeping staff also received relevant training which enabled them to effectively support people's care needs if required.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have drinks and nutritious food daily. We observed people preparing fresh produce for a meal that had been grown on the farm owned by the service with supervision by staff.
- Staff were aware of people's specific nutritional requirements. Two people using the service required special diets. Staff we spoke with were aware of how to prepare and assist these people to have their meals and drinks.
- People were involved in planning and preparing their meals. Meals were planned with people's food preferences considered and alternatives were made available.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked collaboratively with other professionals to meet people's needs. Records we reviewed showed staff worked with health and social care professionals to ensure the support people received was consistent when they used other services.

- People were supported to promptly access a range of healthcare services when needed.
- Staff made prompt referrals to health professionals. For example, a person experiencing a decline in their mobility and speech was referred to an occupational therapist for further assessment. A visiting health professional told us referrals from the service were timely and appropriate.

Adapting service, design, decoration to meet people's needs

- People had access to communal spaces that suited their needs and had private space that was personalised. The design and layout of the home gave people access to spaces which allowed them to follow their interests and have privacy when required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in accordance with relevant laws and guidance. People were supported to be independent in making their own decisions.
- Where people needed support to make decisions the service followed good practice to provide necessary support where required.
- Where required, the provider applied for DoLS and we saw evidence that condition(s) of DoLS were met.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and compassionate. People were treated with dignity and respect.
- The provider had policies and guidance in place which supported anti-discriminatory practices. This meant people who are protected under the Equality Act 2010 were able to access care that met their needs.
- A relative told us, "My [relative] lived in several different homes before coming here, but never settled. Here, [relative] is treated like a member of the family."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care. We saw people participated in the running of the home where possible. For example, we observed one person being involved in meal preparation and another person helping with setting up the main dining table for a meal.
- People had access to advocacy service where required. An advocate is someone that can help a person speak up to ensure their voice is heard on issues important to them. We reviewed records which showed a person was regularly supported by their advocate to present their wishes and rights regarding an important decision.
- The provider operated a keyworker system and each person was assigned a member of staff who supported them to get involved in activities and pursue interests. Keyworkers played a large role in supporting people who lacked family contact.

Respecting and promoting people's privacy, dignity and independence

- People had private rooms except where they had chosen to have a roommate. People's rooms were decorated with their personal belongings and in a way that reflected their individuality.
- Staff were aware of the need to knock on the door prior to going into a bedroom. We observed staff knock and wait for a response before entering.
- Staff were observed to encourage people to do as much as they could for themselves. Where people were not able to complete a task independently, staff were on hand to help.
- People we spoke with were happy with the care they received from the staff. All people we observed were clean, well-presented and appropriately dressed for the day.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant we found that people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The care people received was tailored to their individual needs. Staff had in-depth knowledge of the history and preferences of people that used the service, this enabled them to support according to people's preferences.
- Staff knew the people living at the service well. They recognised subtle changes in people's presentation and provided them with timely support.
- People living at the service had options around all aspects of their lives. People were observed to have freedom to choose what they wanted to do during the day.
- Professionals who visited the service gave us positive feedback of the support staff provided to people to maintain their health and wellbeing.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People using the service communicated and received information in a variety of ways. Several people were able to read and easy-read formats were available. Where people couldn't read, staff provided information verbally. Some people used signs and pictures to communicate their needs
- The provider was aware of their responsibility to have information in an accessible format and was committed to provide this wherever necessary.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were not socially isolated. They had various opportunities to be part of the community they lived in. People had access to spaces which enabled them to follow their interest in gardening and growing their own food. Other people had opportunities to deliver the local newsletter in the community. One person had a part time job in a local shop.
- People were in varying stages of working towards personal goals they chose. For example, two people were attending a life skills college course each week and another person has gradually worked towards volunteer work in the community.
- Staff facilitated outings into the community such as a weekly disco and participation in a community yard sale. People we spoke with were pleased with the choice of different opportunities available.
- Activities within the home were diverse on the day we visited. People participated in group quizzes,

watching films, cooking, arts and crafts or listening to music.

- One relative commented that their relative at the service was baking on the day of our visit and said, "[Person] loves baking and staff support (them) to do it."

Improving care quality in response to complaints or concerns

- There had been no complaints raised at the service. The registered manager told us this was because people would raise any concerns they may have, and staff took prompt actions to resolve any concerns.
- People using the service told us they were confident to raise issues with staff or the registered manager and were satisfied these would be responded to.

End of life care and support

- The provider had policies in place to support people when they came to the end of the life. These policies included an End of Life policy and an Advance Care Planning policy.
- Staff and the management team had experience in supporting people at this stage of life. Where this had happened, people and their relatives have been involved in care planning.
- At the time of our inspection there was no one receiving end of life support at the service.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People trusted and respected the registered manager and the staff team. One person said, "They know me. They know what I like and don't like."
- The culture of the service ensured the registered manager was accessible to staff and people using the service. The registered manager was hands-on in their approach to leadership.
- Staff we spoke with felt supported in their roles.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility under the duty of candour and the requirement for the service to be transparent about any shortfalls in the quality of the service.
- Our review of the records did not produce any evidence of complaints since our last inspection and the registered manager has made all appropriate notifications to CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had an experienced registered manager who understood their role and regulatory responsibilities. People we spoke with told us the registered manager was approachable and would help them if they needed it.
- The registered manager had effective systems in place to monitor the quality of the service. We reviewed records which had been checked on a regular basis through audits by the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff team were committed to working with the local community. People were involved in local events and in community-based activities such as a local disco that met weekly for people with a learning disability and their carers.
- The registered manager had provided opportunities for students in the local community to participate in work experience or practice hours.
- People were able to achieve their goals to improve their skills and knowledge. One person volunteered at a local shop once a week and told us they got a great deal of pride by going to work. Another person had developed a great deal of knowledge around farming and producing food and shared this with us. The

management team helped to support people to reach these personal goals and achievements.

#### Continuous learning and improving care

- The management team were committed to continuous improvement.
- We saw evidence the provider made improvements in the premises following feedback from the local commissioner's quality monitoring visit.
- The management team sought feedback from people using the service, their relatives and from staff. Following feedback changes have periodically been made to respond to suggestions. One relative said, "I have no concerns, everyone is well looked-after here."
- People using the service had only positive feedback in a 2018 survey. One person said the service was, "A home for life."

#### Working in partnership with others

- Records we reviewed indicated that there was a good working relationship between health professionals and the provider. Several people using the service knew the name of their doctor from the local surgery.
- A health professional we spoke with told us that the home was always accessible to their visits without advance notice and that referrals were made in a timely manner.
- Relatives of people using the service felt involved and consulted in all aspects of the care and support provided to their loved ones and one told us they couldn't find a negative. They told us, "The team here, I can't fault it."