

Mr Dushmanthe Srikanthe Ranetunge

Roland Residential Care Homes - 163 Hampden Way

Inspection report

163 Hampden Way
N14 7NB
Tel: 020 8368 1323
Website: www.rolandhomes.co.uk

Date of inspection visit: 7 July 2015
Date of publication: 07/08/2015

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 

Overall summary

We inspected Roland Residential Care Home 163 Hampden Road on 7 July 2015. This was an unannounced inspection. At our previous inspection on 6 November 2013 we found that the provider was meeting the regulations we inspected

Roland Residential Care Home provides care to seven people with mental health needs. On the day of our visit there were six people living in the home.

The service had a registered manager who had been in post since 2010. 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 and associated Regulations about how the service is run.

People told us they were very happy with the care and support they received.

People were well supported and encouraged to make choices about what they ate and drank. The care staff we

Summary of findings

spoke with demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Staff told us they enjoyed working in the home and spoke positively about the culture and management of the service. Staff told us that they were encouraged to openly discuss any issues. Staff described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided.

The registered manager provided good leadership and people using the service and staff told us the manager promoted high standards of care.

The service was safe and there were appropriate safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were cared for and staff listened to them and knew their needs well. Staff had the training and support they needed. Relatives of people living at the home and

other professionals were happy with the service. There was evidence that staff and managers at the home had been involved in reviewing and monitoring the quality of the service to drive improvement.

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home. People's medicines were managed appropriately so they received them safely

The service was meeting the requirements of the Deprivation of Liberty Safeguards(DoLS). Appropriate mental capacity assessments and best interests decisions had been undertaken by relevant professionals. This ensured that any decisions were made in accordance with the Mental Capacity Act, DoLS and associated Codes of Practice.

People had participated in a range of different social activities and were supported to access the local community. Activities included visits to parks, museums and the seaside. They also participated in shopping for the home and their own needs and some people regularly attended activities that were provided at one of the provider's, other residential homes

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 were protected from avoidable harm and abuse and risks to individuals had been managed so they were supported and their rights protected.

Sufficient numbers of suitably qualified staff were employed to keep people safe and meet their needs.

There were robust recruitment procedures in place

People's medicines were managed so they received them safely.

Good



Is the service effective?

The service was effective.

.People's nutritional needs were assessed and recorded.

Staff felt supported and received on-going training and regular supervision

We found the service met the requirements of the Mental Capacity Act , including Deprivation of Liberty Safeguards. Relevant applications had been submitted and appropriate policies and procedures were in place.

Good



Is the service caring?

The service was caring. People and their relatives were consulted and felt involved in the care planning and decision making process. People's preferences for the way in which they preferred to be supported by staff were clearly recorded.

We saw staff were caring and spoke to people using the service in a respectful and dignified manner.

People were supported to maintain their independence as appropriate

Good



Is the service responsive?

The service was responsive. People's needs were assessed. Staff responded to changes in people's needs. Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

People were involved in making decisions about their care wherever possible. If people could not contribute to their care plan, staff worked with their relatives and other professionals to assess the care they needed.

There was a range of suitable, appropriate activities available.

There was a clear complaints procedure that was available in the care plan file available in each person's room

Good



Is the service well-led?

The service was well-led. People living at the home, their relatives and staff were supported to contribute their views about the service and felt listened to.

Good



Summary of findings

There was an open and positive culture which reflected the opinions of people living at the home. There was good leadership and the staff were given the support they needed to care for people.

There were good systems for monitoring the quality of the service and for promoting continuous improvement. This ensured people received a high quality of care and support.

Roland Residential Care Homes - 163 Hampden Way

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 checked 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.

We inspected Roland Residential Care Home – 163 Hampden Road on 7 July 2015. This was an unannounced inspection. The inspection team consisted of two inspectors.

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts. We also spoke with the local authority safeguarding team.

We spoke with four people who use the service and one relative. We also spoke with four support staff, the senior manager, and the registered manager.

During our inspection we observed how staff supported and interacted with people who use the service. We also looked at a range of records, including three people's care records, staff duty rosters, four staff files, a range of audits, the complaints log, minutes for various meetings, resident surveys, staff training records, the accidents and incidents book and policies and procedures for the service.

Is the service safe?

Our findings

Appropriate arrangements were in place to protect people from the risk of abuse. All the people we spoke with said they felt safe in the service. One person said, "There's always someone around if I need any help and that makes me feel secure." Another person said, "Staff are here and they make sure I don't get into trouble; they know how to help me." We observed staff speaking with people when they needed support. When people asked for help or assistance staff provided this to them in a timely manner.

Staff were able to access information outlining the provider's policies and procedures relating to areas such as safeguarding adults and whistle-blowing. Staff we spoke with were able to explain their understanding of these key policies and provide examples of how they related to their duties and responsibilities.

Staff had completed training in adult safeguarding during their induction. The training was classroom based and all the staff we spoke with commented that they felt the training was very good. One staff member commented "The training and induction experience has given me the knowledge to keep people safe." Staff knew what to do if they felt someone they were supporting was being abused. They understood how to recognise signs of abuse and were aware of the appropriate procedures to follow if potential abuse was identified. Staff told us they would speak to their manager and/or a person's social worker if they had concerns about a person's welfare and ensure that the relevant incident forms and body maps were completed.

We noted that the provider had acted appropriately in response to a recent safeguarding alert by informing the local authority and the Care Quality Commission as required. We also noted that staff on duty had called medical services immediately when the incident occurred. Following the incident the provider assisted with the investigation and we saw that learning had taken place. For example, the provider had reviewed existing risk assessments and action plans whilst also reviewing policies and procedures to minimise the risk of any further similar incidents.

We saw that risk assessments were completed for individuals that included guidance for staff about how to manage the risk and keep people safe. . This included risks associated with people's mobility, behaviour and hygiene.

We saw that they were regularly updated to reflect people's current needs. People told us that they often went out with staff but also confirmed that they could go out alone and an risk assessment was in place for this. One person told us, "I like to go out on my own to meet people and see things."

Records were kept of incidents and accidents. Records demonstrated action had been taken by staff following incidents, for example if someone had a fall, a brief description of when and how the incident occurred would be recorded. This would be followed by the action taken and what was agreed to reduce the risk of it happening again.

All of the staff and people we spoke with told us they thought there were sufficient staff on duty to meet people's needs. Staff felt they had time to support people on a one to one basis if required. One staff member told us there was "no problem with the amount of staff around to keep people safe." The registered manager informed us that staffing levels were constantly reviewed according to people's changing needs and as occupancy levels went up and down to ensure there were enough staff to keep people safe and meet their individual needs.. Records confirmed this and showed that an alternative placement had been arranged for someone whose needs could no longer be met at the service.

A range of risk assessments were completed in relation to the environment, personal care and fire safety. Records showed the provider made regular checks on all equipment and practised fire evacuation procedures every three months to ensure that people using the service and staff knew what to do in the event of a fire.

Appropriate pre-employment checks were undertaken before staff began work at the service. . All the staff files we viewed contained a completed application form and supporting documents to evidence any prior training. Files also held a copy of the interview questions, answers and scores which demonstrated whether or not the staff member was appointable and held the appropriate knowledge and skills necessary to do the job. Personnel files contained copies of photographic identification, evidence of the person's right to work in the UK and criminal record checks. The provider had an appropriate recruitment and induction policy and procedure in place.

Is the service safe?

We looked at how medicines were ordered, received, stored, administered and disposed of. People received their medicines as prescribed and we found that medicines were stored safely and correctly. Staff had been trained in the administration of medicines and medicine administration records were up to date and accurate. There were policies and procedures on the safe handling and management of medicines and regular medicine audits were carried out.

We reviewed the medicines administration records for all six people using the service. We saw these had all been correctly completed and initialled by a member of staff. Each person had a separate file for recording their medicine administration and these contained photographic ID and a list of any known allergies to ensure that people received their medicines safely.

Is the service effective?

Our findings

We found staff had a good understanding of people's individual needs and knew how to support them effectively. One person told us, "I am always asked what I would like and they get it." Another person told us they could choose what they wanted to eat or watch on television in the lounge area. Another stated, "Staff are always helpful and approachable it's never too much trouble for them."

We spoke with three staff specifically about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We were told all staff had completed training which was repeated annually. This was confirmed by their individual training records. We spoke with the registered manager who informed us that the provider was aware of their responsibilities in relation to the MCA and that best interests assessments were undertaken where a person was unable to make a specific decision for themselves. Where a person did not have capacity to make a decision for themselves and it was deemed necessary to restrict their liberty in some way to protect them from harm the provider had appropriately applied to the local authority for a DoLS authorisation to ensure people were kept safe whilst protecting their rights.

Staff confirmed that they had completed a detailed induction before starting work, which they felt covered all of the essential areas. The induction included training on food hygiene, safeguarding, manual handling and non-verbal communication techniques. Staff told us they experienced a robust induction period which included observation and time shadowing experienced colleagues. Staff told us they felt they had been ready to provide a safe effective service at the end of their induction period. One person who we spoke with confirmed staff were "very well trained."

Staff received appropriate training and professional development. We looked at the staff training records. We found that the staff completed a range of mandatory training in areas including behavioural management, safeguarding adults, health and safety, emergency first aid and infection prevention and control. The staff also told us that they undertook training to meet the individual needs

of people they cared for. For example, they told us that they had undertaken training in mental health, managing aggression, working with autism and care plan development.

We spoke with two staff with regard to vocational training. Both told us the provider was very supportive with regard to training both mandatory and vocational. We saw in their respective files that both had completed a national vocational qualification.

Records showed that staff received supervision on a two monthly basis. We saw that this involved subjects such as 'service user management' practice issues and training needs. We spoke with two staff about supervision. Both told us that they were happy with the supervision they received. They told us that they received regular one to one meetings with management. This was to look at their personal development, training needs, and discuss how they were meeting people's needs. They told us that they were well supported by their managers to do their jobs.

People's nutritional needs were met. One person told us "Meal times are great, the food is good." Another person told us. "We always get a choice of main meal and desserts." Staff told us people were involved in planning the monthly menus. We saw records were kept when people requested alternative meals to the set menu. We asked about special diets. We were told that although no one currently required one on medical grounds there was one person who was a vegetarian. This person told us the provider always ensured there was a vegetarian option for them.

Staff told us that they would refer people to the dietician if there were concerns about a person's diet that may affect their health. Records showed that the provider had done this in the past and monitored people's weight so that any significant changes could be explored and addressed.

Staff were available to accompany people to their healthcare appointments. People were generally accompanied by either their key worker or the registered manager. The care plans also contained notes which indicated a discussion had taken place between people using the service and staff about the need to share relevant health information with other professionals

Is the service caring?

Our findings

All the people we spoke with told us they were happy with the approach of staff. There was some very positive feedback such as, “Staff are very kind, I get to do whatever I like,” and “The staff are kind, they helped me change my bedding today.” Relatives’ feedback was also positive. For example, one relative commented, “Staff are very good, they take the time and trouble and always let me know what is going on.”

People’s preferences were recorded in their care plans. The staff had discussed people’s likes and dislikes with relatives so they could make sure they provided care which met people’s individual needs. Staff told us birthdays were always celebrated and people were able to take part in social activities which they liked and chose.

People were given information in a way they understood. Staff used photographs, symbols and objects of reference to support communication when required. They had been given training in this area and we saw they followed guidelines which had been developed by a speech and language therapist.

Staff cared for people in a way which respected their privacy and dignity. We observed that the staff demonstrated a good understanding of the importance of privacy and attended to personal care needs discreetly and appropriately.

A relative told us, “[My family member] has been treated with more respect than ever before; it’s the best place for him.”

We observed staff interacting with people using the service throughout the day. We saw that staff interacted with people in a friendly, warm, professional manner and at all times staff were polite and caring. Staff were able to tell us about people’s different moods and feelings, and reacted swiftly when they identified that people needed extra support. For example, we observed one person using the service who was upset. Staff provided reassurance to ensure they felt valued and relaxed.

There was on-going interaction between people who used the service and staff. People were very comfortable and relaxed with the staff that supported them. We saw people laughing and joking with staff and people with complex communication needs made physical contact with staff members.

Most people using the service were able to make daily decisions about their own care and we saw that people chose how to spend their time. People told us they were able to choose what time to get up and how to spend their day. One person told us, “They always listen to what we say, they ask us what we want to do and I like to go to the shops.”

We observed staff to be caring in their approach. They demonstrated a depth of understanding of the people they supported. For example, one care worker told us how people communicated their needs in different ways, both verbally and non-verbally, “I know by one person’s facial expressions what they really want; in another, the fact that they remain silent means that they do not want what is being offered to them.” They also told us that whilst one person is verbal, “I have to listen very carefully so as to understand them properly.”

One member of staff told us caring was about “supporting and assisting and encouraging independence,” and how they gave personal care “in a way which dignifies the person.” They told us they did this by ensuring their privacy was respected, with doors closed when supporting a person with their personal care needs. They also told us they knocked when entering a person’s room and they always explained what they were doing in the room, “For example, if I am putting their laundry away, I say that is what I am doing.” Staff also gave us examples of where they had promoted independence for people for example changing one person’s medicines to a liquid form so they could take it themselves and replacing a person’s razor so they were able to shave independently.

Is the service responsive?

Our findings

People were happy with the way in which they were being cared for. Care records showed that people had been consulted about the care they received, the social activities they took part in and the food they ate. We saw that their levels of satisfaction had been recorded and the staff had used these records to review and improve personalised care for each person.

People had participated in a range of different social activities individually and as a group and were supported to access the community. Activities included visits to parks, museums and the seaside. People also participated in shopping for the home and their own needs and some people regularly attended activities that were provided at one of the provider's other services. Some people were planning to go on holiday together with staff support and people were also supported to go to college, day care centres and to visit family and friends.

Satisfaction levels for activities were monitored at three monthly intervals. We saw that on one occasion the frequency of an activity had been increased as a result of positive feedback from a person using the service.

People's needs were assessed before they moved in. These had been regularly reviewed and updated to reflect any changes to people's care. Staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. People told us the staff had asked them about the care and support they wanted

and knew this had been recorded in their care records. The care records contained detailed information about how to provide support, and people's preferences were recorded in pictorial format where required to help people's understanding. People and their families and friends completed a life story with information about what was important to them. One member of staff said, "We know about each person's life, it helps us to understand them."

During our inspection we viewed the rooms of two people with their permission, and saw that the rooms were well maintained, clean and personalised. One person told us "I love my room."

Each person had an assigned keyworker who was responsible for reviewing their needs and care records. Staff told us that they kept people's relatives, or people important in their lives, updated through regular telephone calls or when they visited the service and they were formally invited to care reviews and meetings with other professionals.

There was a clear complaints procedure that was available in the care plan file available in each person's room. People we spoke with told us they knew what to do if they were unhappy about anything. Comments included, "I am confident about raising concerns," and "I can go directly to the manager."

We saw that there had been no formal complaints made in the last 12 months.

Is the service well-led?

Our findings

People who used the service and staff we spoke with praised the registered manager and said she was approachable and visible.

The registered manager had been in post since 2010. She told us, “Our aim is to provide support and care in the least restrictive manner, and to integrate people into the community, so they can have a better quality of life.” Observations and feedback from staff, showed that she had an open leadership style and that the home had a positive and open culture. Staff spoke positively about the culture and management of the service.

The registered manager told us “We want staff to feel valued, so I give them responsibility and support.” She told us how she had given staff members ‘lead’ roles in certain areas such as finance, medicines and health and safety.

Staff spoke about the service being a good place to work. Comments included, “We work well together as a team. We are like a family,” and “I really enjoy working here, the work is very fulfilling.” Staff said that there were plenty of training opportunities, and they felt supported and received regular supervision. They also felt empowered, involved and able to express their ideas on how to develop the service.

Minutes of staff meetings confirmed that staff were involved in the day to day running of the service and had made suggestions for improving the service for people. The registered manager continually sought feedback about the service through formal meetings, such as individual service reviews with relatives and other professionals and joint ‘resident and relative’ meetings.

Staff told us, “The manager, she is very good and supports us well if we are stressed” and “She really cares about the people and staff here.” Another member of staff told us,

“The manager always sorts things out quickly.” The registered manager gave us examples where staff had initiated ideas to support people and these had been very successful. For example, taking a person to the pub on a regular basis to discourage them from drinking alcohol in their room and providing travel training for another person, so they could go out independently without staff support.

The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular service user and relatives meetings were held. Annual surveys were undertaken of people living in the home and their relatives; we saw that the last survey had been completed by relatives and professionals in November 2014.

Regular visits were made by the provider’s senior managers. We saw that quality assurance assessments were undertaken on a monthly basis in different areas, these included medicines, care plans, staff training and risk assessments. We saw that as a result of these audits and feedback from professionals the provider had made changes to improve the service. For example, changes had been made to the support planning documentation.

The registered manager also monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. During our inspection it was clear that she was very familiar with all of the people in the home.

We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. The registered manager told us she regularly attended provider managers meetings and the local authority providers’ forums and also received ongoing support from the provider’s senior management team; she told us she also worked closely with the local authority’s ‘integrated quality in care’ team.