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# Roseview Care Homes - Bounds Green

## Inspection report

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This inspection took place on 28 January 2015 and was unannounced. The provider met all the standards we inspected against at our last inspection on 15 April 2013.

Roseview Care Homes – Bounds Green is a small, family-operated care home providing accommodation and support with personal care for six older women with dementia and/or enduring mental ill-health. The home is located in Bounds Green in the London Borough of Haringey and each person has their own room, some with ensuite bathrooms, with shared communal facilities.

There was a registered manager in post at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

# Summary of findings

People received care and support that was personalised, safe and responsive to their needs. Staff knew people well and took time to chat with them, and supported them to undertake a range of activities within and outside the home.

The service premises were well-maintained and clean. However, radiator covers had not been installed to ensure people were protected from the risks of burns and scalds.

Staff supported people to maintain their independence and use their skills wherever possible. People took part in tasks associated with running the home such as preparing meals, washing dishes and folding the laundry. Staff supported people to eat well and access health care services when necessary.

Staff were caring, compassionate and knew what to do if they had concerns a person was being abused. Staff were

aware of the requirements of the Mental Capacity Act 2005 and sought appropriate authorisations when it was necessary to deprive a person of their liberty for their own safety.

Staff were well-trained in the requirements of their role and supported and monitored in their work through regular supervision and appraisal. The service had an open and transparent culture in which people were encouraged to have their say and staff supported to improve their practice. The managers checked the service regularly and took action to make improvements.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this 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 mostly safe, however the provider had not installed radiator covers to protect people from the risks of burns.

There were enough staff to meet people's needs safely. Staff knew what to do if they had concerns that a person was being abused, and worked well to manage occasional incidents of interpersonal conflict between people.

The provider had appropriate systems in place to manage emergencies.

**Requires Improvement**



### Is the service effective?

The service was effective. Staff supported people to access health care services when necessary and received appropriate training and induction to perform their jobs well.

People were provided with choices of food and drink.

Staff and the service managers were aware of the requirements of the Mental Capacity Act 2005 and ensured consent to care and support was legally sought.

**Good**



### Is the service caring?

The service was caring. Staff knew people well and took time to chat with them about topics of interest.

People were supported to maintain relationships. Community and statutory advocates were engaged for people when they needed support to make decisions.

**Good**



### Is the service responsive?

The service was responsive. People were provided with personalised care that met their needs and encouraged to provide feedback about the quality of the service they received.

**Good**



### Is the service well-led?

The service was well-led. Service managers were visible and staff were aware of, and worked within, the values of the service.

Accidents and incidents were recorded, and checks made on the quality of the service with actions taken as a result of these.

**Good**



# Roseview Care Homes - Bounds Green

## 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 28 January 2014 and was unannounced. The inspection was conducted by one inspector.

Before the inspection we reviewed the information we held about the service including notifications of events that the provider must tell us about.

During our inspection we spoke with five people who use the service, two care workers, the registered manager and the provider organisation's area manager. We looked at four people's care and support records, three staff member's personnel records and other records relating to the management of the service such as policies and procedures, checks and audits and emergency records. We observed staff delivering care and support and looked around the premises.

After our inspection we spoke with another care worker and two professionals involved with people who use the service.

# Is the service safe?

## Our findings

People told us they felt safe at Roseview Care Homes – Bounds Green. One person told us, “The people who look after you here are ace. I am safe here, they make sure of it.”

During our visit, we looked around the service premises. We noted that the service did not have radiator covers on most of the radiators that were part of the premises central heating system. We touched the radiators and some were very hot. This left people who use the service, staff and visitors at risk of burns and scalds.

This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from the risks of bullying, harassment and avoidable harm. During our visit, we observed some instances of interpersonal conflict between residents. We saw staff handled these sensitively and communicated well with people to ensure the incidents did not escalate.

Records showed that staff had been trained in safeguarding adults’ procedures and staff demonstrated to us they knew what to do if they had concerns about a person being abused.

Risks associated with people’s support were assessed. Each person’s records contained a number of risk assessments with measures for staff on how to support people safely. For example, one person went out into the community without staff support. Their risk assessment guided staff to take a photo of the person before they left the service so staff knew what they were wearing in case they needed to be reported missing.

Medicines were stored, administered and disposed of according to guidelines. The medicines cabinet was located in a cupboard that was kept locked and each person’s medicines were clearly labelled to reduce the risk of administration errors. We looked at several people’s medicines administration records (MARs) and saw these were up-to-date and correctly completed. Where people did not have the capacity to understand about and consent

to take their medicines, we saw that the provider had sought authorisation from the person’s GP and had clear guidelines for staff on how to safely administer their medicines covertly.

There were enough staff to support people safely and in a timely manner. The registered manager completed a document each month which assessed each person’s needs and their dependency on staff, and calculated the number of staff needed based on this. We saw there was flexibility within the rota to ensure that there were enough staff available when people’s needs changed and they required more support, or if they wanted to go out or attend an appointment. The provider had a pool of bank staff they could call upon when staff were sick, on leave or on training to ensure appropriate cover at the service.

Staff were properly vetted before they started work to ensure they were suitable people to work with people in need of support. Each staff recruitment record we saw contained an application form detailing the staff member’s employment history, two written references and a criminal record check. The registered manager also checked to ensure staff could legally work in the United Kingdom.

The provider maintained an on-call system whereby the area manager was available for support and guidance in the event of an emergency occurring outside office hours. Staff told us this worked well.

The service premises were generally well-maintained and clean. Risks associated with the premises were assessed and all relevant equipment and checks on gas and electrical installations were documented and up-to-date. We saw there was a stair lift for people with limited mobility and records showed this was serviced appropriately. The provider had taken steps to ensure people were safe when they had additional needs, for example one person liked to pull on the curtains in their room which left them at risk of head injury. The provider had installed a cover to ensure the person could not pull the curtains down and harm themselves.

Emergency procedures were clear and staff knew what to do in the event of an emergency. Evacuation plans were displayed throughout the service premises and we saw that emergency equipment, such as fire extinguishers and lighting, were serviced and tested appropriately. Records documented regular fire drills and people told us they knew what to do if they needed to evacuate. Each person

## Is the service safe?

had a personal emergency evacuation plan and the area manager told us she was preparing a 'grab bag' with important information for staff in the event of an evacuation.

# Is the service effective?

## Our findings

Staff had the knowledge and skills they needed to perform their roles. One person told us, “I’m happy, the staff are great. They know what they’re doing.” One professional involved with people who use the service told us they did not have any concerns about staff skills and knowledge at the service.

The staff personnel records we viewed indicated that staff often did not have experience in health or social care before applying to work at the service. We asked the area manager about this and she told us that staff values and personality were initially more important than experience. She told us, “Skills can be trained, values can’t. People have to have the right attitude and they can learn the rest.” We saw that staff underwent an induction programme based on the Skills for Care Common Induction Standards before they started work, and one staff member told us they shadowed more experienced staff for ten days before working on their own.

Staff received training in topics relevant to their role such as first aid, health and safety, food hygiene, dementia awareness, infection control and medicines administration. The registered manager kept a training matrix to record what training staff had received and what was due. One staff member told us, “Lots of training! I’m booked on another course tomorrow. We have some sort of training at least once a month.” Staff held, or were working towards, qualifications pertinent to their role such as the Diploma in Health and Social Care to level two or three.

Staff were appropriately monitored and their work reviewed through regular supervision meetings and annual appraisals. Supervision records we viewed showed that these meetings were supportive and developmental and staff could discuss issues affecting the people who used the service to improve their practice. Supervision meetings occurred every two months.

People consented to their support where possible, and assessments of people’s capacity to understand and make decisions about their support were undertaken by staff and the registered manager. Where people did not have the

capacity to consent to their support, we saw that ‘best interests’ meetings were held and fully documented to ensure the provider was working within the requirements of the Mental Capacity Act 2005.

The staff and managers of the service understood how the Deprivation of Liberty Safeguards (DoLS) applied to the people who used the service and had sought DoLS authorisations where required. Staff demonstrated to us they knew what to do if they thought a person needed to be deprived of their liberty for their own safety.

People received appropriate food and drink for their needs. We saw there were two choices of main meal and people were asked for their preferred choice in the morning before the main meal was prepared. Food we saw served looked and smelled appetising and people told us they enjoyed it. One person told us staff supported them to prepare and cook a meal each week which they greatly enjoyed. Fruit, biscuits and cold drinks were available for people to help themselves throughout the day of our visit, and staff regularly offered and prepared hot drinks.

People’s weights were monitored and concerns raised with appropriate professionals such as a dietitian or speech and language therapist when necessary. One person required full support to eat and we saw this was provided by staff with their dignity in mind. The staff member sat at the person’s level, used eye contact, told them what each mouthful was and was calm and unhurried while the person ate.

Staff supported people to access health care services when necessary. During our visit, one person had an appointment with their GP and staff supported them to attend this. Records showed that staff supported people to attend appointments with specialists and each appointment was recorded with outcomes and guidance for staff. One person who used the service often refused to engage with health care professionals and such instances were recorded with strategies tried to improve their engagement. Where people had regular ‘care programme approach’ (CPA) meetings as part of their treatment, staff contributed to these and all CPA documentation was kept in the person’s care and support records.

# Is the service caring?

## Our findings

Staff developed positive, caring relationships with people. One person told us, “The [staff] here are 100%. They are very nice people, just lovely.” Another person said, “I felt rotten this morning but [care worker] brightened me right up. They’re always very cheery here.” We saw that staff knew people’s personal histories and spent time chatting with them about topics of interest throughout our visit.

Staff supported people to use and maintain their skills while living at the home. For example, we saw that one person washed the dishes after the main meal was completed on the day of our visit. Another person told us they folded their laundry with staff support. Staff told us they thought it very important to encourage people to be as independent as possible. One care worker said, “You can’t do things for people if they can do it for themselves, it’s not fair. My job is to help them to do as much as they can for themselves and help them when they need it.”

People were involved in planning their own care wherever possible. Records showed that people and their representatives contributed to their care plans and reviews of their care. The service engaged an advocate where this

was necessary to enable people to make decisions about their care and support, and one person had a statutory advocate (an Independent Mental Capacity Advocate) to ensure their rights were protected.

Staff were aware of people’s individual communication needs and worked with them to aid understanding. Some information provided to people was in pictorial format to be more easily understood by people who had difficulty reading. Care plans we viewed included information on people’s communication needs and, where necessary, strategies for staff to assist them to engage with the person.

Staff respected people’s privacy and dignity. We observed staff discreetly offer to support a person to the toilet. People told us staff always clearly explained what they were doing while they were providing personal care and ensured doors were closed before supporting people in the communal bathroom or toilet.

People were supported to maintain relationships with their families and friends. We saw that the service encouraged visitors and they were welcomed by staff, however we noted one questionnaire completed by a person’s relative that highlighted a lack of private spaces for people to receive visitors. One person told us, “The staff always make my visitors feel very welcome.”

# Is the service responsive?

## Our findings

People received personalised care that was responsive to their needs. One person told us, “This is the best time of my life. I am free to do what I want and the staff are there to help me when I need it, and they feed me! It’s glorious. I am very happy here.”

Each person’s care and support records contained an assessment of their needs carried out before they moved into the service. The care plans we viewed reflected these assessed needs and were reviewed regularly to accommodate changes. Care plans were comprehensive and person-centred and included information on the person’s cultural, emotional and spiritual needs in addition to their personal care and physical needs.

Staff supported people to undertake a range of activities of their choice both within and outside the home. Activities included arts and crafts, personal grooming and pampering, exercise sessions and trips out. People told us about a visit to the seaside in the summer and we saw staff supporting a person to go for a walk to the local shops. We also observed an exercise session with a ball in the lounge which people enjoyed. We saw there were plenty of games and puzzles available for people to use and people were free to listen to the radio or watch TV as they wished.

One person had limited mobility as they were recovering from a fall at the time of our visit. We saw they were encouraged and supported to move around as much as possible to aid their recovery, and staff provided one-to-one support to reduce the risk of them becoming isolated.

The provider had systems in place to ensure they sought people’s views about the service, and we saw these were acted upon. There was a monthly residents’ meeting with an agenda set by the people who used the service and people discussed issues important to them such as the food served and day trips planned.

A satisfaction questionnaire had been completed by three people or their relatives in 2014 and showed that they were generally happy with the service.

Information on how to make a complaint was available to people who use the service and their representatives. No complaints had been received by the service in the year prior to our inspection, however people told us they felt free to raise issues with the staff or managers and were confident they would be addressed.

# Is the service well-led?

## Our findings

Staff told us the service managers were approachable and the service had an open and transparent culture. One staff member said, “Any problems I talk to them straight away and I know they will listen.” Another told us, “I wouldn’t change anything about working here. We have very supportive managers and staff team. We care about each other and the residents.”

Staff meetings were held every two months and minutes showed that staff were encouraged to discuss people’s changing needs to improve their practice. For example, one meeting’s minutes recorded a lengthy discussion among staff on how to better support a person who was sometimes verbally aggressive towards staff and other residents.

The registered manager had been promoted from a position within the staff team and worked closely alongside staff to support people on a day-to-day basis. The provider organisation’s area manager was also present at the service several days per week and we observed they knew people well and chatted with them throughout our visit. The registered manager was aware of the requirements of their role and submitted notifications to the CQC of events that affect the service in a timely manner.

From speaking with staff it was clear they were aware of their responsibilities and understood the values of the service. One staff member told us, “This is their home. My job is to make sure people are comfortable and happy and safe, but also that they have control when they can.” The atmosphere in the service when we visited was homely, relaxed and comfortable. The registered manager told us, “This is the residents’ home. They make the decisions when they can and we make sure they are safe.” The area manager said, “We don’t force anybody to do what they don’t want to do. This is their home” and this was clear from what we observed.

The registered manager and the area manager undertook a range of checks and audits of the quality of the service and took action to improve the service as a result. We saw records of health and safety checks, medicines audits and a general monthly audit of various aspects of the service.

Accidents and incidents were recorded and analysed to prevent them reoccurring. We saw that some incidents were discussed as part of the staff meeting to ensure lessons were learned and the service improved as a result. Accident and incident records were comprehensive and relevant information was reported to the appropriate body, such as the Health and Safety Executive, when required.

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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure that the premises were safe to use for their intended purpose and were used in a safe way.</p> <p>Regulation 12(2)(d).</p>