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Roland Residential Care Homes - 231 North Circular Road

Inspection report

231 North Circular Road, Palmers Green, London,
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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 

Overall summary

This inspection took place on 22 July 2015 and was unannounced. Roland Residential Care Homes - 231 North Circular Road provides care and support to a maximum of six adults with mental health needs and drug and alcohol addiction. At the time of our inspection, there were five people using the service.

At our previous inspection on 19 June 2014 the service met the regulations inspected.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

People who used the service told us they felt safe in the home and around staff. Representatives of people who used the service told us that they were confident that people were safe in the home. Systems and processes were in place to help protect people from the risk of harm. These included careful staff recruitment, staff training and systems for protecting people against risks of abuse.

There were enough suitably trained staff to meet people's individual care needs and this was confirmed by staff we spoke with. Staff spoke positively about the training that they had received.

Staff had the knowledge and skills they needed to perform their roles. Staff spoke positively about their experiences working at the home. Staff told us that they felt supported by management within the home and said that they worked well as a team.

There were arrangements for the recording of medicines received into the home and for their storage, administration and disposal. However, we found that medicine audits were not documented and therefore there was no evidence that these took place. We spoke with the registered manager about this and he confirmed that in future all medicine audits would be documented.

Positive caring relationships had developed between people who used the service and staff and people were treated with kindness and compassion. People were being treated with respect and dignity and staff provided prompt assistance but also encouraged people to build and retain their independent living skills.

Care plans were person-centred, detailed and specific to each person and their needs. People were consulted and their care preferences were also reflected. People's health and social care needs had been appropriately assessed. Identified risks associated with people's care had been assessed and plans were in place to minimise the potential risks to people. People had monthly key working sessions with staff to discuss their care and progress and people's care plans were updated accordingly.

Staff had assessed people's preferences and their daily routine and arrangements were in place to ensure that these were responded to. The home had monthly residents' meetings where people were encouraged to express their views about the service and make suggestions regarding their weekly schedule. People could participate in a range of activities they liked and these included shopping, going to the day centre and doing household tasks.

Staff were able to demonstrate a good understanding of the Mental Capacity Act 2005 and how to obtain consent from people. Staff we spoke with understood they needed to respect people's choices and decisions if they had the capacity to do so.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes DoLS are in place to protect people where they do not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others. The service had systems in place to follow the requirements of DoLS.

The service had a positive culture. There was an open and transparent culture where people were encouraged to have their say and staff were supported to improve their practice. We found the home had a clear management structure in place with a team of care staff who were supported by the registered manager. There was a system in place to monitor and improve the quality of the service which included feedback from people who used the service, staff meetings and a programme of audits and checks.

People told us they felt free to raise issues with the staff or management and were confident they would be addressed. The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

We found the premises were clean and tidy. The home had an Infection control policy and measures were in place for infection control. There was a record of essential safety inspections and maintenance carried out.

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 who used the service told us they were treated well by staff and felt safe in the home.

Staff were aware of different types of abuse and what steps they would take to protect people. Risks to people were identified and managed so that people were safe and their freedom supported and protected.

Staffing arrangements were adequate. Safe recruitment processes were followed and the required checks were undertaken prior to staff starting work.

The provider had appropriate systems in place to manage emergencies.

Arrangements were in place in relation to the recording and administration of medicines.

Good



Is the service effective?

The service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and the registered manager.

People were assisted to receive on going healthcare support.

People's food preferences and any requirements around being supported to eat and drink were detailed in their care plans. This helped to ensure people were supported safely to maintain a balanced diet.

People were able to make their own choices and decisions. Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people using the service. The atmosphere in the home was calm and relaxed.

Staff ensured they used information from assessments as well as finding out about people's beliefs, preferences and history to ensure equality and diversity was respected.

People were treated with respect and dignity. We saw that staff respected people's privacy and dignity and were able to give examples of how they achieved this.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Good



Is the service responsive?

The service was responsive. Care plans were person-centred, detailed and specific to each person's individual needs. People were consulted and their care preferences were reflected in the care plans.

Good



Summary of findings

People were encouraged to provide feedback about the quality of the service they received. We saw evidence that care plans were reviewed by staff and included consultation with people using the service.

Activities were available and people had opportunities to take part in activities they liked.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

The service was well led. Staff were supported by management within the home and felt able to have open and transparent discussions through supervision meetings and staff meetings.

The home had a clear management structure in place with a team of care staff and the registered manager. Staff said that the registered manager was approachable and helpful.

The home had carried out an annual satisfaction survey. We saw that the feedback was generally positive.

Systems were in place to monitor and improve the quality of the service.

Good



Roland Residential Care Homes - 231 North Circular Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 22 July 2015 of Roland Residential Care Homes - 231 North Circular Road. The inspection was carried out by one inspector.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

During this inspection we observed how staff interacted with and supported people who used the service. We spoke with two people who used the service and two representatives of people who use the service. We also spoke with the registered manager, area manager and four members of staff and one care professional who had contact with the home. At the time of our inspection people who used the service were engaged with their own activities and therefore we spoke with a limited number of people on the day of the inspection.

We reviewed four care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home and around staff. One person said, "It's safe here." Another person said, "I feel ok here. I feel safe." Representatives of people using the service told us that they thought people were safe in the home.

Safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people. Staff had received training in safeguarding people. They were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. They told us that if they saw something of concern they would report it to the registered manager. Staff were also aware that they could report their concerns to the local safeguarding authority and the Care Quality Commission (CQC). The service had a whistleblowing policy and contact numbers to report issues were available. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

There were appropriate arrangements in place for managing people's finances which were monitored by the registered manager. We saw people had the appropriate support in place where it was needed. Money was accounted for and there were accurate records of financial transactions.

There were comprehensive risk assessments on each of the care records we looked at. The service had identified individual risks to people and put plans in place to reduce the risks. Risk assessments included details of the hazard, who was at risk, preventative actions that needed to be taken to minimise risks and measures for staff on how to support people safely. Risk assessments were in place for various areas such as self-neglect, physical aggression and absconding. The assessments clearly outlined what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments were reviewed regularly and were updated when there was a change in a person's condition.

We saw there were adequate staff on duty during the day of the inspection. We looked at the staff duty rota and saw that this correctly reflected the staff on duty on the day of

our inspection. We noted an air of calm in the home and staff did not appear to be rushed. Through our observations and discussions with staff and management, we found there were enough staff to meet the needs of the people living in the home. The registered manager told us there was consistency in terms of staff so that people who used the service were familiar with staff. We observed that people who used the service appeared to be comfortable around staff.

We looked at staff files and saw that recruitment practices ensured appropriate pre-employment checks were completed to assess if staff were suitable to work with the people using the service. They included criminal record checks, two written references, interview records and an application form detailing the staff member's employment history. Their right to work in the United Kingdom was also checked and verified.

The home had plans in place for foreseeable emergencies. These provided staff with details of the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire or damage to the building. The fire plan was on display clearly indicating fire exits and escape routes.

Systems were in place to make sure people received their medicines safely. We saw signed and dated consent forms in respect of medicines. We checked some of the medicines in stock and these were accounted for. There were arrangements in place in relation to obtaining and disposing of medicines appropriately and systems in place to ensure that people's medicines were stored and kept safely. The home had a medicine storage facility in place. The facility was kept locked and was secure and safe. We noted that regular temperature checks had been carried out to ensure that medicines were stored at the right temperature.

The home had a policy and procedure for the management of medicines to provide guidance for staff. We viewed a sample of medicines administration records (MARs) for people who used the service. These had been completed and signed with no gaps in recording when medicines were given to a person, which showed people had received their medicines at the prescribed time.

Staff who administered medicines told us they had completed training and understood the procedures for safe storage, administration and handling of medicines.

Is the service safe?

The registered manager confirmed that medicine audits were carried out monthly when medicines were received from the pharmacy. The aim of this was to ensure medicines were being correctly administered and signed for and to ensure medicines procedures were being followed. However, we saw no documented evidence to confirm this. The registered manager told us that these checks had not been recorded but confirmed that in future medicine audits would be documented.

The premises were well-maintained and clean. The home had an infection control policy and measures were in place for infection prevention and control. Risks associated with the premises were assessed and all relevant equipment and checks on gas and electrical installations were documented and up-to-date.

Is the service effective?

Our findings

People we spoke with and their relatives told us they thought the service was effective. They were satisfied with the care and support they received. One person said, "I like it here." Another person said, "It is very, very good here." Representatives of people who used the service told us that they had no concerns about the care people received. One care professional we spoke with told us that they found the home to be very good and said they had no concerns.

Staff had the knowledge and skills to enable them to support people effectively. They had undertaken an induction when they started work at the service and training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included safeguarding, medicines, first aid, fire training, infection control, understanding mental health, managing aggressive behaviour and food safety. Staff spoke positively about the training they had received and were able to explain what they had covered during the training sessions. They said that the training provided had been helpful.

There was evidence that staff had received regular supervision sessions and this was confirmed by staff we spoke with. Staff told us that supervision sessions enabled them to discuss their personal development objectives and goals. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress.

Staff told us that they felt supported by their colleagues and management. All staff we spoke with were positive about working at the home. One member of staff told us, "The manager is always willing to talk to staff and people. He makes a lot of effort. I feel able to talk to him. I feel supported." Another member of staff said, "I feel supported by the manager. He is approachable and works with us. He is very good. There is a good atmosphere in the home. Staff work well together." Another member of staff told us, "This is the best place to work. The manager is nice and polite. I can talk to him anytime."

Care plans contained information about people's mental state and cognition. We saw evidence that people were able to make choices and decisions about their care and

they confirmed this when we spoke with them. People had monthly key working sessions with staff to discuss their care and progress and people's care plans were updated accordingly.

When speaking with the management at the home, they demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent. Staff had knowledge of the MCA and were aware that they should inform the registered manager of any concerns regarding people's capacity to make their own decisions. They were also aware of the importance of ensuring people were involved in decision making. Where people were unable to make decisions, they were aware of the importance of ensuring that decisions were made in their best interests involving relevant family members and health and social care professionals.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are in place to protect people where they do not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others. The registered manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS). There were systems in place to follow the requirements of DoLS. We saw evidence that the service had liaised with the local authority and an application had been submitted and an appropriate assessment had been carried out for one person who used the service to ensure that any restrictions were lawful and the person's rights protected.

The arrangements for the provision of meals were satisfactory. We saw that there was a set two weekly menu which was devised based on what people liked to eat. There were alternatives for people to choose from if they did not want to eat what was on the menu. People expressed no concerns about food at the home.

During the inspection we observed people having their lunch, which was unhurried. The atmosphere during lunch was relaxed and people appeared to be enjoying their meal. We also observed staff preparing dinner on the day of the inspection. The kitchen was clean and we noted that there were sufficient quantities of food available. We checked a sample of food stored in the kitchen and found that food was stored safely and was still within the expiry

Is the service effective?

date. Food in packaging that had been opened was appropriately labelled with the date it was opened so that staff were able to ensure food was suitable for consumption.

People's weight was monitored and recorded monthly so that staff were alerted to any significant changes that could indicate a health concern related to nutrition. We noted that one person had previously been at risk of weight loss.

As a result, staff had completed a detailed record of their food intake and consulted with their GP so that they could monitor this person's nutrition and ensure that they were eating sufficient quantities of food.

People were supported to maintain good health and have access to healthcare services and received on going healthcare support. Care plans contained records of appointments with health and social care professionals. We also saw evidence that following appointments, people's care plans were updated accordingly.

Is the service caring?

Our findings

When asked about the home and how they felt about living there, one person told us, “Staff are very good. Staff are friendly. They listen to me.” Another person said, “I am comfortable here.” People spoke positively about the care and support they received at the home and no concerns were raised.

The registered manager, area manager and care staff we spoke with had a good understanding of the needs of people and their preferences. They were also able to tell us about people’s interests and their backgrounds. This ensured that people received care that was personalised and met their needs. Care staff were patient when supporting people and communicated well with them. The registered manager, area manager and care staff we spoke with explained to us that they encouraged people to be independent. The registered manager explained to us that recently one person had successfully moved from the home into independent living and said that the aim was to encourage all of the people using the service to develop their independent living skills.

Care plans included details of people’s background and used this information to ensure that equality and diversity was promoted and people’s individual needs met. One member of staff told us that Kosher and Halal meals were provided for people if they wished. Also people were supported to attend their place of worship if they wished to. The registered manager explained that they asked people how the service can help support their individual needs and then acted accordingly.

Staff had a good understanding of the importance of affording people privacy and treating people with respect and dignity. They gave us examples of how they maintained

people’s dignity and respected their wishes. One member of staff said, “I always knock on door before entering. I talk to people and give them choices. I respect their decisions.” Another member of staff told us, “I always listen to people. I give them choice. It is important to do things the way they want. Not the way I want. I always try and encourage people to do things themselves where they can.”

We saw people being treated with respect and dignity. We observed that care staff provided prompt assistance but also encouraged people to build and retain their independent living skills. Care plans set out how people should be supported to promote their independence and we observed staff following these during the inspection. People were supported to express their views and be actively involved in making decisions about their care, treatment and support and this was confirmed by people we spoke with. Care plans were individualised and reflected people’s wishes.

All bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people’s belongings, such as photographs and ornaments, which helped people to feel at home.

We observed interaction between staff and people living in the home during our visit and saw that people were relaxed with staff and confident to approach them throughout the day. Staff interacted positively with people, showing them kindness, patience and respect. People had free movement around the home and could choose where to sit and spend their recreational time. We saw people were able to spend time in the way they wanted. Some people chose to watch television in the communal lounge and some people chose to spend time in their bedroom. Other people went out during the day.

Is the service responsive?

Our findings

The care and support people received was responsive to people's needs. People said that they received care, support and treatment when they required it. They said staff listened to them and responded to their needs. One person said, "I feel involved with my care. Staff listen to me but also give me my space."

People who used the service were able to lead social lives that were tailored to their needs. During our inspection, we observed that some people were out throughout the day and others were in the home. We spoke with one person and he explained that he had activities to keep him busy. One of which was to do the gardening work in the home and on the day of the inspection we saw him spending time in the garden. We also were made aware that people were going on a trip to Paris in September.

Resident's meetings occurred monthly where people could make suggestions regarding the running of the home and activities they wanted organised for them. We noted that suggestions made by people had been responded to and this included providing food people liked and outings.

People's choices, likes and dislikes had been assessed with their help and the help of their relatives. People's care plans were person centred and personal to them. They contained details of people's background, care preferences and people routines. We looked at four care plans and saw they had all been prepared to meet individual needs. Care plans focused on ways to promote people's independence and this was echoed by staff we spoke with. There was evidence that people were involved in completing their care support plan. We saw that care plans had been signed by people to show that they had agreed to the care they received.

We spoke with the registered manager about how the service supported individuals to recover from drug and alcohol use. He explained that the service worked closely

with the mental health team and local wellbeing clinic along with the person's involvement. He told us that people were supported to go to appointments and that the service monitored people's intake whilst having on going reviews with people to look at their progress. The registered manager also told us that they monitored changes in people's behaviour and where necessary liaised with the psychiatrist.

Staff told us that they were made aware of changes by communicating with one another. When changes occurred, care plans were reviewed and changed accordingly and we saw evidence of this. We saw evidence that staff responded promptly when people's needs had changed.

There were systems in place to ensure the service sought people's views about the care provided at the home. There was evidence of regular key worker sessions where people were given an opportunity to discuss their individual progress as well as other issues important to them such as food served and day trips planned.

We saw evidence that a satisfaction questionnaire had been completed by people who used the service in April 2015. This showed that people were satisfied with the service and care provided. Feedback received included, "Staff are always professional, receptive and open" and, "The manager has always conducted himself with a care of duty." The registered manager confirmed that satisfaction surveys were carried out annually.

Information on how to make a complaint was available to people who used the service. People told us they felt free to raise issues with the staff or management and were confident they would be addressed. The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC and local authority if people felt their complaints had not been handled appropriately by the home.

Is the service well-led?

Our findings

People using the service and their representatives told us they thought the service was well run and that the management team at the home were approachable and they felt comfortable raising queries with them. One person said, "I can speak with the manager if I need to." and another said, "The manager is good. I have a laugh with him and he helps me with the gardening."

There was a clear management structure in place and people who used the service and staff were fully aware of the roles and responsibilities of staff and the lines of accountability. Staff told us that the morale within the home was good and that staff worked well with one another. Staff spoke positively about working at the home. They told us the registered manager was approachable and the service had an open and transparent culture. One staff member said, "Staff work well together." Another member of staff told us, "The staff team get on. Staff are good." Another member of staff said, "The team is like a family. There is good understanding between us all. We always help each other."

The registered manager promoted a positive culture. The values of the service were demonstrated clearly in what we saw throughout the day as well as from the feedback we received from people, their representatives and staff. Staff showed respect for people as individuals and supported them to continue their chosen lifestyles. People told us they were listened to and felt they had a say in the way the service was run.

Staff were informed of changes occurring within the home through staff meetings and we saw that these meetings were documented. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings. Staff also said that they did not wait for the team meeting to raise queries and concerns. Instead, they said they discussed issues during daily handovers and felt able to speak with management at any time.

The home had a quality assurance policy which detailed the systems they had in place to monitor and improve the quality of the service. The service undertook various checks and audits of the quality of the service in an attempt to improve the service as a result. We saw evidence that the service carried out maintenance and health and safety checks. They also carried out audits in respect of care plans and staff files. However, we saw no documented evidence that audits for medicine arrangements were being carried out. We spoke with the area manager and registered manager about this and they confirmed that they did monthly checks in respect of medicines but these were not formally recorded as part of an audit. They confirmed that in future, medicine audits would be recorded.

Accidents and incidents were recorded and analysed so that steps could be taken to prevent them reoccurring.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.