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Roseview Care Homes - New Southgate

Inspection report

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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

We undertook this unannounced inspection on 9th and 11th June 2015 of Roseview Care Homes - New Southgate to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Roseview Care Homes - New Southgate is registered to provide accommodation and personal care for a maximum of 14 adults, some of whom may have

dementia or mental health problems. At this inspection there were 14 people living in the home. The provider met all the standards we inspected against at our last inspection on 24 July 2014.

The home did not have a registered manager. The registered manager had resigned and a new manager was appointed recently. The area manager stated that the new manager would be applying for registration in August pending satisfactory completion of the

Summary of findings

probationary period. 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 of the Health and Social Care Act and associated Regulations about how the service is run.

People said that they felt safe in the home and they had been treated with respect and dignity. The home had suitable arrangements for protecting people from abuse. Staff had received training and knew how to recognise and report any concerns or allegation of abuse. We observed that staff interacted well with people and spoke to them in a pleasant manner.

There were suitable arrangements for the recording of medicines received, storage, administration and disposal of medicines. People informed us that they had been given their medicines. People had enough to eat and drink and their weight and healthcare needs had been monitored to ensure that they were met.

The healthcare needs of people had been attended to and the care of people had been regularly reviewed. People could participate in various social activities this included card games, bingo and outings. However, some people said there were insufficient activities and some of their choices and preferences had not been responded to. These included the arrangements for meals and activities. The provider took action following our inspection to ensure that the preferences of people were responded to.

There were enough staff to meet people's needs. Staff had been carefully recruited and provided with training to enable them to care effectively for people. Staff had the necessary support and supervision to enable them to care for people.

The majority of staff had received training in the Mental Capacity Act 2005 and were knowledgeable regarding action to take if people could not make decisions for themselves because of their mental condition. The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. DoLS applications had been submitted and approval received as some people required continuous supervision for their own safety.

The home had arrangements for quality assurance. Regular audits and checks had been carried out by the registered provider and the area manager. There were arrangements for ensuring that complaints made had been promptly responded to.

We found the premises were homely, clean and tidy. There was a record of essential inspections and maintenance carried out. However, there were problems with the hot water supply and the premises were cold when we first arrived at the home. The provider took prompt action to improve the hot water supply and temperature of the home.

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. The home had arrangements in place to safeguard people from abuse. Staff had received training and knew how to recognise and report any concerns or allegations of abuse.

Risk assessments contained action for minimising potential risks to people. There were suitable arrangements for the management of medicines. Staff were available in sufficient numbers to meet people's needs. Safe recruitment processes were followed.

There were problems with the hot water supply and the premises were cold when we first arrived at the home. The provider took prompt action to improve the hot water supply and temperature of the home.

Good



Is the service effective?

The service was effective. People who used the service were supported by friendly staff who were knowledgeable and understood their needs. Staff had received appropriate training to ensure they had the skills and knowledge to care for people.

People could access healthcare services and appointments had been made with health and social care professionals to ensure people received appropriate support and treatment. There were arrangements in place to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring. People informed us that staff were professional in their approach and they had been treated with dignity and their privacy had been respected.

People had been assessed and details of people's interest, preferences and important information about their lives were documented in their care records.

There were arrangements for people to be consulted regarding their care and the running of the service.

Good



Is the service responsive?

The service was responsive. People had been assessed and their choices and preferences were noted in their care records. There was evidence of consultation with people regarding their choices and some people stated that their preferences and choices had been responded to. Others stated that the service did not always respond to some of their choices and preferences. The provider took action following our inspection to ensure that the preferences of people were responded to.

Regular care reviews had been carried out by the service and social and healthcare professionals involved with people. The home had a complaints procedure and complaints had been appropriately responded to.

Good



Summary of findings

Is the service well-led?

The service was responsive. People had been assessed and their choices and preferences were noted in their care records. There was evidence of consultation with people regarding their choices and some people stated that their preferences and choices had been responded to. Others stated that the service did not always respond to some of their choices and preferences. The provider took action following our inspection to ensure that the preferences of people were responded to.

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Good



Roseview Care Homes - New Southgate

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.

The inspection took place on 9th and 11th June 2015 and it was unannounced. Before our inspection, we reviewed information we held about the home. This included notifications submitted by the home and safeguarding information received by us. We also contacted and received feedback from three health and social care professionals to obtain their views about the care provided in the home.

The inspection team consisted of two inspectors. We spoke with the seven people who used the service and two relatives. We also spoke with the registered provider, the area manager, the new manager, activities organiser, four care staff.

We observed care and support in communal areas and also looked at the kitchen, laundry and people's bedrooms. We reviewed a range of records about people's care and how the home was managed. These included the care records for four people living there, recruitment records, staff training and induction records for staff employed at the home. We checked the medication records and the quality assurance audits completed.

After the inspection we provided feedback to the registered provider, the area manager and new manager. We discussed areas of good practice and areas where improvements were needed.

Is the service safe?

Our findings

People who used the service informed us that they felt safe in the home. When asked if they felt safe, one person said, “very much so.” Another person stated that they did not need to lock their door and said, “I feel safe here.” When asked if people were safe in the home, two relatives replied, “Yes.”

The home had suitable arrangements in place to ensure that people were protected from abuse. Staff had received training in safeguarding people. This was confirmed in the training records and by staff. Staff gave us examples of what constituted abuse. We asked staff what action they would take if they were aware that people who used the service were being abused. They informed us that they would report it to their manager. They were also aware that they could report it to the local authority safeguarding department and the Care Quality Commission (CQC).

The service had a safeguarding policy and details of the local safeguarding team were available in the office. Staff were aware of the provider’s whistleblowing policy and they said if they needed would report any concerns or ill treatment of people to external agencies if the provider did not take appropriate action.

People’s care needs had been carefully assessed. Risk assessments had been prepared. These contained action for minimising potential risks such as risks associated with aggressive behaviour, pressure sores and falls.

Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records disclosure, evidence of identity, and a minimum of two references to ensure that staff were suitable to care for people. We looked at the staff rota and discussed staffing levels with the area manager and manager. We noted that in addition to the manager or area manager, there was usually four care staff on duty during the day. During the night shifts there were usually two carers on duty including one who was on waking duty. The home had fourteen people using the service. People and relatives told us that the home had sufficient staff. One person said, “They come to me when I need help.” Another person said, “Generally speaking, staff are pretty good.” Care staff informed us that the staffing levels were adequate and they were able to attend to the care needs of people.

There were suitable arrangements for the recording of medicines received, storage, administration and disposal of medicines. The temperature of the room where medicines were stored had been monitored and was within the recommended range. No controlled drugs were stored in the home. Relatives and people who used the service said people had received their medicines on time.

There was a system for auditing medicines. This was carried out by the area manager. The policy and procedure for the administration of medicines was comprehensive and included guidance on storage, administration and disposal of medicines. There were no gaps in the medicines administration charts examined.

The home had an infection control policy which included guidance on hand washing and the management of infectious diseases. We visited the laundry room and discussed the laundering of soiled linen with the area manager. She was aware that soiled and infected linen needed to be transported in special bags and washed at a high temperature. The uniform of a staff member was soiled on the second day when we arrived at the home. This person stated that they were about to change it. We noted that this was done soon after.

We visited bedrooms and communal areas and discussed safety arrangements with the manager and maintenance person. They were aware of the need to ensure that the premises and equipment were well maintained and in good working order. There was a contract for maintenance of fire safety equipment. There was a record of maintenance of the lift, electrical installations and the gas boiler. PAT tests (portable appliances tests) had been carried out.

The home had a fire risk assessment. Fire drills had been carried out recently and the fire alarm had been checked weekly to ensure that it was working properly. However, the names of staff involved and the time of the fire drills had not been recorded. This is needed to provide information regarding which staff have had participated in the drills and when they were held. The area manager stated that this would be recorded.

On the first day, people told us the premises were cold. One person said, “The heating is switched off in the summer.” We found the premises felt cold and noted that the heating

Is the service safe?

was not turned on. The area manager arranged for the heating to be turned on soon after. We were informed after the inspection that the temperature of the home had been monitored to ensure that people were comfortable.

On the first day, there was no hot water in two of the bedrooms on the ground floor. One person said there had been no hot water in their room for about three weeks. The area manager stated that there was hot water when they checked on 5 June 2015.

On the second day, some people said there was no hot water in the first floor bathroom. The area manager said

there had been some plumbing problems and they had arranged for plumbers to carry out repairs. We noted that as a result of our discussions the area manager took appropriate action. On the second day, the plumbers were repairing the hot water system and they said there was a problem with the pump. We were informed after the inspection by the area manager that the repairs were completed. The area manager stated that the plumbers advised that they produce a hot and cold water symbol to assist people in turning the tap in the correct direction.

Is the service effective?

Our findings

The feedback we received from people and relatives indicated that the healthcare needs of people had been attended to. One person said, "I have seen the dentist and chiropodist." Another person commented, "I feel alright here, the staff are very good." A professional stated that the person that they placed in the home and their relative were very happy with the service.

People had their physical and mental health needs monitored. There was evidence of recent appointments with healthcare professionals such as people's GP and hospital specialists. Care plans had been prepared and these were up to date. We looked at the care of people with diabetes and discussed their care with staff. They were aware of the care and special dietary needs. Care plans were reviewed monthly by key workers of people and changes in people's care were recorded.

The care records contained information regarding the dietary and nutritional needs of people. People's weight had been recorded and staff were aware of action to take if people had any significant variation in their weight. We looked at the arrangements for the provision of meals and observed people eating their breakfast and lunch. Some people expressed satisfaction with the meals provided while others indicated that improvements were needed and there was a lack of choice. The area manager stated that they had responded to suggestions made by people and this included providing roast meals on some Sundays and egg and bacon for breakfast on some days. The kitchen was clean. Fridge and freezer temperatures had been checked and recorded each day to ensure that food was stored at the correct temperatures. There were biscuits and snacks available for people in the cupboards. We did not see any fresh fruits in the kitchen on the first day. The area manager stated that people had been given fresh fruits that morning and they would be buying more in the afternoon. We saw fresh fruits were available for people on the second day of inspection.

The CQC monitors the operation of the DoLS (Deprivation of Liberty Safeguards) which applies to care homes. The

manager was knowledgeable regarding the Mental Capacity Act 2005 (MCA) and the DoLS. The DoLS can be used if a person who is in a home or hospital is restrained, restricted or deprived of their liberty for their own safety. The home had guidance on MCA and DoLS. We noted that the service had made applications to the DoLS officer regarding restrictions placed on people to ensure their safety.

Staff knew that if people were unable to make decisions for themselves, a best interest decision would need to be made for them. Staff we spoke with said they had received the relevant MCA and DoLS training.

Staff told us they worked well as a team and their managers were supportive. The home had a comprehensive induction programme and on-going training to ensure that staff had the skills and knowledge to effectively meet people's needs. A training matrix was available and contained the names of all staff currently working at the home together with training they had completed. Training for staff included the care of people with dementia, first aid, moving and handling and infection control.

Staff meetings had been held. The minutes of meetings indicated that staff had been updated regarding management issues and the care needs of people. There was evidence that supervision had been carried out regularly. Staff we spoke with confirmed that this took place and we saw evidence of this in the staff records. The manager stated that the home did not have separate appraisals and that appraisals had been incorporated into supervision sessions.

Staff knew how to care for people with behavioural difficulties and gain their co-operation. They said this included providing people with reassurance, explanations and time to calm down. This meant that potential problems and risks could be minimised or defused. Two relatives informed us that their relatives had made progress at the home. One stated that their relative had got stronger physically and had put on some weight.

Is the service caring?

Our findings

People stated that staff treated them with respect and their privacy had been respected. One person said, "They are respectful. They talk to me." Another person said, "I am well looked after here...much happier here." When asked if people had been treated with respect and dignity, a relative replied, "Oh yes!" A healthcare professional stated that they found staff to be caring and respectful whenever they visited the home and people and their representatives had been involved in decisions about their care. A person who spoke with us stated that people were well treated by staff who were courteous.

We observed that staff were pleasant and spoke in a friendly and respectful manner towards people. Staff informed us that they were aware that all people regardless of their varied and diverse backgrounds should be treated with respect and dignity. They were aware of the importance of ensuring that people's privacy was protected. They informed us that they would knock on doors before entering bedrooms and close the curtains if necessary.

There were arrangements to meet the varied and diverse needs of people. The area manager and chef informed us

that special cultural meals were available if people requested them. This was noted in the menu. Care records of people contained details of people's religious and cultural background, their interests, and activities they liked. We noted that a person was able to attend a place of worship with a carer.

Two people stated that there were no consultation meetings. The area manager stated that there had been consultation meetings but some people may not remember. We saw documented evidence of consultation meetings with people. Relatives also informed us that they had been consulted regarding the care provided. People had also signed their care plans. We saw the minutes of monthly meetings which were well attended. People's friends and family were welcomed in the home and the minutes of a meeting showed that some relatives had attended the Christmas dinner.

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, to assist people feel at home. We noted that grab rails were available in the toilets and stair cases.

Is the service responsive?

Our findings

The service had a service user guide which contained the complaints procedure. People and relatives were aware of who to complain to if they were dissatisfied with any aspect of the service. One person said, "I'd see the area manager. I wouldn't worry about raising a concern if I wanted. I'm quite happy."

Staff were aware that complaints needed to be documented and relayed to their managers. The home had a record of complaints. We noted that complaints recorded had been promptly responded to. One relative stated that when they made a complaint, it was promptly responded to and they were satisfied with the outcome.

Some people we spoke with stated that their choices and preferences had been responded to while others said their choice and preferences had not been responded to. One person said, "I am happy with the care here, but there is room for improvement." Another stated, "We don't get a choice for lunch, take it or leave it."

People had been assessed prior to coming to the home. Their care records contained information regarding their care needs and preferences. We saw in the minutes of meetings that people had been consulted regarding what activities they wanted to participate in. Three people told us that their preferences regarding activities had been responded to and this included being able to participate in activities of their choice outside the home. One person said, "Staff will accompany me if I want to go out." Another person said they could go out when they wanted and did go out at least once a day. A relative informed us that their relative had been encouraged to go out and to be as independent as possible. A social care professional informed us that activities had been organised for people and people had been encouraged to be as independent as possible. One person said they could regularly visit a venue they liked and another person said they could have a special diet. The area manager stated that within the past six months they had responded to the choices expressed by people and this included preparing certain desserts and smelling salts to remind people of bygone days.

However, some people said they were bored and the activities mainly consisted of card games. We noted that although a few people had gone out to participate in social activities, there were no organised social or therapeutic

activities in the home on the morning of our first visit. In the afternoon, we noted that an activity session took place. We spoke with the part-time activities organiser and saw that the home kept a record of activities that each person had engaged in each week. The area manager explained that activities were organised to take place in the afternoons. However people were given the opportunity to go out shopping, have their nails manicured, go for walks in the garden and stretch exercises in the mornings. She informed us soon after the inspection that the activities co-ordinator would be visiting for a few mornings each week so that people remaining in the home could also participate in activities.

There was documented evidence that people had been consulted regarding the meals provided. However, five people stated that although someone did ask them what they wanted to eat each day, they had not really been properly consulted. They stated that they had just been informed of what was available and there was really no alternative to the dish of the day. Two people stated that they would like to have hot meals in the evenings but this was not available in the evenings. The area manager stated that hot meals were not available in the evenings although people could have soup. Following our inspection on the first day, we noted that there was a choice of main dish on the second day. One person we spoke with stated that their choice of breakfast had also been responded to. We were also informed after the inspection by the area manager that hot meals were now included in the evening meal menu.

The registered provider and area manager stated that they were unaware of the discontent that some people felt at not having their choices and preferences responded to. We discussed the need for effective consultation with all people who used the service so that people can tell them about their choices and preferences. This would ensure that the provider is aware of any dissatisfaction and all people's individual choices and preferences can be responded to and where this could not be responded to, an explanation was provided. The area manager stated that in addition to their consultation meetings, they would be willing to implement one to one sessions where people could provide feedback regarding their choices and preferences. We were informed after the inspection that this had been started.

Is the service well-led?

Our findings

The feedback received from relatives and professionals regarding the management of the home was positive. Two relatives stated that they had confidence in the management of the home. Four social and healthcare professionals stated that they were satisfied with the quality of care provided. One person stated that they were not happy with the management of the service as they found management was unapproachable. The area manager responded to this and indicated that this view was not accurate and she regularly talked with people.

The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance. These included the medicines policy, equality and diversity, safeguarding, whistleblowing and the management of people with behavioural problems. The records of people who used the service were well maintained and care plans were up to date and comprehensive. One social care professional stated that they checked the daily logs and records of their client and was satisfied with the documentation.

Audits and checks of the service had been carried out by the area manager and registered provider. These included checks on the cleanliness of the premises, medication administration and health and safety checks. We however, noted that these checks were not sufficiently comprehensive and the views of people were not always recorded. The registered provider stated although it was

not documented, she visited the home frequently and talked with people and obtained their views. She stated that she would record them in future. Soon after the inspection, the area manager stated that the views of people had been incorporated in reports done by the registered provider.

A satisfaction survey had been carried out at the end of last year. We noted that the feedback were all positive. Health and social care professionals informed us that communication with the home was good and they had been kept updated regarding the progress of their clients. One professional stated that staff were also good at communicating with their client.

The manager, area manager and care staff were aware of their roles and responsibilities. They were aware of the values and aims of the service. They stated that that they worked to ensure that people were treated with respect and dignity, encourage people to be independent and worked to

improve the quality of life of people who used the service. One social care professional stated that the service provided a good quality of care and did more than was expected of them and was able to bring about significant improvements in their client.

When we identified deficiencies, the provider took prompt action to improve services. This included action to improve the plumbing and providing more activities for people.