

## Roundham Court

# Roundham Court

### 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 ●

# Summary of findings

## Overall summary

### About the service

Roundham Court is a residential care home providing personal care to 35 people aged 65 and over. At the time of the inspection, 29 people lived at the service. Some people were living with dementia.

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

People told us they felt safe living at Roundham Court. People were protected from the risk of harm. Risks were managed safely, and safe processes were in place. Where a risk relating to a window was identified, this was repaired immediately.

There was a relaxed atmosphere between people and staff. Staff were kind, caring and attentive. People told us "The staff are excellent. I only have to ask, and they help me. We have a giggle. This is my home" and "I couldn't wish for a better place."

Staff had enough time to meet people's needs and spend time with them in conversation. Staff had the skills and knowledge to meet people's needs effectively. Staff told us they were well supported in their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were involved in making decisions about their care and supported to maintain their independence. Care plans contained up-to-date information about each person's needs and preferences. People received personalised care from staff who knew them well.

People enjoyed taking part in social activities, going out in the local community, and spending time with family and friends.

Quality assurance processes ensured people received high quality care. The service was well managed. When speaking about the registered manager, people said, "(Registered Manager's name) is one of the best" and "She's always there for you, very understanding."

### Rating at last inspection

The last rating for this service was good (published 12 January 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

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

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Roundham Court

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Roundham Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

#### During the inspection

We spoke with 12 people who used the service and one relative about their experience of the care provided.

We spoke with seven members of staff including the locality manager, registered manager, head of care, care workers, maintenance worker, and domestic staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We received feedback from two healthcare professionals.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and comfortable living at the service. One person said, "I feel very safe and happy here."
- Staff had completed safeguarding adults training. They knew how to report concerns about people's safety.
- Staff told us they felt confident the registered manager would respond and take appropriate action if they raised any concerns.

Assessing risk, safety monitoring and management

- Risk assessments had been completed for each person which considered personal care, risk of falls and the environment in which care was to be provided. Records gave staff guidance on how to reduce risks and were up to date.
- The environment and equipment were well maintained. For example, the bath lift, stair lift, and fire extinguishers had been serviced. Where the fire service had made recommendations, these had been actioned.
- The restrictor on one bedroom window had broken. We raised this with the registered manager and this was repaired during our inspection. The registered manager assured us regular visual checks were carried out and recorded. Where issues were identified, action was taken.

Staffing and recruitment

- There were enough staff on duty to meet people's needs and keep them safe. People told us staff were available when they needed them. Comments included "There's plenty of staff" and "They come within minutes."
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check, had been carried out before staff were employed. This made sure they were suitable to work with people.

Using medicines safely

- People received their medicines when they should.
- Systems in place ensured medicines were received, administered, stored and returned safely.
- Only staff who were trained and assessed as competent, administered medicines.

Preventing and controlling infection

- The home was clean and smelt fresh throughout.
- Systems were in place to prevent and control the risk of infection. Staff had completed infection control training.
- Staff used personal protective equipment to prevent cross infection when assisting people with personal care. For example, gloves and aprons.

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed monthly to identify themes or increased risks. This reduced the risk of reoccurrence.
- Issues identified within the organisation were shared across each service for learning purposes.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care assessments were carried out before people began to use the service. Staff received information on how best to meet each person's needs in line with best practice guidance and people's preferences.
- When people's needs changed, care reviews were carried out.

Staff support: induction, training, skills and experience

- People told us staff knew how to meet their needs.
- Staff told us they had the skills and knowledge to meet people's needs effectively. All staff told us the training was good. Specific training to meet people's individual needs was provided.
- Staff had opportunities for regular supervision and appraisal. Staff told us they were well supported in their role. They said the management team were always there to give help and support if needed.

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

- People told us they really enjoyed the food. Comments included "There are two lovely cooks and the food is smashing" and "We have very good basic meals. They know what I don't like." People all said if they didn't like something they were offered an alternative.
- Food was well presented and smelt appetising.
- Where people required food to be prepared to meet their medical or cultural needs, this was catered for.
- Staff supported people who needed assistance to eat their meals. Staff showed patience and encouraged people to eat a suitable amount of food.
- Staff monitored people who were at risk of not eating and drinking enough. Nutritionally enhanced food and drinks were provided. Professional guidance was sought where necessary.

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

- Staff were able to quickly identify when people were unwell.
- People were supported to see health care professionals to ensure their healthcare needs were met. For example, people had seen GPs, dentists, district nurses, specialists, and chiropractors. A healthcare professional said "I've always been impressed by the organisation within the home and they are always prepared for our visit and willing to be flexible when necessary."

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

- The environment was very homely. People's bedrooms were personalised, and people had items that were important to them.
- There was a lounge and dining room on the ground floor. Stairs, a lift, and a chair lift provided access to the upper floor. People were able to access several wet rooms to have a shower and the bathroom had a bath lift.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff were aware of the MCA and knew to always ask for people's consent.
- Mental capacity assessments had been completed where appropriate. Following this assessment staff had also completed best interests' decisions.
- DoLS applications had been made appropriately.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Without exception, people told us staff were kind and caring. Comments included "The staff are excellent. I only have to ask, and they help me. We have a giggle. This is my home" and "I couldn't wish for a better place."
- One person said they liked the fact that every night one of the staff tapped their door or passed by, called their name, and lightly said "Night, night (name)."
- Interactions between people and staff were relaxed. People knew staff well and there was chatting, smiling and open affection. Staff showed an interest in what people were doing.
- A healthcare professional said, "The residents appear to be happy and communicative and the quality of care seems to be of a high standard."
- Staff told us they enjoyed supporting people. One staff member told us they often came in on their day off to have a coffee and a chat with people or go for a walk with them.
- Staff were keen to ensure people's rights were respected and were aware of their cultural and spiritual needs.

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

- People were encouraged to make decisions about their day to day routines and express their personal preferences.
- People and their relatives, where appropriate were involved in their care planning.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was considered and upheld by staff. Staff knocked on doors and waited for a response before entering.
- Some people had a key to their bedroom and could choose to lock it for privacy.
- People's independence was respected and promoted. We observed people doing what they could for themselves and going out into the community. One person proudly showed us their bedroom.
- People were supported to maintain relationships with those close to them. Relatives were made to feel welcome. One relative said, "They look after us very well and I feel welcome here."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people's needs were met through good organisation and delivery.

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

- People received care and support that was flexible and responsive to their needs.
- Each care plan was highly personalised with people's preferences and detailed daily routines. Staff were able to tell us about people's preferences. One person who had a particular set of routines, was impressed that staff respected them. They said, "They all seem to care. I have a routine and they know it and respect it."
- Care plans contained information about people's life history. Staff used this to understand each person as an individual. One staff member said, "I like hearing about people's life stories. We use photos to try and jog their memory."

Meeting people's communication needs

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

- The registered manager was aware of the Accessible Information Standard (AIS).
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that identified information and communication needs were met for individuals. For example, staff printed one person's care plan in large print, so they could read it.

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

- People told us they were happy with the social activities at the service. During the inspection, people chose to take part in chair exercises, throwing balloons, and a quiz. Other arranged activities included musical entertainment, arts and crafts, games, and pamper sessions. One person told us they liked to help with daily living activities such as polishing.
- Staff told us they used photographs to discuss memories and encourage conversation for people living with dementia.
- Some people liked to spend time in their bedroom. During our inspection, people were watching television, spending time with relatives, and reading. Where people chose to stay in their bedroom, staff spent time chatting and doing activities with them. One person said, "One of the carers comes to my room

to play dominoes with me." Another person enjoyed the company of the registered manager's dog.

- Some people liked to go out in the local community. One person went to a memory café and another person went to the local Alzheimers group. People went out with relatives and representatives during our inspection. Some people went out independently to the local shops and banks. Staff supported people to go for a walk and shopping. One person told us they enjoyed going shopping to buy sweets for the home's sweet trolley. People had the opportunity to buy traditional sweets several times a week and enjoyed this.
- Some residents had visits from church representatives or attended their local church. During the inspection, several other people asked about services. This was passed on to the registered manager.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt able to raise concerns if they were unhappy. They felt confident the provider would take action to address any concerns. People said, "If I had a complaint and anything was wrong I would talk to the manager" and "I have no complaints."
- Where the service had received a complaint, this had been investigated and responded to appropriately.

End of life care and support

- Staff supported people to stay at the service at the end of their life and ensured their needs and preferences were met.
- Where people had expressed advanced decisions, end of life care wishes, and funeral arrangements, these were recorded in their care plan.
- Staff worked with professionals and stored appropriate medicines to ensure people remained pain free.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was committed to providing high quality care for people in an environment where people could feel at home. The registered manager told us their aim was to make Roundham Court a good place to live and work.
- People and staff told us the service was well managed. When speaking about the registered manager, people said, "(Registered Manager's name) is one of the best" and "She's always there for you, very understanding." Staff told us they felt listened to and enjoyed working at the service. They told us the management were very caring and always approachable.
- A healthcare professional said "Management are always obliging when we visit and help us with any query we have."
- Feedback from several care home review websites was positive. On one website, the home was rated 9.6 out of 10 by 15 people and their relatives.

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

- The registered manager was aware of their responsibilities to provide CQC with important information and had done so in a timely way.

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

- The registered manager was supported by a head of care, senior care staff and care staff. There was a stable staff team. Each staff member knew their responsibilities and there were clear lines of accountability.
- Quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. The registered manager carried out a monthly review of the service. Any issues identified were recorded in the service improvement plan. Actions were taken to make improvements.

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

- People were involved in the running of the service through 'residents' meetings.
- People were encouraged to share their views. Questionnaires were used to gain feedback from people and

their relatives about the admission process and the quality of care. Recent questionnaires showed a positive response.

- Staff felt able to contribute their thoughts and experiences informally and at staff meetings.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to improving care where possible. They kept up-to-date with national developments in the care sector.
- The registered manager attended the local manager's network with other care professionals to improve information sharing and knowledge.
- The registered manager attended monthly meetings with other managers from within the group. The purpose of the meetings was to discuss new legislation, ways of working and lessons learnt. The registered manager told us this helped to create good working relationships and promote good practice.
- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care.