

Roland Residential Care Homes Limited

# Roland Residential Care Homes - 6 Old Park Ridings

## Inspection report

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Date of inspection visit:  
26 September 2018

Date of publication:  
19 November 2018

### 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

This inspection took place on 26 September 2018 and was unannounced. At our last inspection in January 2016 we rated the service Good. At this inspection we found evidence continued to support the rating of Good.

There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Roland Residential Care Homes – 6 Old Park Ridings 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.

This home is registered to provide care for up to ten people who have a mental health diagnosis. There were nine people living in the home at the time of this inspection.

People felt safe living at the service and risks were managed effectively to keep them safe and protect their rights. The provider had effective systems in place to protect people from abuse and had responded appropriately to safeguarding risks.

The provider ran other similar care homes locally which provided a support network for staff and the registered manager and social opportunities for people living in this home. The service supported people to follow their interests in the community and at home. There were positive relationships between people and members of staff.

People were supported to have maximum choice and control of their lives and the service supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had choice around what they ate, whether they cooked their own meals or had their meals cooked by staff, how they spent their time and could come and go when they wished to.

The service provided support to people to maintain good health and with managing health conditions. People had good support to maintain their independence and their right to privacy was respected. The service helped people with maintaining relationships with their families.

People were involved in planning their care. The service ensured care plans were person centred and updated as and when people's care needs changed.

Effective systems were in place to manage complaints. People told us they were happy with the service. Staff treated them with respect.

The service maintained clear records of care provided, people's health and wellbeing. The provider was continually improving the service and worked in partnership with health and social care professionals to ensure people's health and social care needs were met.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well-led.	<b>Good</b> ●

# Roland Residential Care Homes - 6 Old Park Ridings

## **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.

This inspection took place on 26 September 2018 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service.

Prior to the inspection we checked all the information we held about the provider on our database including notifications they had made of significant events, safeguarding alerts and complaints.

We spoke with the registered manager, three staff members and six people living in the home. One person did not wish to speak to us.

We read three people's care records and checked whether their assessed needs were being met. We looked at other records including staff training, supervision and recruitment records, quality monitoring records, complaints, medicines records and audits, safeguarding, fire, health and safety records.

We looked around all the communal areas and four people's bedrooms. We observed interaction between the staff and people living in the home throughout the day.

# Is the service safe?

## Our findings

Staff were trained in safeguarding people and understood signs of abuse and what to do if they suspected a person in the home was being bullied or abused. The service had responded appropriately to safeguarding issues since the last inspection.

Some people were able to manage their money and others had appointees and kept some money in the care of the service. The provider carried out weekly audits to ensure people were protected from any risk of financial abuse.

The service had risk assessments in place for risks to each person's health and safety. The risk assessments gave guidance to staff on how to minimise risks. We found risk assessments were comprehensive. One person had a risk that was known but not addressed in their risk assessment or care plan. The registered manager addressed this as soon as we raised it with them.

At the last inspection the issue of staff sleeping in the kitchen was discussed as there was no risk assessment in place about the safety or appropriateness of staff sleeping in the kitchen. We found at this inspection there was still no risk assessment in place about staff sleeping in the kitchen. After the inspection the registered manager completed a risk assessment and sent it to us.

Medicines were managed safely in the home. There had been minor medicines errors since the last inspection but there was good management oversight of medicines and people said they were satisfied they received their medicines correctly. Records were completed accurately and medicines were stored securely and at a safe temperature. One person said, "I get my medication on time" and others agreed. People had signed a document consenting to the service administering their medicines. Records confirmed staff had been trained in medicines management and their competence had been assessed before they were allowed to give medicines.

Staff managed the risks associated with behaviour that challenged the service. Two people said that they thought staff were overworked and there weren't enough staff. When we looked into this further we found that people were concerned that the behaviour of some people was difficult for staff to manage. Staff had completed training in management and prevention of aggression and showed a good understanding of how to diffuse potentially aggressive situations. Staff told us they felt well supported and that the provider or another manager would come to the home to support them if there was a challenging incident. Staff had a person-centred approach to challenging behaviour and supported people safely and respectfully. People told us they felt safe living in the home. One person said; "I'm very happy and feel safe here."

There were enough staff on duty to meet people's needs and wishes. The registered manager told us the rota was flexible and extra staff could be deployed to deal with appointments, activities and incidents. There were no waking night staff. Two staff slept in the home at night and were on call if people needed any support. The registered manager told us that all placing authorities were aware that there were no waking

night staff in this home and were happy with this arrangement.

The provider carried out checks on staff during their recruitment to minimise the risks of employing unsuitable staff. This included checks of criminal records, proof of identity and references. We found one staff member did not have a reference from the last employer and that there was an issue that had not been followed up. The registered manager sent us the provider's recruitment procedure after the inspection to show they had amended it to ensure references were sought from previous employers in health and social care as this is a legal requirement.

The building was clean to a high standard and well maintained. Staff were aware of infection control and safety issues which helped to protect people from risk of infection. There was a pest control issue in the garden on the day of the inspection. The registered manager showed us evidence that their pest controller was visiting shortly after the inspection.

The provider minimised the risk of fire through weekly checks of the fire alarm system, quarterly fire drills and fire retardant soft furnishings in the bedrooms of people who smoked. There was a no smoking policy in the house.

The service learnt lessons and made improvements when things went wrong. The registered manager gave us some examples of where they had learned from incidents.

## Is the service effective?

### Our findings

The service assessed a person's needs before they came to the home to ensure they could meet their needs. We checked to see if people's assessed needs were addressed in their care plans. Care plans were comprehensive and addressed people's assessed needs and wishes.

Staff completed appropriate training for their role. They received effective supervision where they had opportunities to discuss all aspects of their work and development. Staff told us they felt well supported. New staff completed the care certificates which is a nationally recognised qualification. The registered manager confirmed that all current staff had completed the care certificate. Staff received annual appraisals of their performance in their role.

People could choose whether to eat meals cooked by staff or cook for themselves. Staff preparing food had food safety training. Two people said they didn't like the food but did like cooking their own food. Each person had secure storage to keep their own food items. One person said, "Food's very nice here and I'm free to do what I want."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had completed training in the Mental Capacity Act and understood how it applied to their work. Staff understood the need to seek consent before providing care. One person in the home was subject to a deprivation of liberty safeguard (DoLS) and there was a keypad on the door to ensure this person was not able to go out alone. Others could go out when they wished to and were asked to let the service know if they were staying out overnight or coming back later than usual so that staff knew when a person might be reported missing.

The service supported people well with their health needs. Staff supported people to attend appointments where they wanted this and kept records of health appointments and outcomes. One person was receiving regular medical treatment and the staff team were supporting them in a person-centred way.

One person told us; "The staff helps me with my physical health and takes care of me." The service gave people appointment calendars so they knew when their appointment was and did not have to rely on staff to tell them.

Four people had substance misuse needs and staff supported them appropriately with their health needs. They supported people to use specialist drug and alcohol support services. Staff showed good understanding of how substance misuse affected individuals' behaviour.

Two people in the home had a physical disability and the building was suitable to meet their needs in ground floor accommodation.



## Is the service caring?

### Our findings

Staff formed good relationships with people living in the home. People told us they liked staff and that they were all caring and kind. One person said, "Staff are patient and caring." Everybody had positive comments about the staff team.

We observed interaction between the staff team and people living in the home throughout the day. We saw staff were always positive, respectful and kind in their interactions with people. Staff demonstrated good knowledge of people's individual needs and told us they always spent time sitting and talking to people to ensure people did not feel bored.

People said their privacy was respected. Staff also had a good understanding of people's rights to privacy.

Staff supported people whose behaviours challenged the service whilst still protecting their dignity. Staff had a positive person-centred approach to their work. People told us they had formed good relationships with staff. There was a supportive atmosphere and we observed staff talking to people in a respectful way.

Staff told us how they supported people to be as independent as possible. Most people cooked some meals even if only once a week and those who were willing and able went out to buy their own food to cook. Some people had moved from the care home to live in supported living settings as they had learned to be more independent whilst in the care home.

We saw from records in people's files and from talking to the registered manager that the service worked hard to help people maintain relationships with partners, families and friends including helping them to find relatives they had lost touch with. This was done in a sensitive person-centred way. All staff had completed training in privacy, dignity, equality and diversity.

## Is the service responsive?

### Our findings

People's care plans and feedback from people showed that the service was responsive to people's holistic needs.

The service supported people to develop personalised daily activity plans. The registered manager told us that they considered a daily routine and structured activities were beneficial for people living in the home. People were encouraged to go out and staff supported them to take part in activities such as cinema and shopping. The provider had a programme of group activities which people in all their care homes could take part in if they wanted. This included exercise classes and art and crafts. People were also offered monthly large group outings to places of interest such as the London Eye or the zoo. The provider arranged a large group holiday to Butlins every year where people from all their homes could travel together by coach.

Individual activities included voluntary work, paid gardening, church and shopping. Staff found out people's interests and encouraged them to pursue these. Some people went to day services. Staff acted as keyworkers for people living in the home and kept records of meetings with the person.

The provider had recently employed a Bengali speaking staff member who was working in the home with a person whose first language was Bengali. Staff supported people to follow their religious beliefs and accompanied people to places of worship if they needed support.

One person said they were not happy in the home and felt that staff were not responsive to their needs. The registered manager had a good understanding of the person and was able to explain the reasons why the person was not happy and what action was being taken. Other people all said they felt well supported. The service responded well to people's changing needs and wishes and were in the process of helping two people plan to move out to different services.

The service dealt appropriately with complaints. There was one complaint that had not been recorded in the home. The registered manager was able to show us evidence from texts that they had dealt with this complaint to the complainant's satisfaction. We advised that the complaint and outcome be recorded in the complaints file as permanent record of complaints.

## Is the service well-led?

### Our findings

The provider had not displayed the CQC rating for the home on their website. The website stated that the latest CQC rating for the home was "excellent" which was not accurate. We raised this with the registered manager during the inspection and reminded them that it was a legal requirement to display the correct rating and that the current information displayed was inaccurate. They agreed to raise this with the provider.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service promoted a positive and person-centred culture that aimed to achieve good outcomes for people. The registered manager had good relationships with staff and with people living in the home. All made positive comments about the manager.

The registered manager displayed notices for staff which they were expected to read and sign for example to inform them there had been a change to a person's medicines or risk assessment. Staff signed that they had read and understood. They said the communication systems in the home were good. The registered manager sought people's views on the quality of the service.

Staff told us they had good support from the management team. They knew the managers of the provider's other care homes who visited the home regularly. They said there was always a manager to call for advice and support out of office hours.

Staff meetings were held every three months. Quality assurance systems were in place and staff had responsibilities for different aspects of running the service for example checking the building for fire safety, planning outings and organising food shopping. Staff and people living in the home told us the service ran smoothly. One person said, "It runs like clockwork here."

The provider and registered manager carried out regular audits of medicines, finances and health and safety. We saw from records that the management team worked closely with other professionals involved in people's care and had good professional relationships.

The provider's management team comprising managers from their other care homes supported each other and three of them visited during the inspection. They told us the provider was supportive of them and their staff teams.