Maricare Limited

Roman Court

Inspection report

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Mexborough
South Yorkshire
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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

Roman Court is a care home which provides care and support to people with nursing and personal care needs. The home provides accommodation for up to 36 older people, most of whom are living with dementia. Accommodation is provided on two floors; a lift is available to access the first floor. At the time of the inspection there were 31 people living in the home.

This comprehensive inspection was unannounced, which meant those associated with the home did not know we were coming. It took place on 15 January 2019.

At the last inspection in January 2017 the service was rated as good. You can read the report from our last inspections, by selecting the 'all reports' link for 'Roman Court' on our website at www.cqc.org.uk.

At this inspection we found the evidence continued to support the overall rating of good and there was no evidence from our inspection 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.

The previous registered manager had left the service around six months prior to this inspection and the provider had appointed a new manager, who had previously been the deputy. The new manager had applied to be registered with CQC. 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.

We found the provider continued to make sure people were protected from abuse. The manager kept the staffing levels under review to ensure there were sufficient staff to meet people's needs. Medicines were well managed and records showed people received their medicines as prescribed. Assessments identified risks to people and management plans were in place to reduce the risks. The home was undergoing a programme of gradual refurbishment and redecoration.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were aware of people's nutritional needs and they supported people to eat well, with choices of a variety of food and drink. People's physical health was monitored, so that appropriate referrals to health professionals could be made. Staff received training and support to ensure that they could fulfil their role. Staff we spoke with told us they felt supported by the manager.

There was a person centred and caring culture in the care team. (Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual.) The service had a friendly atmosphere. Staff approached people in a kind and caring way and encouraged people to express how and when they needed support. The relatives we spoke with told us they felt staff were caring.

The activities and entertainment was designed to meet the needs of the people who used the service and was mindful of people's ability to concentrate. We observed staff undertaking activities with people, one to one. The complaints process was clear and people's comments and complaints were taken seriously, investigated and responded to in a timely way.

Systems were in place which assessed and monitored the quality of the service, using opportunities for learning and improvement. The manager placed a lot of emphasis on listening to and involving people, those close to them, the staff and other professionals and was developing more formal ways of doing this.

Further information is in the detailed findings of this report.

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 remains good.	Good
Is the service effective? The service remains good.	Good
Is the service caring? The service remains good.	Good
Is the service responsive? The service remains good.	Good
Is the service well-led? The service remains good.	Good

Roman Court

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 registered provider was 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 15 January 2019 and was unannounced. The inspection was undertaken by one adult social care 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. The expert's area of expertise was in the care of older people.

We brought this inspection forward because we received information of concern from visiting health care professionals about the standard and safety of care provided, with a focus on care planning and risk management, medicines management and staff's understanding and approach to the Mental Capacity Act 2005 (MCA).

Before the inspection we reviewed all the information we held about the service. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered provider. The registered provider had completed a provider information return (PIR) This is a document that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make.

At the time of our inspection there were 31 people using the service. We spoke informally with six people who used the service and four visiting relatives. As we were unable to communicate with most people living at the home due to their complex needs we spent time observing care throughout the service, we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the manager, the clinical lead, one nurse and three care workers. We spoke with a visiting social worker and a community nurse to gain their view of the service. After the inspection, we spoke with the local authority contracts monitoring officer, who also undertakes periodic visits to the home.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's written and electronic records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at three staff personnel and recruitment records, minutes of meetings and the quality assurance systems employed in the home.

Good

Is the service safe?

Our findings

The relatives we spoke with said they felt their loved ones were safe. For instance, one person's relative commented, "Yes, I think [family member] is safe. I come nearly every day, I'm not worried about [family member] being here." Another person said, "Definitely safe. The staff are very good. "[Family member] has a mat to alert the staff if [family member] is getting up."

People's relatives told us there were enough staff to meet their family member's needs and to keep them safe. One relative said, "There's always enough staff on." They added, "and they make me very welcome." We discussed staffing with the manager who told us the home was well staffed, with the hours worked by the nurses being supernumerary to the care staff rota. This worked well, providing time for staff to spend time with people to meet their individual needs. We saw people were not left unsupervised and there were good levels of positive interaction between staff and people who used the service.

The service continued to make sure only suitable people with the right skills were employed in the home. Pre-employment checks were obtained prior to new staff working unsupervised, although we identified minor issues with two staff members' records, which were discussed with the manager at the time of the inspection.

There was thorough monitoring of accidents and incidents and the manager made sure there was an emphasis on learning lessons, adapting and improving the service to better meet people's needs. Screening tools were used by staff to monitor specific areas where people were more at risk, and these explained what action staff needed to take to protect people.

People's relatives told us risks were well managed. The health and social care professionals we spoke with told us where risks were identified the service worked well with other health professionals and this helped to reduce and manage the risks. The records we saw confirmed this. For example, referrals were made to the falls team when any risk was identified. We saw staff helping people to move around the home safely.

The storage, administration and recording of people's medicine were managed well. Regular checks had been carried out to make sure that medicines were given and recorded correctly, and remaining medicines tallied with the stock held. Actions identified from audits were included in action plans and signed off when completed.

The provider had invested in decorating and improvement work to address shortfalls in the quality of the decor and to help make the environment more suitable for the needs of the people who used the service. However, it was necessary for this to continue, as there remained some areas were the décor was quite 'tired.' The home had been without a maintenance person for some time. We met the new maintenance person and they were busy addressing shortfalls in the maintenance of the building. The manager told us that continuing to improve the environment was an ongoing project. Those people we spoke with during the inspection, including relatives, staff and the health care professional told us there was a steady improvement in the design and décor of the home. There was a refurbishment plan in place and the local

nurse specialist for infection prevention and control had been involved in reviewing and advising on this.

Two staff, were infection prevention and control champions and it was evident they were helping to ensure any shortfalls in this area were identified and addressed. Overall, the home looked clean and fresh. We saw that staff followed good hand hygiene procedures and protective equipment such as aprons and gloves were readily available for staff. Relatives confirmed that the home was generally clean enough. For instance, one relative said, "The home is kept clean, they deep clean [my family member's] room every four weeks."

The service continued to safeguard people from abuse. Staff had a good understanding of protecting people from abuse. They told us they had undertaken safeguarding training. They knew who to inform if they witnessed abuse or had an allegation of abuse reported to them. The manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and records we saw showed that any safeguarding incidents were managed well.

Good

Is the service effective?

Our findings

People's relatives confirmed that staff tried hard to make sure their needs were met. One person's relative commented, "I think some of the staff are natural carers. They keep [my family member] beautifully clean and tidy and very smart." There was also emphasis placed on the importance of people eating and drinking well. Relatives gave positive feedback about the food and we saw there were lots of snacks and drinks provided throughout the day. The manager told us they had undertaken audits of people's mealtime experiences and we saw that changes were being made to suit people's very individual needs.

People's needs and preferences were clearly documented, as were any food allergies. Staff were aware of people's dietary needs related to their culture, religion and health and their particular preferences relating to food. Relatives' comments included, "The food is excellent and [family member] can eat every hour if they want to," [Family member] has a blended diet and that's fine" and "If [family member] wants snacks at night, they have them, and this happens most nights."

If people were at risk of poor nutrition or dehydration their records included screening and monitoring tools to prevent or manage the risks. We saw records had been maintained to monitor people's food and fluid intake, as well as their weights. We saw that people's weights were monitored and referrals for support from health care services made when needed.

Relatives said people received good healthcare and that other professionals were involved. Relatives felt they were kept informed of any changes in their family members' health and wellbeing. For instance, one relative said, "If [family member] is poorly, staff call a doctor and they're very prompt. They also call me." People's records showed they had access to a range of healthcare services such as GPs, opticians, district and community nurses, chiropody, dentistry and dieticians.

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. The provider continued to make sure people were supported to make decisions in accordance with the MCA. Records demonstrated that where people could not speak for themselves decisions had been made in their best interest and these were recorded in their care files. Relatives told us they had been involved in any decisions that had been made in their family members' best interests.

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). We saw the registered provider was meeting the requirements of the Act. DoLS authorisations in place for four people at the time of the inspection. Where conditions were attached to the approved DoLS these were being followed and monitored.

Staff received appropriate training and support to enable them to meet people's needs. Staff told us they completed an induction when they first started work in the home, which included the core training necessary for the safety and care of people using the service. The core training staff undertook was updated regularly. Additionally, most staff had nationally recognised vocational qualifications. There was an effective system that flagged up when staff needed training and updates, so that this could be planned for. Staff confirmed they had received supervision and annual appraisals and the records we saw also confirmed this. Supervision sessions were individual meetings with their line manager. Staff felt they were able to contribute to their supervision sessions and felt valued.

The manager actively encouraged staff to take on the role of champion for various areas of their work. Champions are staff who show a specific interest in particular areas. They receive training in their area of interest and play a role in bringing best practice into the home, sharing their learning, acting as role models for other staff, and supporting them to ensure people receive good care.

Most people were living with dementia. Some adaptations had been made to the home to suit their needs. The home was light and airy there were various lounges and small areas where people could sit quietly and sit comfortably with their visitors. However, there was room to make the environment more suitable for the specific needs of the people using the service and this work was ongoing. Some areas of the building were being modified, and the manager made sure this caused as little disruption to people as possible. We brought some details, such as a clock not showing the correct time, to the attention of the manager, who addressed them at the time.

Good

Is the service caring?

Our findings

Relatives we spoke with gave positive feedback about the staff. We were told the staff were very kind and genuinely cared. Their comments included, "I know staff do care. I used to wonder about when I'm not here, but I see how they treat people who haven't got visitors, so I'm confident now. They [staff] are great with everyone", "[Staff] are lovely, their approach is lovely. No matter who it is they're all the same" and "At Christmas the staff made all the presents individual, each person got something different, something which really suited them as individuals. It was a lovely Christmas." A visiting health professional also mentioned that staff had put a lot of work into making Christmas nice for people.

We observed staff interacting positively with people throughout our inspection. Interaction was relaxed, easy and comfortable and it was evident that staff knew people well. As part of the inspection, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. During this observation we saw staff were warm, friendly and engaging in their interaction with people. We saw lots of expressions of affection between people and staff.

Relatives confirmed people were given choices and we observed this in the way people were free to choose where they wanted to sit and moved around the home freely. Relatives also told us staff respected people's privacy and dignity. One relative said, "They [staff] treat [family member] with respect and they look after [family member]." We saw staff knocking on people's doors and helping people in a discreet way. We observed staff encouraging people's independence. This meant, for instance, that some people got a bit messy when eating. However, any minor mishaps were managed discreetly.

The staff we spoke with were knowledgeable about people's needs and knew their personal histories and preferences. Staff spoke about people with warmth and it was clear that they cared for people. When using SOFI, we saw that staff spent a lot of time engaging with people in meaningful and enabling ways. We saw that any distress experienced by people was minimised by the caring attitude the staff displayed.

We looked at how the service met people's needs around their cultural and spiritual beliefs. Staff had a good understanding of people's individual needs and preferences, and could speak with knowledge and in detail about the history, likes and dislikes of the person they were caring for. The manager told religious services were took place in the home. Staff we spoke with said there was a strong, person centred and caring culture in the care team. (Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual.) People's rooms we saw were personalised to reflect their lives and preferences. This included family photos and mementos. The manager told us that many had been refurbished and the outstanding rooms were being completed in a planned way, to prevent disruption to people.

The relatives we spoke with told us they were involved in care planning and that communication with them was 'excellent'. They said they often discussed the care their family members received with the staff and the manager. One relative said, "There is a care plan in place and I was involved in it. Staff contact me at any time if they're worried." They added, "We're welcome to visit at any time." Another relative told us, "[Family

member] had regular visits to hospital and we had to do a care plan that made sure we covered everything."

Good

Is the service responsive?

Our findings

People's visiting relatives told us the service was responsive to people's needs and preferences. One relative said, "I did have reservations about [my family member] coming here, but it's turned out great for [my family member]." Relatives told us the care their loved ones received was personal to them.

Care plan information was personalised, including people's individual needs and preferences in detail. Care plans were updated or added to monthly, or when there were changes. This was to make sure information was up to date and relevant. Staff had daily handovers, so any changes in people's needs and new information was passed to staff when they started their shift. This meant staff were aware of people's wellbeing and the care they needed.

People's relatives and staff told us people had access a range of activities in the home, although these were not usually formal activities. "They have plenty of games and they seem to get lots of singers." The manager told us activities were designed to meet the specific needs of the people who were using the service, being mindful of each person's attention span and ability to concentrate and we saw lots of interaction of this sort throughout the day. Some people engage in their individual hobbies and interests, for instance one person was provided with equipment and space in one lounge, to enable them to watch and sing along to their favourite artiste. The person told us they really loved this. There was an open fronted cupboard in the larger lounge with sensory items, puzzles and games and several books and magazines were placed around the various lounges. We saw that several people really engaged well with these, picking them up as they wished.

The relatives we spoke with told us the standard of care was good. The manager said there were good links with GPs, particularly in supporting people receiving end of life care, and the district nursing service helped to ensure people received suitable medical care during this period of their lives.

The registered provider made sure the service was following the Accessible Information standard (AI). The Accessible Information Standard is a legal requirement for providers to ensure people with a disability or sensory loss are given the communication support they need and given information in a way they can understand. We saw that people's assessments included details of their communication needs, including if people used hearing aids and glasses. Where people required this support their plans included guidance for staff about communication methods to ensure people could understand, contribute and agree to their care and support. Some people were wearing glasses. These were clean and in good condition, helping them to see properly, and to engage in activities and conversation.

The here was an effective complaints policy and procedure. It was written in plain English and displayed on notice boards in the home. Relative said they had no qualms about complaining and did so if they felt it necessary. We saw that people's comments and complaints were taken seriously, investigated and responded to in a timely way. People we spoke with told us the service was very responsive if they raised any concerns. For instance, one relative said, "Complain? Yes, and I do. They always respond positively and sort thing out."

Good

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the home have a manager in place. The service had a relatively new manager, who had applied to be registered with the Care Quality Commission. The registered manager was present on the day of our inspection. They told us they were well supported in the day to day management of the home, by the clinical lead and the residential lead, as well as having some administrative support.

People's relatives spoke highly of the new manager and had confidence in them. Their comments included, "Yes, I know "[the new manager]. She's nice." and "[The new manager] has made such a difference, things are on the up."

There were well organised and effective systems in place to monitor and improve the quality of the service. We saw copies of audits undertaken and reports produced by the manager. This showed they completed daily, weekly and monthly audits which included environment, infection control, fire safety medication and care plans. We saw a variety of audits and it was clear that any improvement identified as needed from these were addressed.

The manager told us people's feedback was key to how the service was run and how it was developing. People's relatives told us their opinions were sought when they visited, and they were actively encouraged to give their views and ideas for improving the service. They felt the management team and staff listened to and respected their opinions. It was also evident that where issues were identified, action was taken to address them. For instance, people commented on how pleased they were with the improvements being made to the home environment. "[The new manager] is nice and she's making a big improvement." However, they told us they had not been asked to fill in quality surveys or been invited to attend any relatives' meetings in recent months. One relative said, "I think relatives' meetings would be good for us all." We found that these were areas the manager was working to develop.

Staff spoke positively about the management team. They told us staff morale was good and they felt the manager listened to and valued their views. They felt they were part of a caring and supportive team. Staff meetings and supervision were held so staff had forums to discuss issues or share ideas. Staff felt communication was good and the manager actively encouraged them to bring any concerns to the attention of the management team.

People's care records were kept securely and confidentially, in line with current legal requirements. We asked for a variety of records and documents during our inspection. Registered services are required to notify CQC of various events and incidents to allow us to monitor the service. The manager had ensured that notifications of such events had been submitted to CQC appropriately.

The feedback we received from the health and social care professionals we spoke with was positive and it was evident that the service worked well with other professionals to meet people's individual needs.