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Roland Residential Care Homes - 163 Hampden Way

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Roland Residential Care Home provides accommodation and care to seven people with mental health needs. On the day of our visit there were six people living in the home.

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

People had access to healthcare services and were involved in decisions about their care. Partnerships with other agencies and health professionals enabled effective outcomes for people. Staff supported people to take medicines safely.

Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of avoidable infection. Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice. There were systems in place to record or track incidents and allegations of abuse.

People and staff praised the managers of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the registered manager.

The staff team was committed to providing a high-quality service. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity.

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well. Care plans contained information about each person's individual support needs and preferences in relation to their care and we found evidence of good outcomes for people. When people did not have the capacity to make their own decisions, staff maximised their involvement and made decisions in their best interests, in accordance with legislation.

Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

People told us that staff were able to meet their needs and were respectful of their individual preferences. Relatives told us staff who supported their loved ones were kind and caring.

The managers of the service actively sought the views of people and their relatives about the running of the service and they dealt promptly with any concerns that people raised.

The provider had systems in place to monitor and improve the quality and safety of the service provided.

The home was clean and odour free. There were increased infection control measures in response to the coronavirus outbreak. The provider reacted appropriately to keep people safe.

Staff received the training and support to carry out their role effectively. Support staff told us that the current management team were very supportive especially during the recent months of the pandemic.

There was a positive culture throughout the service which focused on providing care that was personalised.

Rating at last inspection

At the last inspection we rated this service Good. The report was published on 26 September 2017.

Why we inspected

We carried out a focused inspection of this service on 15 June 2021. This was because the location had not been inspected since there was a change to the registered manager. This report only covers our findings in relation to the Key Questions safe, effective and well led as we were mindful of the impact and added pressures of Covid-19 pandemic on the service.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below

Roland Residential Care Homes - 163 Hampden Way

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

The 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. The expert by experience contacted people by phone to request feedback.

Service and service type

Roland Residential Care Home 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

We carried out the inspection visit on 15 June 2021. We gave a short period notice of the inspection as we were mindful of the impact and added pressures of Covid-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

What we did

Before our inspection, we reviewed the information we held about the home which included statutory

notifications and safeguarding alerts.

During our inspection we spoke with the registered manager, the senior manager and two support staff. We looked at three records and three staff files; we looked at various documents relating to the management of the service which included medical records, Infection control and quality assurance records. After the inspection we spoke to five people who used the service and two relatives by telephone.

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 now remained the same.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. Comments included "I feel safe here" and "Roland is a good and safe place."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe.
- Staff showed an understanding of the risks people faced. We found risk assessments had been done, specific to the individual, amongst which were infection control, self-neglect, finances and using the kitchen.
- Staff knew people well and were aware of people's risks and how to keep them safe.
- Fire systems and equipment were monitored and checked to ensure they were in good working order. A maintenance person was always available to ensure continuous safety.

Staffing and recruitment

- There was enough competent staff on duty.
- Recruitment files were well ordered, and all relevant checks and references were obtained prior to staff starting work.
- Newly recruited staff had undergone appropriate background checks prior to starting to work with vulnerable people.
- Staff had the right mix of skills to make sure practice was safe and they could respond to unforeseen events.
- Staff told us that there were no concerns around staffing arrangements and that whenever staff called in sick or were unable to attend their shift, the managers made every effort to cover the shifts.

Using medicines safely

- The service had suitable arrangements for ordering, receiving, storing and disposal of medicines. Storage temperatures were monitored to make sure medicines would be safe and effective.
- Medicines were managed safely, and people received their medication when they should. Medicines were clearly recorded within people's medication administration records. Staff kept and regularly updated a log of medicines people were prescribed. Protocols for 'when required' medicines were in place to guide staff in supporting people with their medicines.
- Staff were unable to administer medicines unless they were trained to do so. This included regular training and competency checks to ensure they had the suitable skills to carry out the task safely. This was

confirmed by staff we spoke with.

- People who needed depot injections were supported by the GP or local mental health team.
- One person told us "The tablets and liquids I take make me feel safe".

Preventing and controlling infection

- People were protected by the safe use of infection control procedures and practices. At this inspection we found that the home was managing infection prevention and control well especially during the COVID-19 pandemic.
- An increase in daily cleaning had been implemented around the home during the pandemic to prevent cross-infection.
- Staff demonstrated good infection control practices. Staff were seen to wear personal protective equipment such as gloves and aprons where needed and the service was clean.
- A range of Personal Protective Equipment (PPE), in line with government guidance, was available for care staff to wear.
- Staff had received regularly and more frequent training on infection prevention and control and the effective use of PPE.
- Throughout the service there were hand-sanitising dispensers, all of which were useable throughout our visit.
- Comments included "It's Nice and Clean" and "The staff did really well during the pandemic".

Learning lessons when things go wrong

- Incidents or accidents were recorded and managed effectively. The managers at the service reviewed this information and took appropriate action to reduce the risk of reoccurrence.
- Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice was sought from relevant health care professionals.

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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider set mandatory training for all staff to complete and most staff had completed this training, or had plans to imminently.
- In addition to this, staff had also completed specialist training which reflected the needs of those whom they supported. For example, they had completed training in the management of Parkinson's disease and MAPA (management of actual and potential aggression).
- One person told us, "The staff are well trained."
- Staff had regular supervision with a senior member of staff. This is a confidential meeting where staff can discuss their progress in their role and identify any support or training needs they have.

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

- The registered manager met with people to assess their needs before a decision was made about whether their needs could be met at the home.
- Assessments of people's needs considered their physical and emotional needs.
- The registered manager told us they received e-mails from senior management about updates on legislation and current practice.

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

- Staff told us how they supported people to make healthy choices around their food.
- People chose what and when they wanted to eat, and some people prepared their meals with staff support.
- A staff member told us "We take people shopping to choose their own food and we try to discourage them to make unhealthy choices"
- Menu choices were discussed regularly at resident meetings.
- People were weighed on a monthly basis and referrals to GP and dieticians were made in a timely way when there were any concerns
- A relative told us "The residents learn to cook meals and there is a good choice of food."

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

- People were supported to access healthcare services. One person told us, "Staff support me with me appointments."
- Timely referrals were made to other healthcare professionals where there were changes in a person's physical or mental wellbeing.

- Advice given by healthcare professionals was recorded in people's care records and linked to people's care plans.
- The registered manager told us there was good contact with the local Community Mental Health Team, whose advice was frequently sought and followed as required.
- A relative told us that "now that things are opening up, they are trying to arrange for mum to visit the opticians, dentist and other appointments, in the past she has refused."

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

- The building was fully accessible for people using the service including a well-maintained garden

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments had been carried out to determine what decisions people could and could not make for themselves.
- Where decisions had to be made in people's best interests, these were clearly documented and involved the person so they were informed of why staff made certain decisions for them.
- People were given choice about how they liked their care and treatment to be given and we observed staff gave people choice.
- Staff we spoke with had a good understanding of the principles of the MCA and how it applied to the care they provided for people
- A staff member told us "We have to empower people, give them all the facts and let them decide."

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 now remained the same.

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

- There was an experienced registered manager in post who was supported by a senior manager who had specialist degree level training in mental health.
- Staff spoke positively about their roles and were enthusiastic about ensuring people received good care and support. They told us the registered manager was clear about their role, responsibilities and led the service well.
- Comments from staff included "x (registered manager) is a very knowledgeable and supports us well. "and "It's a good team here, everyone respects each other, we all do what is expected in order to raise standards"
- Staff told us that the registered manager showed good leadership and a good understanding of the needs of the people using the service
- Timely statutory notifications to CQC had been received following any notifiable events at the service.

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

- People told us that communication was good and that they were updated regularly especially during the pandemic.
- One person told us "I would recommend the home at the moment due to the staff; they are trying to do their best".
- Reviews were undertaken involving people and other important people in their lives. This gave an opportunity to evaluate outcomes for people and set new goals for the year ahead.
- Staff meetings were held regularly and used to share good practice to continually raise standards.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Working in partnership with others..

- Staff were happy in their work. They described the current management team as caring and approachable.
- The service worked closely with a range of external health and social care professionals.
- Staff were fully aware of their responsibility to provide a quality, person-centred service
- Staff told us of the positive management structure in place in place. Comments from staff included "the manager is always approachable; she speaks her mind and has a direct approach." and "The manager is always available to listen to us"
- Staff turnover was kept to a minimum ensuring that continuity of care was in place for people who used the service.

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

- There were regular meetings for people who used the service and staff to discuss any concerns they had.
- Staff attended monthly meetings to discuss people's changing care needs and any staffing concerns. One staff member told us the meetings were especially useful during the COVID pandemic to ensure staff had the necessary support and knowledge
- People and professionals had the opportunity to complete surveys about the care they received.

Continuous learning and improving care; Working in partnership with others

- The provider had oversight of the audits carried out by the registered manager and devised improvement plans for the manager to complete where areas for improvement had been identified.
- The provider also carried out regular visits to the service.

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;

- Policies were in place that identified the actions staff should take in situations where the duty of candour would apply.
- The registered manager understood their duty of candour, to be open and honest when things went wrong. For example, when incidents had occurred in the home, these were immediately communicated to relatives and reported to professionals appropriately.