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. There is a small car park at the front of the building and roadside parking is also available.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People told us the home was a safe place to live and work. Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. Assessments identified risks to people and management plans to reduce the risks were in place.

Recruitment processes were thorough so helped the employer make safer recruitment decisions when employing new staff. At the time of the inspection there was sufficient staff on duty to meet people's needs.

Systems were in place to make sure people received their medications safely, which included key staff receiving medication training and regular audits of the system.

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 support this practice.

Staff had completed an induction at the beginning of their employment. They had access to a varied training programme and regular support was available to help them meet the needs of the people they cared for.

People received a well-balanced diet that offered variety and choice. The people we spoke with said they were very happy with the meals provided.

People were treated with respect, kindness and understanding. Staff demonstrated a good awareness of how they respected people's preferences and ensured their privacy and dignity was maintained. We saw staff took account of people's individual needs and preferences while supporting them.

People had been encouraged to be involved in care assessments and planning their or their family members care. Care plans reflected people's needs and had been reviewed and updated to reflect people's changing needs. However, we noted that some monthly evaluations lacked detail, therefore they did not provide a meaningfully evaluation of the planned care.

People had access to activities and stimulation, as well as occasional outings into the community. Work was being completed to enhance the available social interactions to ensure they met people's individual changing needs.

There was a system in place to tell people how to raise concerns and how these would be managed. People told us they would feel comfortable raising any concerns with the management team.

People we spoke with told us the management team were approachable, always ready to listen and acted promptly to address any concerns.

There were systems in place to assess if the home was operating correctly and people were satisfied with the service provided. This included meetings and regular audits. Action plans had been put in place to address any areas that needed improving.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Further information is in the detailed findings below.

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 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 comprehensive inspection took place on 4 and 5 January 2017 and was unannounced on the first day. The inspection was undertaken by an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. For instance, we looked at the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at notifications sent to the Care Quality Commission by the registered manager. We also obtained the views of professionals who may have visited the home, such as service commissioners, healthcare professionals and Healthwatch Rotherham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 30 people using the service. We spoke informally with people living at the service and interviewed five relatives. As we were unable to communicate with the majority of 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 registered manager, one of the company directors, the clinical nurse lead, two nurses, the health and wellbeing facilitator, a management team leader, the cook and three care workers. We also spoke with a GP and an emergency care practitioner who were visiting the home at the time of the inspection.

We looked at the care records for three people using the service, as well as records relating to the management of the home. This included staff rotas, meeting minutes, medication records, staff recruitment

and training files. We also reviewed quality and monitoring checks carried out by senior staff and the home's management team.

Good

Is the service safe?

Our findings

People we spoke with said they felt the home was a safe place to live and work, and our observations confirmed this. For instance, a relative described the way staff supported their family member who was prone to falls. They said their falls had decreased, but on one occasion when they did fall staff had acted promptly, sending them to the accident and emergency department and phoning to tell them what had happened.

We found care was planned and delivered in a way that promoted people's safety and welfare. Records were in place to monitor any specific areas where people were more at risk, and explained to staff what action they needed to take to protect them. Assessments undertaken covered topics such as risk of falls, poor nutrition and moving and handling people safely. We also found equipment such as specialist beds, bed safety rails and pressure relieving equipment was used if assessments determined these were needed.

Staff understood people's individual needs and knew how to keep people safe. We saw they encouraged people to stay as mobile as possible while monitoring their safety. Where assistance was required this was carried out in a safe way. Staff had received training in how to move people safely, as well as in other health and safety subjects. We also saw appropriate arrangements were in place in case the building needed to be evacuated, with each person having their own evacuation plan.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager and the staff we spoke with understood their responsibilities in promptly reporting concerns and taking action to keep people safe. They could identify the types and signs of abuse and told us they had received training in this subject. This was confirmed in the training records we sampled.

Information received from the registered manager showed they had considered people's needs and the layout of the building to determine the number of staff required on each shift. We saw call bells we answered promptly and people received care in a timely manner. Relatives and the staff we spoke with confirmed there was enough staff on duty to meet people's needs and that they were deployed effectively. One member of staff told us, "Yes, they are adequate [staffing numbers] and if we highlight an issue [with needing additional staff] to the manager he sorts it out."

A satisfactory recruitment and selection process was in place, which included new staff receiving a structured induction to the home. We sampled four recently recruited staff files which contained all the essential pre-employment checks required. This included written references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We found the professional qualifications of nursing staff had also been checked to ensure they were registered to work as a nurse. A recently recruited member of staff we spoke with described their recruitment experience, which reflected the company policy.

We looked at the arrangements in place for the management and administration of medication coming into and out of the home, and found these to be robust. Medicines were only handled by members of staff who had received appropriate training. Nurses had previously been responsible for administering all medication. However, on the second day of the inspection we saw some senior care staff had been trained to administer medication to people receiving personal care and they had taken on this responsibility. All staff administering medication were also subject to on-going observational competency assessments to ensure they were following company polices.

We saw medication audits had been undertaken to ensure staff were following company policies and any issues identified were followed up, with records of actions taken. The pharmacist used by the home told us, "I have regular visits and also conducted audits at Roman Court. Overall, I am satisfied with the basic handling of medication and administration."

Good

Is the service effective?

Our findings

People we spoke with said staff were caring, friendly, welcoming and efficient at their job. One relative told us, "Staff from the top to the bottom are fantastic with [family member] and welcoming with us." Another relative told us staff were "Very helpful and friendly." They went on to describe how staff had been helpful and understanding when their family member was admitted to the home.

We found overall staff had the right skills, knowledge and experience to meet people's needs. The registered manager told us new staff completed at least a three day induction into the home. We saw this included completing an induction workbook and shadowing an experienced staff member until they were assessed as confident and competent in their role. The registered manager said new staff had, or were, also expected to complete the company's mandatory training, which included moving people safely, health and safety, food safety and safeguarding vulnerable people from abuse. This was confirmed by the staff we spoke with. One care worker described their induction to the home as "Very thorough" adding that they found the team "Really supportive."

The registered manager was aware of the care certificate introduced by Skills for Care. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. They said staff recently employed had either already undertaken the care certificate at their previous job or had completed a nationally recognised care award. He stated that any appropriate candidates employed would be expected to undertake the care certificate as part of their induction to the home.

The registered manager used a computerised training matrix to monitor which training staff had completed and when it required updating. This showed that most staff had completed essential training such as dignity and respect, fire safety, end of life care, dementia awareness and nutrition. However, there were gaps noted where training required completing or refreshing, such as food hygiene. We saw a training plan had been devised and training dates planned to ensure staff completed the required training as soon as possible.

Staff told us they felt they had received the training they needed to do their job well. A nurse described the training they had completed adding, "I asked for it [specific training to help staff manage behaviour that may challenge others] and I got it within a week."

Staff had received regular supervision sessions and an annual appraisal of their work. The registered manager said the company was also supporting nurses to maintain their registered qualification with the Nursing and Midwifery council [NMC]. Staff meetings were also used to keep staff informed and discuss training subjects. Staff said they felt well supported and confirmed they received regular support sessions.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. 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 found applications had been made to the DoLS supervisory body. Six applications had been approved, and the registered manager said they were waiting for the outcomes of other applications. Where conditions were attached to the approved DoLS these were being followed and monitored.

Records sampled 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 planning their family members care and decisions made in their best interest. However, care records did not always clearly demonstrate people's involvement. The registered manager said they would look at how this could be better evidenced in care files.

At lunchtime we observed the meal being served and spoke to people about their satisfaction with the meal provision. The dining room had a relaxed atmosphere and staff provided the support people needed to eat their meal in an unhurried way. However, we saw menus were not displayed to remind people what options were available. The health and wellbeing facilitator explained that they were currently taking photographs of all meals on the menus so a pictorial menu would be available to support people to choose their preferred meal. In the meantime staff were using their knowledge of people preferences or asking people what they preferred. For example, we saw that when one person refused the meal offered to them staff offered them several alternative options. People we spoke with said they had enjoyed their lunchtime meal. Relatives told us they felt the meals provided met their family member's needs.

The chef demonstrated a good knowledge of catering for people's individual dietary needs, as well as their preferences. He told us he spoke with people living at the home if possible, as well as relatives, to find out what people liked and didn't like. Information about people's dietary needs which had been collated by care staff had also been passed on to the kitchen staff. The chef described how most foods were prepared with fresh ingredients and said fresh vegetables were used as much as possible. He had a good understanding of the different meal consistencies people may require, such as pureed and finger foods. The chef also described how he fortified meals for people who needed to have an increased calorie diet due to weight loss.

We saw when concerns had been identified on the nutritional screening tool used to monitor the level of risk people were at with regards of poor nutrition or dehydration, care plans were in place to guide staff regarding supporting people to eat and drink enough. Where needed, monitoring charts had been used to record and assess people's food and fluid intake. A member of the Speech and Language Team [SALT] told us the home made appropriate referral to their department. They added, "During my most recent visit I was greeted in a timely manner, they [staff] were expecting my visit and although busy made sure that they were able to brief me on why they had referred a resident. This was done in an office to respect privacy and confidentiality as opposed to on the 'care home floor'. Notes were made available at my request and documented in there the reason for referral. Care staff had modified diet prior to my arrival to reduce any risk to the resident."

People were supported to maintain good health and had access to healthcare services when needed. Care records detailed any health care professionals involved in the person's care, such as doctors, district nurses, chiropodists and opticians. We spoke with a visiting GP who told us they were very happy with how the staff at Roman Court worked with their surgery. They said staff were good at communicating changes, helpful and followed guidance well. They added, "They [staff] don't call us out unnecessarily. They take baseline observations and provide good information so we know if a visit is needed [by a doctor] or we need to send an emergency care practitioner [ECP] out."

We also spoke with a visiting ECP. They told us staff provided requested information "efficiently and fully." They described how they worked with staff and wrote in care plans to provide a record of their visits.

Good

Is the service caring?

Our findings

Our observations, and people's comments, indicated that staff respected people's decisions and confirmed they, or their relatives, had been involved in planning the care staff delivered. Relatives told us staff supported their family members in a friendly, kind and compassionate way. One relative commented, "I visit every day and I am very happy with the care staff provide to [family member]."

Many of the people using the service were living with dementia and unable to speak with us, due to their complex needs; therefore we spent time observing the interactions between staff and people living at the home. We saw staff were kind, patient and respectful to people, and people seemed relaxed in their company. We saw they communicated with, and treated people in a caring way. Where necessary they spoke with people in a discreet, quiet and calm manner.

We saw staff supporting people in a responsive way while assisting them to go about their daily lives. They treated each person as an individual and involved them in making decisions. People were offered choice and supported by staff as required. For instance, we saw people could choose where they wanted to sit and what they wore, and staff respected these decisions. A small room had been developed in 2016 to provide people with a place to sit and listen to music, sit quietly, or use the computer to stay in touch with their families. We heard staff asking if people wanted to go to the room to listen to music or stay in the main communal area.

People's needs and preferences were recorded in their care record, which included information about people's abilities, likes, dislikes, history and people important to them.

People living at the home looked well-presented and cared for and we saw staff treated them with dignity. The relatives we spoke said they felt their family member's dignity and privacy was respected by staff. One relative told us, "[family member] always looks clean and tidy." Staff described to us how they preserved people's privacy and dignity by knocking on bedroom doors before entering, closing doors and curtains while providing personal care and covering people up while they provided personal care. A healthcare professional told us staff had spoken to them about the person they were visiting, "In an office to respect privacy and confidentiality, as opposed to on the 'care home floor' [meaning in a public area]."

Staff told us people could choose to take part in the periodic religious service held at the home or supported to attend their preferred church each week.

We saw relatives could visit without restriction, but they told us staff prefer it if they avoided mealtimes so people could have a settled mealtime. We saw visitors freely coming and going as they wanted during our inspection.

The registered manager told us the home was taking part in a pilot scheme in conjunction with the local authority called Namaste. Namaste Care is a program designed to improve the quality of life for people with advanced dementia who can no longer tell people who they are or who they were or care for themselves

without assistance. Namaste Care takes place in a designated space that helps to create a safe and comforting environment for all who enter; people living at the home, visitors and staff. The program provides a wide range of meaningful activities that help bring pleasure to people with advanced dementia or that have other physical or mental impairments.

The wellbeing facilitator showed us bags that had been put together for each person taking part in the pilot. Each bag contained a few things that may provide comfort and memories for that person, such as a cosy blanket, a cushion, their favourite music or perfume. They said the programme entailed staff completing specific training. and included hand and foot massage, brushing a person's hair and moisturising the ladies faces with cold cream, a scent they may remember from their youth.

The management team involved people in how the service operated and the way people were supported. This included 'Butterfly meetings' where the registered manager was available throughout the day for people's family and friends to come and speak with them, as well as coffee mornings and social events.

Good

Is the service responsive?

Our findings

Relatives we spoke with indicated they were happy with the care and support provided to their family member. A relative commented, "The staff are very helpful and friendly. They can do more for [family member] here than we can do at home."

We saw interactions between staff and people using the service was good and focused on the individual needs and preferences of the person being supported. Care workers offered people options about their meal or where to sit and responded to their requests promptly. The registered manager explained how they had made a separate quieter area at the home for people with advance dementia. We saw this provided a quieter place for people to sit, away from the busier communal areas. A relative told us, "I like that they have the quieter area where the more sedate people can sit and live."

Each person had a care file which contained information about them and their individual care needs. The care files we sampled contained needs assessments which had been carried out before people were admitted to the home, or as soon as possible in the case of an emergency placement. The relatives we spoke with confirmed assessments had taken place and where possible their family member had been involved in the assessment and care planning process. One relative told us their family member had been admitted at short notice as an emergency; they confirmed that staff had discussed their needs with them as part of the admission process.

Files sampled contained detailed information and care plans clearly outlining the care and support the person needed, along with information about how staff could minimise any identified risks. This information also included the person's preferences and their abilities, so staff knew the level of support needed and could therefore enable the person to maintain their independence.

Daily notes were completed which outlined how each person had spent their day, care provided and any changes in their condition. However, we found people's participation in social activities and stimulation lacked detail. The registered manager acknowledged this was an area that needed to be improved.

Care plans and risk assessments had been evaluated and updated on a regular basis. However, we found monthly care plan evaluations were not always meaningful as they contained entries such as 'Care remains valid', which was not a full evaluation of the previous month. The registered manager said he would reiterate the importance of meaningful evaluations to key staff.

The home employed a health and wellbeing facilitator who arranged social activities and stimulation within the home and out in the community. They told us they were developing activities within the home on a more one to one or small group basis, as the former programme of activities no longer met people's needs. Activities provided included afternoon tea parties, foot spa, jigsaws, board games, doll therapy and household tasks, such as washing dishes. They said memory bags were also being introduced to stimulate people's sensors and help them recall their past. We saw one person pushing a pushchair as part of the doll therapy and there was a baby's cradle available if people wanted to use it. We also saw hairdressers visited

the home on a regular basis.

We saw outside entertainment took place on a monthly basis and prior to Christmas there had been a Christmas party, a fayre, carol singing, a meal out, a pantomime and people had helped to decorate the Christmas tree. People we spoke with indicated they had enjoyed the activities they had taken part in. A relative told us, "I don't see much [activities] going on, but I know they do things like writing shopping lists."

The provider had a complaints procedure which was available to people who lived and visited the home. Records showed that seven concerns had been received in 2016. Each concern had been logged along with the outcome and any actions taken. Where people had raised concerns with the Commission we saw these had also been documented and investigated.

The people we spoke with told us they felt any concerns highlighted would be taken seriously by the management team and they would take action to address them. One relative commented, "No, I have not needed to [complain about anything].

We also saw people had sent cards and letters thanking staff for the care and attention they had given to people using the service. One person had written, "The last few weeks were especially difficult, but helped by the sensitivity of you all [staff]." Another person described the support provided to their family member as "Exceptionally helpful and [named staff] have gone above and beyond their call of duty to assist my [family member] and I."

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. 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.

There was a structured team in place to support the registered manager. This included a clinical lead nurse who deputised for the registered manager, the nursing team, management team leaders, care workers, a wellbeing facilitator and ancillary staff. Each member of staff we spoke with were clear about their role and the roles of the other staff employed at the home.

The people we spoke with said they were happy with the care provided and how the home was run. When we asked people if there were any areas they felt could be changed to improve the service provision, they could not think of anything they would change. They commented positively about the improvements the provider had made to the environment, which included new double glazed windows throughout the building and new laminate flooring in communal areas. One relative told us, "There is nothing they could do to make mum's life better."

The provider gained people's opinions in a number of ways. For instance, 'Butterfly meetings' where held regularly so people's family and friends could see the registered manager for an informal chat anytime during the day. Care reviews were used to gain people's views and monthly surveys had been undertaken on a variety of subjects. For example, how concerns had been managed, the laundry provision and how care had been delivered. The registered manager told us that as the majority of people living at the home were unable to complete questionnaires they relied on relatives to feedback to them. There was also a suggestion box in the reception area where people could share their ideas.

Staff were complimentary about management team, who they felt were approachable and provided good support. Minutes from staff meetings demonstrated that they were used to gain staff views and allow them time to discuss new ideas and future plans for the home. One member of staff told us, "I love it here. I get up in the morning and love coming to work."

A system was in place to check the home was operating to the required standards and help to drive improvement in the service provision. We saw completed audits for topics such as the environment, infection control, fire safety, medication and care plans. Following a recommendation by the local authority the registered manager had also introduced a quarterly manager's audit to provide them with an overview of how the home was operating and people's experiences. Where areas for improvement had been identified action had, or was being taken.

We noted that some areas of the premises required attention. For instance, corridor paintwork was chipped and bathrooms looked tired and in need of redecoration. The registered manager outlined the provider's

plans for 2017 which included refurbishing showers, toilets and bathrooms, which would include the purchase of new specialist baths, and other redecoration.

Policies and procedures were in place to inform and guide people using the service and staff. These had been reviewed regularly and updated as needed to make sure they reflected current practice.

The registered manager told us they had taken part in a pilot leadership course for care managers organised by Doncaster council, which led to a level five diploma. They said that following this a manager's forum had been set up, which they currently chaired, with an aim to improve standards in care home and share ideas. The quarterly meetings included guest speakers such as the head of social care and representatives from safeguarding people and the strategic Continuing Care Group [CCG].

The local authority carried out an audit of the home in October 2016. They told us the home had been rated as overall good with some areas that exceeded this rating. We saw action had been taken to address the areas recommended for improvement. This included updating the training matrix, improving cleaning schedules and record keeping.