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Roland Residential Care Homes

Inspection report

4 Compton Road
Winchmore Hill
London
N21 3NX

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09 November 2018

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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

Roland Residential Care Homes – 4 Compton Road 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 home is a terraced house over two floors that accommodates up to seven people. At the time of the inspection there were seven people living at the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and 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.

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At this inspection we found the service remained Good.

Risk assessments gave staff detailed guidance and ensured that risks were mitigated against in the least restrictive way. Risk assessments were reviewed and updated regularly.

People received their medicines safely and on time. People's medicines were reviewed by healthcare professionals on a regular basis. People were encouraged to understand their medicines and why they had been prescribed.

People's mental health was supported and regularly reviewed. People were encouraged to understand their own mental health to aid well-being.

Staff had received training in safeguarding and understood how to report any concerns. People were actively encouraged to raise concerns.

Staff were recruited safely and appropriate checks conducted before commencing employment.

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.

People could choose what they wanted to eat and drink and helped create weekly menus. People were encouraged to eat a healthy diet and this was discussed with them.

We observed caring and supportive interactions between staff and people. Staff knew people well and people appeared comfortable around the staff.

People could practice their faith and were supported by staff to attend places of worship.

There was an open culture within the home and staff felt comfortable raising issues or seeking advice from colleagues and the registered manager. People, relatives and staff were positive about how the home was run.

There was good oversight and governance of the home including regular audits for various aspects of care and the environment.

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**

Roland Residential Care Homes

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 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 31 October 2018 at the home and was unannounced. On 9 November 2018 we contacted relatives by phone to obtain their feedback. The inspection was carried out by one adult social care inspector.

Before the inspection we looked at information that we had received about the service and formal notifications that the service had sent to the CQC. We also looked at safeguarding notifications that the provider had sent to us. Providers are required by law to inform CQC of any safeguarding issues within their service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six staff including the registered manager and five care staff. We also spoke with four people living at the home. We looked at three care records and risk assessments, seven people's medicine records, five staff files, and other paperwork related to the management of the service including staff training, quality assurance and rota systems. Following the inspection, we spoke with four relatives and received written feedback via e-mail from a fifth relative.

Good

Is the service safe?

Our findings

People that we spoke with told us that they felt safe living at the home. People said, "They're good as gold. No particular reason I feel safe, I just am. It's a good environment" and "Yeah, I'm safe. I've been here a long time." Relatives commented, "[Person] seems to feel safe" and "They're very good and he's safe. They talk to him and explain things to him."

Each person had detailed risk assessments that provided staff with information on how to keep the person safe. We saw that risk assessments covered areas such as diabetes, specific medical conditions, mobility, mental health and medicines. Risk assessments for people's mental health contained people's history, what risks there were, triggers for people relapsing and how staff could recognise this and what to do if a person was experiencing mental ill health. Risk assessments were reviewed yearly or updated as people's needs changed. For example, where a person's mobility needs had changed due to a medical condition, we saw that their risk assessment had been updated to reflect their higher needs.

Staff were aware of what constituted abuse and how to report any safeguarding concerns. Staff received training in safeguarding when they started working at the home and records showed that they had yearly refresher training. Safeguarding was discussed at resident's meetings and people were actively encouraged to report any concerns.

People received their medicines safely and on time. We looked Medicine Administration Records for the month prior to the inspection and found that all medicines had been signed for and given on time. Where people had 'as needed' medicines there were protocols for each medicine in place that gave staff guidance on when to administer them. 'As needed' medicines are medicines that are prescribed to people and given when required. This can include medicines that help people when they become anxious or are in pain. There were appropriate systems in place for the disposal of medicines. People had yearly reviews of their medicines to ensure that they were receiving appropriate medicines for their needs. Staff received training in medicines which was refreshed each year. Staff also underwent regular competency checks around medicines to ensure that they were safe to administer people's medicines.

Two people were receiving a medicine that required them to have regular blood tests. We saw records of when the people had attended for their blood tests and when the next one was due. Two people were being supported to begin self-medication and the home was actively supporting them to regain independence around their medicines. We saw that people had specific key-working sessions around their medicines to ensure that they understood what medicines they were taking and why. People were encouraged to ask questions and read about their medicines.

Staff were recruited safely. All relevant checks including references from a previous employer, criminal records check and right to work in the UK had been carried out. This means that people were supported by staff that were suitable for the role.

There were enough staff on duty to ensure that people received person centred care. This included two staff

on duty overnight. People told us that they felt there was always staff around to help them if needed. One person commented, "Yeah, I can always find one [staff] if I need to." Where necessary people had one-to-one or two-to-one care. We saw that rotas reflected this and extra staff were on duty to facilitate this.

There were safeguards in place to ensure that people were protected from the spread of infection. We saw that staff had access to Personal Protective Equipment such as gloves and aprons when conducting personal care. There were colour coded chopping boards in the kitchen which were used for specific foods such as raw meat, cooked meat and vegetables. These were clearly labelled and provided guidance for people on which one to use for meal preparation. Staff had completed training in infection control.

There were records of accidents and incidents and staff knew what to do if someone had an accident or sustained an injury. Incidents were recorded in detail and any action taken at the time of the incident had been recorded. Any accidents or incidents were discussed at staff meetings and any learning shared.

The home had up to date maintenance checks for things like gas, electrical installation and fire equipment. Staff understood how to report any maintenance issues regarding the building.

Good

Is the service effective?

Our findings

Staff received a comprehensive induction when they started working at the home. New staff were supported to complete the Care Certificate and this formed part of their twelve-week induction. The Care Certificate is a set of standards and principles that care staff should adhere to, to underpin good care delivery. New staff also shadowed more experienced staff at the beginning of their induction before being allowed to work alone. Staff received regular supervision and appraisal which supported them in their role.

Training records showed that staff completed training in subjects such as safeguarding, health and safety, mental health, Mental Capacity Act 2005 (MCA) and DoLS, infection control and food hygiene. There was a system in place to ensure that the registered manager was aware when staff needed to refresh training.

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 Safeguarding (DoLS). At the time of the inspection there were no people that were subject to a DoLS. People could leave the house when they wished and there were no restrictions on their liberty. People had signed their care plans and staff told us that they went through care plans with people when they were being written or updated. Staff had received training in MCA and DoLS and were able to explain how this could impact on the people that they were supporting.

People had received pre-assessments before moving into the home. This included a review of the persons health, physical and psychiatric needs. The pre-assessment allowed the home to ensure that they could meet people's care needs and provided a structure of how they would be supported.

People had choice about what they wanted to eat. We saw that menus were created in consultation with people. People commented, "I like fish, it's good for you. They give me that if I don't like the menu" and "I cook every day, they [staff] help me with the cooking." One person had specific dietary requirement and staff were aware of what the person could eat. There were reviews by Speech and Language Therapy (SALT) and the person's care plan reflected their care needs around nutrition.

We saw records of people attending routine healthcare appointments such as the GP, dentist psychiatrist and optician. Where people required specialist healthcare such as dieticians and SALT there were records of this. People's care plans had been updated when there was a change in care needs or a recommendation from healthcare professionals. People were encouraged to eat healthily and we saw records of the home supporting people with their weight and how this was being achieved. The home worked well with other services to ensure that people's individual care needs were met.

Good

Is the service caring?

Our findings

We asked if people thought that staff were caring and kind. People told us, "They're [staff] lovely. They do a good job" and "Staff are very helpful; any problems and they try to sort it out. Good as gold, lovely people." Relatives said, "Yes, they are absolutely kind. They definitely have the interests of the residents at the total top. Really great. You can tell they're really caring and really trying" and "I think all the staff I have met are exceptionally kind and caring and make every effort to make [person] comfortable and happy. I think that [person's] physical and mental wellbeing is due to the care and friendship he receives from the home."

We observed warm and friendly interactions between people and staff. Staff knew people well and we observed conversations where staff where were discussing individuals' interests with them and people were laughing and smiling.

The registered manager told us that some people had front door keys and all people had keys to their bedrooms which they could lock if they wished. We saw people locking their bedrooms when they left them and people told us that their privacy was respected by staff. Staff were positive about treating people with dignity and respect. One staff member said, "If I'm helping, I knock and wait for them to tell me it's okay to come in. It's small but gives them a feeling of independence. I give privacy, if a resident is on the phone or in a meeting I wouldn't invade their privacy." A relative told us, "I believe that [person] treated with respect."

People, and where appropriate relatives, were involved in developing care plans. People that we spoke with were aware of their care plan. Relatives said that they were asked for their opinions, where it had been agreed that this was okay with people, on a yearly basis.

People's faith was respected within the home, we saw that for one person that practiced the Hindu faith they were supported to attend the temple and other people who were Christian were supported to attend church. People's care plans clearly documented their faith and how staff should support them.

People were supported to maintain relationships with family and friends. Care plans documented how each person, where appropriate, should be supported. One person told us of weekly visits to see family and told us that staff would support them to do this. Relatives that we spoke with told us that there were no restrictions on visiting their loved ones and were made to feel welcome when they visited. Relatives commented, "Yes I am free to visit whenever I wish and I am always made to feel very welcome" and "I can go there whenever I want."

Good

Is the service responsive?

Our findings

Care plans were detailed and person centred and reflected each person's specific care needs. Care plans were updated yearly and we saw that if there had been any changes to a person's care needs, the care plan had been updated immediately. Where people were subject to a section 117 we saw that they received yearly reviews that helped form the basis of their care plan. A section 117 is part of the Mental Health Act (1983) and provides care and support from the NHS and social services after leaving inpatient psychiatric care.

People's ways of communication were documented in their care plans. For example, for one person that was unable to communicate verbally their care plan noted that the person could understand things in writing and said, 'it is an effective method of communication as [person] seems to find it easy to follow what is written. Helps him retain information better. It also helps him to refer back to information'. The home also understood that behaviour that challenged could be a form of communication where the person may be expressing something such as, boredom, anxiety or anger. Care plans detailed, where appropriate, what behaviours may mean for people and how staff should support them.

Each person had a key-worker. This is a staff member who has the responsibility for meeting with people and ensuring that they were receiving the necessary care to maintain their well-being. There were documented key-working sessions and if there were any actions required, we saw that these were completed. People that we spoke with were aware of who their keyworker was. One person commented, "[Keyworker] is lovely, she's kind."

The home encouraged people to take part in activities and organised internal activities as well as supporting people to take part in their individual interests. A relative told us, "I believe that [person] is given good opportunity for activities inside and outside the home. He has especially looked forward to and enjoyed the holidays in recent years." One person had a favourite football team and told us that staff supported him to attend matches where possible. Another person told us that they liked, "Typing and computer" and we saw that the person had regular access to a lap top where they could practice their typing skills.

The home had a complaints procedure and people and relatives were aware of how to make a complaint. There had been no documented complaints since the last inspection. Relatives told us that they were always able to contact the home if they had any concerns.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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. People knew who the registered manager was and we observed friendly and supportive interactions between people and the registered manager.

Staff that we spoke with were positive about how the home managed and felt that there was a strong supportive team. One staff member commented, "I do feel supported, from my first day. The staff here have made the job a lot more manageable. I can always ask someone. We have a great team here." There was a clear management structure in place which staff were aware of.

Relatives told us that that staff communicated well with them and kept them informed. Comments included, "The home communicate well with me, not worrying me with trivial matters but I am confident that I am kept well informed and that my views and concerns are understood" and "If I've got a concern about something they've already noticed it and they're on it. They're so on the ball and they ring me up to discuss whatever the issue."

There was good oversight of the home and the registered manger completed a number of audits to ensure the quality of care and the environment. For example, there were regular medicines audits including weekly audits of all people's medicines and a twice daily stock check of 'as needed' medicines, three monthly health and safety audits that looked at the home including the building, communal, people's bedrooms and infection control. There were also audits of people's care files and staff files. Where audits identified any issues, this was clearly documented and any actions required were signed off when completed.

There were records of regular staff meetings and staff told us that these were an opportunity to raise any concerns and discuss issues in a supportive environment. People were encouraged to voice their opinions on how the home was run through regular residents' meetings. We saw that people's suggestions and opinions were taken into account and acted on.

The home worked well with other agencies such as healthcare professionals and social services. We saw regular reviews and referrals in people's care files. The registered manager told us that working in partnership was important to help achieve good outcomes for people.