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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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected Roland Residential Care Home on 26 September 2017. This was an unannounced inspection. At our previous inspection in July 2015 the home was rated as good.

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

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

The registered manager provided good leadership and people using the service and staff told us the manager promoted high standards of care.

People told us they were very happy with the care and support they received. Staff working at the home demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences.

Staff told us they enjoyed working in the home and spoke positively about the culture and management of the service. Staff described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided.

The service was safe and there were appropriate safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were supported and staff listened to them and knew their needs well. Staff had the training and support they needed.

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

People's medicines were managed appropriately so they received them safely

There were sufficient numbers of suitably qualified, skilled and experienced staff to care for the number of people with complex needs in the home.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest's decisions had been undertaken by relevant professionals. This ensured that any decisions were made in accordance with the Mental Capacity Act, DoLS and associated Codes of Practice.

Staff were caring and always ensured they treated people with dignity and respect.

People participated in a range of different social activities and were supported to attend health appointments. They also participated in shopping for the home and their own needs and were supported to maintain a healthy balanced diet. Some people regularly attended activities that were provided at the provider's other residential homes.

The providers head office regularly completed robust quality assurance checks, to make sure the high standards of care were maintained.

## 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 remains safe

### Is the service effective?

Good ●

The service remains effective

### Is the service caring?

Good ●

The service remains caring

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well-led

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## **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.

We inspected Roland Residential Care Home on 26 September 2017. The inspection team consisted of 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.

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts.

We spoke with five people who use the service. We also spoke with the registered manager, the senior manager and two care support staff.

During our inspection we observed how staff supported and interacted with people who use the service. We also looked at a range of records, including; three people's care records, staff duty rosters, three staff files, a range of audits, the complaints log, minutes of various meetings, staff training records and Medicine Administration Records (MARs) for all the people using the service.

# Is the service safe?

## Our findings

People told us they felt safe living at the home comments included "Yes I do feel safe. When there is a problem I can go to staff and talk about how I feel and they make me feel different and I feel good." and "Yes I do feel safe because nobody is threatening me and there is enough staff."

Staff demonstrated an understanding of safeguarding and could tell us the possible signs of abuse which they looked out for. Staff had received training in safeguarding people. They were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One support worker said, "We have to look out for signs, if somebody is quiet or withdrawn." Another told us "we always make sure people are safe, especially when they are out in the community, sometimes people make fun of them."

People told us there were always enough staff available to meet their needs. The registered manager told us that they did not use any agency staff because they would not know the residents well enough. One person told us "There is definitely enough staff sometimes other staff come from different places and they are all really nice."

During the course of our inspection, we observed how at no time staff appeared to be under pressure whilst performing their role. There was a calm atmosphere in the home and those who used the service received staff attention in a timely manner.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that people's risks were identified in respect of their mental health. Indicators of deterioration in people's mental health were set out in people's files and we saw that staff were monitoring the signs from the daily records we looked at. Where concerns were identified staff told us that action was taken swiftly including liaison with health and social care professionals. Risk assessments formed part of the person's agreed care plan and covered risks that staff needed to be aware of to help 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 medication; smoking; kitchen risks; self-neglect and incontinence.

We looked at how medicines were ordered, received, stored, administered and disposed of. People received their medicines as prescribed and we found that medicines were stored safely and correctly. Staff had been trained in the administration of medicines and medication records were up to date and accurate. There were policies and procedures on the safe handling and management of medicines and regular audits were carried out. We reviewed the Medicines Administration Records for all six people using the service. We saw these had all been correctly completed and initialled by a member of staff. Each person had a separate file for recording their medicine administration and these contained photographic ID and a list of any known allergies. All medicines were stored safely in the home in a locked clinical room. Temperatures were recorded daily in the clinical room and for the medicines fridge so that the potency of the medicines could be maintained.

Appropriate recruitment practices were in place. All of the relevant checks had been completed before staff began work; including Disclosure and Barring Service checks, previous conduct where staff had been employed in adult social care and a full employment history.

# Is the service effective?

## Our findings

People were supported by staff with appropriate skills and experience. The staff told us they received training and support to help them carry out their work role. For example, all new staff worked alongside experienced care staff for a period of time, depending on experience. New staff completed a comprehensive induction and one new member of staff spoke highly of the support, training and guidance given to them. Staff told us they were encouraged to pursue additional qualifications and were supported to do this.

Staff told us that they felt supported by the management team and had regular formal and informal supervision with the registered manager. Regular staff meetings were also taking place at the home to facilitate communication, consultation and team work within the service.

We looked at the training records and saw that each member of staff had completed training the provider considered mandatory. This included safeguarding adults, medication, health and safety, food safety and first aid. 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)

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager and staff demonstrated a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw in people's files the provider had referred three people to the local authority and had received the standard authorisations to deprive people of their liberty where required.

People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. Staff were available to accompany people to their healthcare appointments. People were generally accompanied by either their key worker or the registered manager. The care files included records of people's appointments with health care professionals and a section where health professionals could write notes. The manager told us there was good contact with the local Community Mental Health Team, whose advice was frequently sought and followed as required.

People told us they enjoyed the food that was available for them and that menus were discussed regularly



at residents meetings. The registered manager told us that once a week people were responsible for preparing their own meals and that this encouraged independence. One person told us "Tonight for dinner I am cooking quiche and the staff are helping me. Yesterday I cooked kippers by myself "

We saw that people were weighed on a regular basis and referrals to GP and dieticians were made in a timely way when there were any concerns. We saw that a number of people were being supported to lose weight by being encouraged to choose healthy options.

## Is the service caring?

### Our findings

People we spoke with told us they were happy with the approach of staff and felt that they were treated with respect. Comments included, "They are caring and they treat me with respect. They respect my privacy, for example they leave me alone to get changed in the morning" and "The staff are beautiful here. They are always polite and there for us, they give us what we need and that is a love for each other. Yes they do they take us differences places, they give us inspiration, they give us space and they help us."

People's preferences were recorded in their care plans. The staff had discussed people's likes and dislikes with relatives so they could make sure they provided care which met individual needs. Staff demonstrated a good understanding of the importance of privacy and dignity.

Several of the staff including the registered manager, had worked with the people for many years. This meant staff knew people extremely well. This was evident from our conversations with people, where they recalled past memories of events such as past activities they had enjoyed with staff.

People's personal histories were well known and understood by staff. Support workers knew people's preferences well, and what they should do to support people who may have behaviour that could cause themselves or others anxiety. Staff were able to identify possible triggers that caused people to become. We observed occasions where workers noticed when people had the potential to become anxious. The staff members were able to use techniques to distract people or support them to manage their anxiety before it escalated. We observed staff interacting with people using the service throughout the day. At all times staff were polite and caring. Staff were able to tell us about people's different moods and feelings, and reacted swiftly when they identified that people needed extra support.

Staff were motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them

People using the service were able to make daily decisions about their own care and we saw that people chose how to spend their time. People told us they were able to choose what time to get up and how to spend their day.

One member of staff told us "I encourage people to be as independent as possible but I will assist when required, it's important for people to do things for themselves."

## Is the service responsive?

### Our findings

People were happy with the home and the way in which they were being cared for. Care records showed that people had been consulted about the care they received, the social activities they took part in and the food they ate. We saw that their levels of satisfaction had been recorded and the staff had used these records to review and improve personalised care for each person.

People had participated in a range of different social activities individually and as a group and were supported to access local community activities. A person using the service told us "I join in all the activities shown here on the timetable, personal training, dancing, lunch out on a Friday. I am not much good at art we have movies here." Activities included going to day centres, visits to parks and cafes, cafes and the cinema. People also participated in shopping for the home and their own needs and some people regularly attended individual activities that they enjoyed such as music groups and arts and crafts. Recently a number of people had gone on holiday with people who live in the providers other homes with staff support. Staff told us that people really enjoyed doing activities together and got on extremely well "they all go to church on Sundays because they want to be together."

People's needs were assessed before they moved in. These had been regularly reviewed and updated to demonstrate any changes to people's care. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. People told us the staff had discussed the care and support they wanted and knew this had been recorded in their care records. The care records contained detailed information about how to provide support. People and their families and friends completed a life story with information about what was important to the person.

During our inspection we viewed the rooms of one person with their permission, and saw that the room were well maintained, clean and personalised.

Each person had an assigned keyworker who was responsible for reviewing their needs and care records. Staff told us that they kept people's relatives, or people important in their lives, updated through regular telephone calls or when they visited the service. Relatives were formally invited to care reviews and meetings with other professionals.

Care plans and risk assessments had been regularly reviewed. There was information about each person's needs and how the staff should meet these. Indicators of deterioration in people's mental health were set out in people's files and we saw that staff were monitoring the signs from the daily records we looked at. Where concerns were identified staff told us that action was taken swiftly including liaison with health and social care professionals.

There was a clear complaints procedure. People told us they knew what to do if they were unhappy about anything. Comments included, "I would complain to the manager" and "I have never had to make a complaint." We saw that there had been no formal complaints since our last inspection.

## Is the service well-led?

### Our findings

The service had a clear management structure including a registered manager who had been in this role since 2010.

Comments from people included "Yes I know the manager and I am happy with how the place is being run. We do group sessions once a month where we can air our views. We talk about medication, food, if we like the staff and what trip we want to go on. I would like to see nothing changed or improved." And "I think she is a good manager, I do feel listened too. I go to residents meetings every month. They are good and I write the minutes. There is nothing that I would like to change or improve."

It was clear from the feedback we received from people who used the service, and staff, that managers of this service had developed a positive culture based on strong values. We saw that the values of the organisation, which managers reported as being central to the service, such as compassion, respect and caring, were put into practice on a day-to-day basis. The registered manager spoke of the importance of motivating and supporting staff to promote these values, through training, supervision and strong leadership. They also told that they had introduced a number of new initiatives since our last inspection. This included introducing a more robust recruitment process, whereby potential staff spent time with people using the service as part of the process. The registered manager told us "it's important to see how staff relates to people here."

Our discussions with staff found they were motivated and proud of the service. A member of staff told us, "We are a good team and the managers are very friendly." We found that staff turnover was kept to a minimum ensuring that continuity of care was in place for people who used the service.

The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular resident meetings were held. We saw the minutes of the last meeting where items discussed included food, staffing and activities. Annual surveys were also recently sent out to people using the service and the provider was in the process of collecting the responses.

Regular audits were carried out by the registered manager covering areas such as health and safety and recruitment, care plans, risk assessments, medicines, and training. This ensured that the service was able to identify any shortfalls and put plans in place for improvement. The service manager undertook an overall general audit against CQC standards on a regular basis, providing assurance to senior management on how the service was operating.

The registered manager told us she regularly attended provider managers meetings and the local authority providers' forums and also received on-going support from the provider's senior management team.