

Mrs S Birk

Roshini Care Home

Inspection report

25-26 Villiers Road
Southall
Middlesex
UB1 3BS

Tel: 02085743663

Date of inspection visit:
29 March 2017
30 March 2017

Date of publication:
28 April 2017

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

This inspection took place on 29 and 30 March 2017. The visit on 29 March was unannounced and we told the provider we would return on 30 March to complete the inspection. At our last inspection in October 2015 we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not always ensure they followed legal processes when they deprived people using the service of their liberty. At this inspection we found the provider had taken action and, although there were restrictions on people using the service, the provider did not deprive them of their liberty unlawfully.

Roshini Care Home provides accommodation and personal care for up to 11 men and women with a mental illness. The provider, Mrs Birk, is registered with the Care Quality Commission as an individual and is in day to day charge of the service so it does not require a registered manager. 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.

The provider had a policy and procedures to keep people safe and staff understood these. Staff were able to tell us what they would do if they had concerns about people's welfare.

There were enough staff to meet people's care and support needs and the provider carried out checks on new staff to make sure they were suitable to work with people using the service.

People received the medicines they needed safely. When we pointed out some confusing information in the medicines records, the provider immediately contacted the GP and pharmacist to clarify guidance for staff.

Staff working in the service had the training and support they needed to work with people.

The provider understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were not deprived of their liberty unlawfully.

People told us they enjoyed the food provided in the service and they had access to the healthcare services they needed.

The staff who supported people were kind and caring. They knew people well and respected their privacy and dignity at all times.

People using the service were complimentary about staff working in the service and spoke positively about the care and support they received.

The provider assessed people's care needs and reviewed these regularly to make sure people received the support they needed.

Staff delivered care and support in line with people's preferences and their care plan.

People using the service enjoyed a range of activities, outings and holidays.

The provider had a complaints procedure and people told us they felt any concerns would be taken seriously and investigated.

The provider had managed the service for many years and we saw that they were passionate about the care and support people received and committed to improving the experience of people using the service.

The atmosphere in the service was relaxed and we saw that staff worked well together to meet people's care and support needs.

The provider had systems in place to monitor quality in the service and make improvements.

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.

The provider had a policy and procedures to keep people safe and staff understood these. Staff were able to tell us what they would do if they had concerns about people's welfare.

There were enough staff to meet people's care and support needs and the provider carried out checks on new staff to make sure they were suitable to work with people using the service.

People received the medicines they needed safely. When we pointed out some confusing information in the medicines records, the provider immediately contacted the GP and pharmacist to clarify guidance for staff.

Is the service effective?

Good ●

The service was effective.

Staff working in the service had the training and support they needed to work with people.

The provider understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were not deprived of their liberty unlawfully.

People told us they enjoyed the food provided in the service.

People had access to the healthcare services they needed.

Is the service caring?

Good ●

The service was caring.

The staff who supported people were kind and caring. They knew people well and respected their privacy and dignity at all times.

People using the service were complimentary about staff working in the service and spoke positively about the care and support they received.

Is the service responsive?

Good ●

The service was responsive.

The provider assessed people's care needs and reviewed these regularly to make sure people received the support they needed.

Staff delivered care and support care in line with people's preferences and their care plan.

People using the service enjoyed a range of activities, outings and holidays.

The provider had a complaints procedure and people told us they felt any concerns would be taken seriously and investigated.

Is the service well-led?

Good ●

The service was well led.

The provider had managed the service for many years and we saw that they were passionate about the care and support people received and committed to improving the experience of people using the service.

The atmosphere in the service was relaxed and we saw that staff worked well together to meet people's care and support needs.

The provider had systems in place to monitor quality in the service and make improvements.

Roshini Care Home

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 inspection took place on 29 and 30 March 2017. The visit on 29 March was unannounced and we told the provider we would return on 30 March to complete the inspection. One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the provider and the service, including the last inspection report and statutory notifications the provider sent us about significant incidents and events that affected people using the service. We also contacted the local authority's commissioning and safeguarding teams for their views on the service.

During the inspection we spoke with five people using the service, the provider and three members of staff. We reviewed care records for two people, including their care plans and risk assessments and other records, including staff training, medicines records for nine people, records of social activities and the provider's policies and procedures.

Following the inspection we spoke with the relatives of two people using the service and received comments from one health care professional.

Is the service safe?

Our findings

People using the service told us they felt safe. Their comments included, "Yes, I feel safe here" and "It is a safe place, I'm not worried about that." People's relatives told us they felt people were safe in the service. Their comments included, "My [family member] is perfectly safe, I never have to worry" and "We never worry, my [family member] is completely safe."

The members of staff we spoke with told us they would take action if they suspected someone was abusing a person using the service. One staff member said, "The first thing I'd do is tell the manager." A second staff member told us, "We have all been told we must report any concerns and that includes possible abuse."

The provider had systems in place to protect people using the service. We saw the provider had policies and procedures for safeguarding adults and whistle blowing and these were available in the service's office for staff to use. The procedures included clear guidance for staff on identifying possible abuse and reporting any concerns they had about people's welfare. The provider told us all staff completed safeguarding adults training as part of their induction training. Staff told us they had completed the training and the training records we looked at confirmed this.

The provider assessed risks to people using the service and staff had access to clear guidance on managing identified risks. People's care plans included risk assessments and guidance for staff on how to reduce risks to individuals. For example, one person's behaviour risk assessment included guidance for staff on recording any changes in behaviour and reporting these to the provider and the person's GP. Risk assessments covered personal care, mobility, mental health, medicines and nutrition. Staff had reviewed the risk assessments we saw regularly and all were up to date. Where staff identified changes, the risk assessment reviews reflected these. For example, one person's financial risk assessment highlighted the need for staff to support them to manage their personal finances. Staff recorded in the person's daily records how much money they had and what they spent it on. The records showed staff supported the person to be as independent as possible, while at the same time ensuring they were not exploited financially.

The provider ensured there were enough staff to meet people's needs. One person told us, "There are enough staff, I never have to wait." A second person said, "I get the support I need, the staff are here to help me." A relative told us, "Whenever I've been there I've always thought there were enough staff. I've never seen anybody wait for help."

Staff told us, "There are always enough staff, and we always help each other," "The work is hard but there are enough staff and the team work is good." The rota showed there was a minimum of two staff on duty during the day, from 08:00 to 21:00. At night, there was one member of staff awake in the service to support people if required. A second member of staff was on call and available to come into the service in an emergency. During the inspection, we saw there were enough staff to provide people with the care and support they needed. We did not see people having to wait for care and support and when people needed support, staff responded promptly.

The provider had systems in place to make sure staff were suitable to work with people using the service. Staff recruitment files included application forms, references, proof of identity and Disclosure and Barring Service criminal record checks. Staff told us they had attended an interview and the provider had carried out all the checks before they started to work with people.

There were systems in place to ensure that people consistently received their medicines safely, and as prescribed. We observed the shift leader giving people their medicines and they did this safely. We saw they took time to administer medicines to people in a caring manner without rushing.

People's medicines were stored securely and the provider kept up-to-date and fully completed records of medicines received, administered and disposed of, as well as a clear record when people had allergies to medicines. These records provided evidence that most people were consistently receiving their medicines as prescribed.

We did note on two people's medicines records that guidance on the frequency of administration was unclear. On one person's Medicines Administration Record (MAR) sheet the guidance was that they should "take one tablet at night when required for constipation" but staff had been giving the person this tablet every night for more than a week and staff told us the person did not have constipation. A second MAR chart said the person should "take one tablet three times a day when required." Again, staff had given the person the tablet three times a day for more than a week. We discussed this with staff and the provider and they agreed the instructions were not clear. Staff contacted the GP on the first day of this inspection and clarified how they should administer the medicines. The provider told us on the second day of the inspection that they had passed the revised instructions to the service's pharmacist and they were producing updated MAR charts for both people.

Is the service effective?

Our findings

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 services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

At our last inspection in October 2015 we found that the provider did not always ensure they followed legal processes when they deprived people using the service of their liberty. At this inspection we found that the provider had applied for authorisation to deprive one person of their liberty, as required by the legislation. We also found that, although people using the service experienced some restrictions, they were not deprived of their liberty. For example, the front door was locked and most people needed support from staff to go out. Staff told us that they could not always support people to go out whenever they wanted but they ensured people did go out as soon as possible after they requested to. We saw during the inspection and people's care records showed that most people went out every day to access the local community. We saw no evidence that people were deprived of their liberty unlawfully. One person told us, "I get a lot of freedom to choose what I want to do, what I eat and where I go but staff have to go with me if I want to go out to other parts of London."

Staff told us they received the training and support they needed to work with people using the service. Their comments included, "I have done all the training I need and [the provider] tells me when I am due to repeat any subject," "The training is good, I have learned a lot and it has helped me to do a better job" and "I have done a lot of training and it has all been useful." Training records showed staff had completed training the provider considered mandatory, including medicines management, health and safety and safeguarding adults. The provider told us staff completed a full induction programme when they started to work in the service and the staff records we reviewed confirmed this. The provider also told us they planned to introduce Care Certificate training for all new staff but this had not yet started. The Care Certificate is a set of standards for social care and health workers. It is the new minimum standard that should be covered as part of induction training of new care workers.

People told us they enjoyed the food and drinks provided in the service. One person said, "The food's good and I can choose something else if I don't like what's on the menu" A second person told us, "There's always a choice and the food is very good." At lunchtime we saw staff gave people time to make decisions about what they wanted to eat and drink.

People using the service had access to the healthcare services they needed. Their care plans included details of their physical and mental health care needs and details of how staff met these in the service. We saw staff supported people to attend appointments with their GP, dentist, chiropodist and hospital

appointments. We spoke with a healthcare professional who told us, "The staff here work very well with us. They refer people appropriately and follow any advice we give about people's treatment."

Is the service caring?

Our findings

People using the service were complimentary and spoke positively about the care and support they received. Their comments included, "The staff are friendly, they show respect", "The staff are caring. They support me when I need help. They always knock on my door", A healthcare professional told us, "I have found the staff professional, positive and engaging. I have not had any concerns about the level of support they offer at [the service]." Relatives' comments included, "It is a godsend, they do a wonderful job" and "The staff are very good, they care so much about people."

The provider and the staff we spoke with spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their rights and their diverse needs. We observed on both days of our inspection that staff treated people with care and respect.

Staff told us they ensured that people's diversity, values and human rights were respected. Throughout our inspection, we saw staff knocking on people's doors and only entering when people gave their permission. When we asked people how staff respected their privacy, they told us, "I have privacy in my room if I want it, nobody disturbs me" and "I can close my bedroom door, staff respect it when I say I want to be on my own for a while." Relatives told us that they were able to visit whenever they wanted and always felt welcomed.

People told us that they liked their bedrooms and enjoyed showing us their rooms and talking about their hobbies and interests. We saw staff had supported people to personalise their own room, for example the colour of their walls, flooring and the fabric of their curtains. Staff told us they respected people's choice and supported them to maintain their rooms.

Is the service responsive?

Our findings

Some people using the service told us they were involved in the development of their care plan and other records relating to their care and support. One person said, "I have got a care plan and [key worker] talks to me about it when we meet." A second person said, "The staff talk to me and ask me what help I need. They know I can do some things for myself but there are other things I need help with." People's relatives told us, "They keep us informed of any changes and always ask if we have any suggestions" and "We can talk to [the provider] at any time, she always keeps us informed about how my [family member] is doing."

Each person had a care plan that included an assessment of their health and social care needs. The assessment covered people's physical and mental health needs, mobility, personal care, communication, medicines, activities and health and safety. Staff told us they used this assessment to develop a care plan for each person. The care plans we saw included person centred details with information on routines and preferences for example, the person's food likes and dislikes, their usual time of going to bed/waking up, social interests and other activities they enjoyed. Examples of recorded preferences included, "I make my own breakfast and enjoy a morning walk," "I enjoy having beauty treatments, including manicures, pedicures and facials" and "Please ask me if I would like to go to the [place of worship]." Staff were able to tell us about people's individual needs and they were familiar with the different characteristics, routines and preferences of people using the service.

The daily care records staff completed included information about people's daily activities, health care needs, personal care and nutrition and showed that care was delivered in line with their preferences and care plan.

The provider had given one member of staff in the service responsibility for coordinating activities and they told us they worked with individual people using the service and also with small groups, with support from other staff. We looked at the record of activities provided in the service during 2015 and 2016. These included daily activities in the service as well as community activities, outings and holidays. Records showed staff also supported those people who wanted to go out to go for a walk to a local park or shops each day. During the inspection one member of staff ran a relaxation session with a group of people. They did this in a calm and confident way and we saw that people took part and enjoyed the activity. After the session one person told us, "I enjoyed that, it was very peaceful."

The member of staff responsible for organising activities told us there was a weekly activities timetable but they told us this was a general guide and activities were flexible according to who was present, people's wishes on the day and the weather. We also saw the staff took photographs of all activities and displayed these in albums for people to see and talk about. The provider also organised trips to local places of interest, seaside resorts and foreign holidays for people.

The provider had a policy and procedures for people using the service and others about how to make a complaint, along with relevant time lines for responding to complaints. The provider told us they were currently reviewing and updating all of the service's policies and procedures and these would then be

available online for staff. We saw the provider displayed the complaints procedure in the service. A person using the service told us, "I'm not sure I've ever needed to make a complaint. I talk to the staff if there's a problem and they sort it out." People's relatives commented, "I have never had to complain but I know there is a procedure. I would speak with the staff or [the provider] and I know they would listen and try to sort things out" and "I have never needed to complain but I am sure [the provider] would look into anything if I asked."

Staff told us they were aware of the provider's procedures and would support people to make a complaint, if necessary. Their comments included, "We have a complaints procedure. People and relatives can raise complaints and I would liaise with the manager if I got a complaint" and "Complaints help us to improve the service and the care we offer."

Is the service well-led?

Our findings

The provider, Mrs Birk, is registered with the Care Quality Commission as an individual and is in day to day charge of the service so it does not require a registered manager. The provider had managed the service for many years and we saw that they were passionate about the care and support people received and committed to improving the experience of people using the service. They were responsible for the overall management of all aspects of the service. People using the service, their relatives and health and social care professionals were positive about the management of the service. One person said, "[The provider] is very good, she will always make sure you get the help you need." The provider told us they kept their knowledge updated by completing training, attending provider meetings the local authority organised, reading social and health care magazines and looking at websites, including the Care Quality Commission.

Throughout the inspection the atmosphere in the service was relaxed and we saw that staff worked well together to meet people's care and support needs. Staff told us they enjoyed their work and said they felt the provider was a good employer.

The provider was proactive with people's care and involving healthcare professionals to improve the experience of people living at the service. For example, each person's care plan included clear guidance for care staff on signs that a person was experiencing a relapse in their mental health, the guidance also included information for staff on the actions they needed to take and the health and social care professionals they needed to contact to ensure the person was safe and received the care and support they needed.

Staff said the provider was approachable and supportive and they felt able to speak with them about any queries they might have. Comments from staff included, "We know we can always go to [the provider] if we have any questions. She is very easy to talk to" and "[The provider] is very experienced, I would always ask her if I was unsure about anything."

The provider had policies and procedures in place and they told us they reviewed these annually. They also told us that they were in the process of updating all the policies at the time of our inspection and they would then be available for staff to reference online. In the meantime, paper copies of the procedures were available for staff in the office. The provider was aware of their responsibility for sending statutory notifications to the Care Quality Commission (CQC) for any notifiable events, so we were kept informed of the information we required.

The legislation requires providers to display their latest CQC rating in the service for people and their visitors and also on their website. Some staff we spoke with were unsure whether the rating was displayed, although one member of staff did find a copy of the last inspection report amongst other information in the ground floor hallway. We looked at the provider's website and noted they had not displayed the latest rating. We discussed this with the provider who told us they had not updated the website for some time and that it was little used. They did say they would update the website and use CQC resources to produce display materials for use in the service.

The provider arranged for people using the service to complete satisfaction surveys and the results of those we saw were positive. These related to holidays and outings people had taken part in and showed that people had enjoyed these. Staff told us they used the people's comments in the surveys to plan future holidays and outings.

Staff told us they met regularly with the provider and said they were kept informed of what was happening at the service. The provider told us she was available to meet with people using the service, their relatives and health and social care professionals and said she understood the importance of good communication and addressing any points raised. Staff who were not directly involved in people's care told us they had completed some training and they were clear they would report any concerns to the provider.

The provider had systems in place to monitor quality in the service and make improvements. The provider carried out audits and checks to monitor aspects of the service and the care and support people received. The service's pharmacist carried out medicines audits and we saw the provider also carried out a weekly audit of a sample of people's medicines records.

The provider also carried out and recorded health and safety checks, including hot water and food storage temperatures, environmental checks, electrical and gas safety.