

Roshini Care Home Ltd

Roshini Care Home

Inspection report

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Date of inspection visit:
05 July 2022

Date of publication:
18 July 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

About the service

Roshini Care Home is a residential care home which provides accommodation and personal care for up to 12 adults with mental health needs in one adapted building. At the time of the inspection there were 12 people living at the home. The home is owned by a private limited company and is the only registered care home for this company.

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

We identified a small number of potential hazards. We discussed these with the provider, and they took immediate action.

People received their medicines safely and as prescribed. However, records relating to medicines were not always clear and this could lead to errors. The staff addressed this when we discussed it with them.

People using the service were happy there and received personalised care which met their needs and reflected their preferences. They maintained relationships outside the home and used the local community for leisure, shopping and to meet their needs. People were supported to move to more independent settings by learning new skills.

The staff felt supported and were happy working at the service. They had the information and training they needed to understand how to care for people well.

There were suitable systems for monitoring and improving quality and safety, as well as responding to complaints and incidents. The service was appropriately managed and people using the service felt involved and able to contribute their ideas.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The rating at the last inspection was requires improvement (Published 8 July 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Roshini Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was conducted by two inspectors.

Service and service type

Roshini Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Roshini Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held about the provider including their action plan following the last inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We had feedback from the local authority who had recently visited and assessed the service.

During the inspection

We met people living at the service and spoke at length with three. We observed how people were cared for and supported. Our observations included 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 all the staff on duty and looked at records used by the provider for managing the service. These included the care records for three people, staff recruitment and training records, records of checks and audits and records of complaints, accidents and incidents. We carried out an assessment of the environment and equipment and we looked at how medicines were managed.

We also met the nominated individual and gave them our feedback at the end of the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection, we found the provider was not always providing safe care and treatment. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer breaching Regulation 12. However, we found further improvements were needed to make sure people were kept safe.

- We identified a number of potential hazards which included food which had expired the use by date, as well as cleaning products and sharp knives which had not been stored securely. The risk for people relating to these was minimal because they had the mental capacity to understand the risks of misusing of cleaning products or sharp knives. Additionally, the provider took immediate action to secure these items and dispose of out of date food. They also sent us assurances of how they would make sure these risks were continuously monitored and mitigated in the future.
- The risks relating to people's healthcare, personal care and social needs had been assessed and planned for. The plans included ways in which to support people to keep them safe while enabling independence and positive risk taking. Risk assessments were regularly reviewed and updated.
- The staff and external contractors carried out checks on the safety of the environment. Where concerns were identified they had taken action to reduce risks. There was an appropriate fire safety plan and staff knew how to support each person in the event of a fire to evacuate them safely.

Learning lessons when things go wrong

At our last inspection, we found incidents and accidents were not always monitored to ensure appropriate action was taken. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer breaching Regulation 12.

- The provider had systems for investigating and learning from incidents, accidents, complaints and other adverse events. They analysed what had happened and shared learning with the staff so that improvements could be made at the service.

Using medicines safely

- People received their medicines safely and as prescribed. However, we identified some of the systems required improvement in order to make sure medicines were always safely managed and to reduce the risk of errors.
- Some of the records relating to medicines were not clear or always completed accurately. We discussed the details of this with the nominated individual and senior staff. They agreed to make the necessary improvements.
- Medicines were stored safely and securely. Staff responsible for administering medicines had been trained and their competencies and knowledge were regularly tested.
- There were regular checks and audits to help ensure people received their medicines safely and to identify any errors or concerns.

Preventing and controlling infection

At our last inspection, we found the systems for preventing and controlling infection were not always operated effectively. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer breaching Regulation 12.

- There were suitable systems for preventing and controlling infection. The staff had training in these and understood them.
- The environment was kept clean and there were checks and audits regarding infection control and cleanliness. There were suitable systems for the disposal of waste and laundry.
- The provider had reviewed their procedures since the outbreak of COVID-19. They provided staff and people using the service with personal protective equipment (PPE), carried out suitable COVID-19 testing and made sure staff and people had the information and guidance they needed.
- Staff followed good practice when supporting people, reminding them to wash their hands and offering them masks.

Systems and processes to safeguard people from the risk of abuse

- There were systems to help safeguard people from the risk of abuse. The provider had procedures relating to this and whistle blowing. Staff had regular safeguarding training and were able to tell us how they would recognise and report abuse.
- The provider had worked with the local safeguarding authority and other agencies as needed to investigate and respond to allegations of abuse and to help protect people from harm following these.

Staffing and recruitment

- There were enough suitable staff employed to keep people safe and meet their needs. People told us they felt there were enough staff and the staff also confirmed this. Staff absences and vacancies were usually covered by existing staff working overtime, so people were cared for by those they were familiar with.
- There were systems to help ensure only suitable staff were employed. These included checks on the staff and a thorough induction during which they received training and their competencies were assessed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

At our last inspection, we found the provider had not always ensured they obtained consent for care and treatment. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer breaching Regulation 11.

- The provider had assessed people's mental capacity to make different decisions about their care and treatment. People had consented to different aspects of their care.
- The provider had made appropriate applications for DoLS when they identified this was needed. They worked with other professionals and people's representatives to make decisions in their best interests.

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

- People's needs were assessed and planned for. The staff met people before they moved to the service. They found out about people's needs and choices.
- The provider carried out a more detailed assessment of their needs after they moved to the service and they used this to plan their care. Assessments and plans were regularly reviewed and updated as needed.

Staff support: induction, training, skills and experience

- People were cared for by staff who had the support they needed. The staff told us they felt well supported and had access to a range of information about their roles and responsibilities as well as training.
- Staff completed an induction when they started working at the service. They shadowed experienced workers and undertook a range of training. Training updates took place for all staff regularly and the staff explained these were useful.
- Staff participated in regular meetings with each other and their line manager to discuss the service, and individual meetings with their manager to assess their role and plan for their professional development. There were good systems for communication between the staff.

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

- People had enough to eat and drink. Their nutritional needs were assessed, and their dietary requirements were met.
- The provider employed a chef who prepared the main meals each day. They knew people's needs well and offered them choices at each mealtime.
- Some people were developing independent living skills by preparing their own drinks, snacks and some meals. This was supervised and monitored by staff to help make sure people prepared suitable and healthy food.

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

- People were supported to access a range of healthcare services and the provider worked closely with other professionals to monitor and meet people's healthcare needs.
- People's healthcare needs had been assessed and planned for. Staff had the information they needed to support people with these.
- People attended regular appointments with other medical professionals in order to meet their needs.

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

- The building was suitably designed and decorated. People had their own bedrooms which they could personalise and enjoyed spending time in communal areas. These were welcoming, light and well ventilated.
- People had been involved in helping to maintain the garden and grow fruit and vegetable.
- There was a range of accessible information on display to help inform people. There were also photographs of special events for people to enjoy and reminisce.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported. They had a good relationship with staff who knew them well. People told us they were happy and well cared for. We witnessed positive interactions which showed staff were kind, sensitive and caring.
- The staff supported people to celebrate birthdays, festivals and other important events. One person had moved to the service the day before the inspection. Staff had purchased a celebration cake and presented this to the person with a speech welcoming them after the midday meal.
- There was a nice atmosphere, where staff positively engaged with people, talking to them in people's first languages, singing, joking and chatting with them. The staff responded well when a person was distressed and confused, supporting and comforting them.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions. Their known preferences were recorded in care plans and people were involved in reviewing these. They had regular individual meetings with their key worker to review their care and as a group to discuss important house issues and to plan menus and activities.
- We saw people were well informed and supported to make choices. For example, staff showed them the menu and discussed this with them, they offered them choices about what they wanted to do, how they would travel to activities outside the home and the support they might need with this.
- There was a range of information available for people in different formats, including pictorial formats.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff made sure they discreetly discussed people's needs and provided care in a dignified way, ensuring privacy.
- People were supported to learn new skills and be independent when they were able. Many people moved to the home with the aim of moving to a more independent setting in the future. As part of this transition, they were supported to do things for themselves and learn new skills. This was monitored and personalised according to people's needs and wishes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection, we found people did not always receive personalised care and support. This was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer breaching Regulation 9.

- People received personalised care which met their needs and preferences. The staff had created care plans which were regularly reviewed. People were involved in reviewing their own care and able to make choices about this.
- There was evidence of close working with other professionals to make sure people's needs were being met.
- People told us their needs were being met. They were supported to take part in a range of different activities and learn skills.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. At the time of the inspection, people could speak and understand English and no one had specific additional communication needs. Although some people spoke other first languages. Some staff were able to communicate with them using these languages to help support their understanding.
- Information about the service was available in different formats if needed. Some information, such as menus, was also presented using photographs to help people make choices and understand these.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in different social activities within and outside the home. There was a range of planned daily activities and special events. People were also supported to pursue their own interests and we able to suggest ideas for group activities during weekly meetings.
- People used the local community. Some people did this independently and some were supported. They told us they used local shops and leisure facilities. The staff helped people plan how they would travel, for example walking, using public transport or using taxis. They helped people make the arrangements for this.
- People stayed in touch with friends and families who were able to visit and had telephone calls with them. Some people also visited their family homes and the staff supported them to make sure they had everything they needed, such as money and medicines, for these visits.

Improving care quality in response to complaints or concerns

- There were systems for investigating and responding to complaints. People were aware of the complaints procedure and knew who to speak with about any complaints or concerns.
- Complaints were investigated and learnt from so improvements could be made to the service.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection, we found systems and processes for monitoring and improving quality were not always operated effectively. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvement had been made and the provider was no longer breaching Regulation 17.

- The provider had systems and processes for monitoring the quality and safety of the service. These were effectively implemented. They carried out regular checks and responded when concerns were found. During the inspection we identified potential hazards. The provider addressed these straight away and was also able to explain how the risks to people were minimal because of their needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service were happy living there and felt well supported. They told us they liked the staff and felt they received personalised care. Some people were supported to develop new skills and move on to more independent settings.
- The staff felt well supported and enjoyed working at the service. They had opportunities for training and promotion. They knew people well and were kind, caring and friendly in their interactions with them.
- People using the service were able to attend weekly meetings to share their views and help plan for the service.
- The provider arranged for all stakeholders to complete regular satisfaction surveys about their experience and collated the results of these to help them plan for the future.
- People were supported with their diverse needs to access places of worship, with different dietary requirements and to express their needs and choices with their personal relationships. The staff had training in equality and diversity to help them understand about providing good care relating to this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was suitably managed. The registered manager was appropriately qualified and experienced. They were supported by senior staff who had a good understanding about the service and regulatory requirements.
- There was a range of policies and procedures which included links to legislation and good practice guidance. There were regular staff meetings and handovers to help ensure staff understood their responsibilities.
- The provider understood their responsibilities under duty of candour and had taken appropriate action when things went wrong.

Working in partnership with others

- The staff worked with others to help monitor and meet people's care needs.
- The registered manager liaised with other care providers and professionals to keep themselves updated with good practice and changes in guidance.