

RNJ Care Limited

Rosslyn Residential Care

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

Rosslyn Residential Care provides accommodation for up to thirty older people some of whom may live with dementia. There were twenty-eight people living in the home at the time of the inspection.

The inspection was unannounced took place on 5 and 10 December 2018.

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 2008 and associated Regulations about how the service is run.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good overall. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. We have written this inspection report in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service and were protected from potential harm or abuse. Risk assessments were in place and had been regularly reviewed. Staff were aware of the measures in place to reduce risks to people. Recruitment checks were completed to ensure staff were suitable to work in this type of service. Staffing levels were good which ensured that people's needs were met in a timely way. People received their medication as prescribed. Accidents and incidents were monitored to help prevent a reoccurrence. Infection control measure were in place to reduce the risk and spread of infection.

People continued to receive an effective service. Staff received an induction, training and support which gave them the skills and knowledge they required to support people effectively. Staff supported people to eat and drink sufficient amounts to help maintain their health and wellbeing.

People were supported to have maximum choice and control of their lives and were asked to consent to their care. People were supported to access healthcare professionals when required.

People continued to receive care and support from staff who were kind, caring and compassionate. Staff respected people's privacy and dignity and knew people well. People were supported to remain as independent as possible. People's relatives and visitors were welcomed at all times, including social events held at the service. People could access the services of an independent advocate if required.

People continued to receive a service that was responsive to their changing needs. People and their relatives were fully involved in the development, planning and ongoing review of their care and support. Support plans were personalised and included information about people's life histories, and family involvement. People choose what activities they wanted to participate in and how they spent their time. People and their families knew how to raise any concerns and were confident they would be dealt with appropriately. Many compliments had also been received.

The service continued to be well-led, by a registered manager who led by example, and was open, transparent and inclusive. The culture of the service was 'people first' and they were at the centre of everything that happened at the service. There were a range of quality assurance systems and processes in place to monitor the service. People's views were sought and these were taken into account when considering the development or improvement of the service. The service worked in partnership with other organisations which included the local authority and GP's which helped provide people with holistic care.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Rosslyn Residential Care

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. We planned this inspection 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 comprehensive inspection took on 5 and 10 December 2018 and was unannounced. It was carried out by two inspectors.

Prior to the inspection we looked at information we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information from the PIR which helped us with planning the inspection.

During the inspection we spoke with seven people who lived at Rosslyn Residential Care and three relatives. We also spoke with the registered manager, the deputy manager, five care staff and a representative of the provider. We reviewed a range of documents which included care records for three people, recruitments records for three staff and training records. We looked at maintenance records, menu planning, activities and medicine administration records

Is the service safe?

Our findings

The service continued to be safe as people were safeguarded from the risk of harm. People told us they had no concerns in relation to their safety. One person told us, "I am happy to be here. It's a safe place to be. I have a comfy bed. There are certain things I like. I have a choice. The people try their best to make sure we are happy". Another person we spoke with told us, "I am happy here. I use the chair lift and my frame. I like people around me. [Staff member name] has done everything for me."

People were protected from potential harm or abuse by staff who had received training which helped them to identify concerns. Risk assessments were in place so staff were aware of the measures in place to help reduce risks to people and had been regularly reviewed. This included risks associated with people's mobility, falls, skin integrity and environment. All staff we spoke with were fully aware of their responsibility to report any safeguarding concerns and knew how to report these. One staff member we spoke with told us, "I would report any concerns I had about the way people were supported, with the manager." They said, "If I could not speak with the manager I know who I could contact in the local safeguarding services." This meant that people were protected from harm at the home by staff who were fully trained and knowledgeable of the safeguarding procedures.

We found that where people had been identified at risk of developing pressure sores all the required equipment was in place to protect them and all mattress settings were recorded at the correct and safe level.

We saw that where people had been assessed as unable to fully access their call bells, a record of hourly checks was in place in order to keep the person safe from harm.

Recruitment checks were completed to ensure staff were suitable to work in this type of service. We noted that potential staff were required to complete an application form and gaps in their employment history were explored. A disclosure and barring check was completed, references taken up and these were verified. These checks helped to ensure staff were suitable to work in this type of service.

Staffing levels were good which ensured that people's needs were met in a timely way. The rotas demonstrated that there were more staff on duty than the dependency tool used recommended. The registered manager told us this took into account if staff were off sick, so that sufficient staffing levels were maintained.

People received their medication safely by trained staff who had their competencies checked. We saw that there were protocols in place for topical medicines, homely remedies and as and when required medicines such as pain relief which was available when people required it. We reviewed medicine administration records (MAR) and noted they had been properly completed. Regular audits were completed to help ensure any recording errors were quickly identified and addressed.

Accidents and incidents were monitored to help prevent a reoccurrence. For example. when a person had a

fall. the circumstances were reviewed to see if there was any learning from the incident and this information was shared with staff to help promote good practice.

Infection control measures were in place to reduce the risk and spread of infection. For example, staff wore personal protective equipment such as gloves and aprons when supporting people with personal care.

Is the service effective?

Our findings

People continued to receive effective care and support from staff who had received appropriate training and support. One relative told us, "Staff always here to help. I come nearly every day. There is nothing that needs changing here. Staff are competent and capable."

Another visiting relative told us, "I feel like I am much part of things. I feel listened to. There is very good contact. I get frequent updates. Even when I am away. Night time, any problems, I will get a call." One person we spoke with told us, "There is always someone around if I need a hand with anything right down from the manager to the laundry person, they are all lovely and do a good job." One relative told us "There are enough people (staff) all the time. Not lackadaisical. They really do try."

The home is in the process of updating and replacing the furnishings and fittings within all areas of the home, in particular to help assist in supporting people who live with dementia. This includes new complimentary colour schemes, new bedding as well the refurbishment of bathrooms, all communal areas and the bedrooms.

Staff completed an induction when their employment commenced. One staff member we spoke with said, "I had a week's induction when I first started and three days of this was shadowing a permanent member of staff before I worked on shift." They confirmed they had received recent training in the following topics, nutrition, safeguarding, mental health, fire safety, food hygiene and infection control and awareness of individual dietary needs and preferences. We reviewed the training records which confirmed that staff completed ongoing training in a variety of topics which enabled them to do their jobs well. The service has staff who have been trained as 'Champions' in dementia care, food and nutrition, activities, infection control and falls prevention. These staff members are provided with additional training in key areas which they then pass on to the staff team to ensure people receive the effective care and support they deserve. Staff received regular support through team meetings, observed practice and individual supervisions which enabled them to discuss any development needs, set objectives and discuss any concerns they may have about people they supported.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff had received training and had a good understanding of the MCA and how this related to their everyday work. People were asked for their consent before staff supported them. People were supported to have maximum choice and control of their lives and were assisted in the least restrictive way.

Nutritional assessment had been completed and people's weight was regularly monitored. Advice and

support was accessed from Speech and language therapists [SALT] We also saw guidance from Food First Team included within people's individual care plans.

We observed the lunchtime meal being served to people. We saw that the food was served hot and the temperature maintained in a heated trolley. The meal was well presented and people had access to drinks, condiments and sauces which had been placed on each of the tables. People were also provided with linen napkins, if required. People were supported to eat and drink a varied and healthy diet to help maintain their health and wellbeing. Healthy snacks were available which included milk shakes and fresh fruit. People were offered a choice of food from the menu or alternatives were available on request. Specialist diets were catered for which included diabetic and culturally appropriate menus, when required. We observed people being supported in a non-intrusive and respectful way.

People were supported to access a range of healthcare professionals when required. The registered manager told us how they worked closely with other organisations to make sure people received holistic care. This included chiropodist, opticians and physiotherapists. We noted that healthcare appointments and records were all recorded within people's support record so that staff were aware of any related medical conditions which may impact how they supported people.

Is the service caring?

Our findings

The service continued to be caring. People and their relatives told us they found staff and the management team to be kind and caring. One person told us, "I wouldn't change anything. Staff are attentive, kind and very caring. I feel the staff are polite and treat me well." Another person told us, "There are certain things I like. I have a choice. The staff try their best to make sure we are happy." A third person told us, "They are lovely every one of them. No complaints. All of them are really smashing to me. All friends. They're all nice. "The [name] in charge is lovely".

Staff had positive interactions with people and supported them with their daily living skills. For example, one person had become quite anxious during the lunchtime meal. We observed a member of staff gently reassure the person by speaking to them in a calm and gentle manner and by kneeling down next to the person. We saw they placed their hand on the person's arm to reassure them. We saw this gesture gave the person comfort and they visibly became more relaxed. We saw this helped the person in enabling them to continue to enjoy their meal.

Staff respected people's dignity and ensured they remained as independent as possible. People's privacy was maintained, for example, staff were mindful of our presence while they supported or communicated with people. People were encouraged to retain their independence and control as far as possible. We observed staff supported people in a patient and respectful manner, enabling them to complete tasks for themselves wherever possible.

People, and their relatives where appropriate, had been fully involved in the planning and reviews of the care and support provided. One relative told us, "We are kept informed every time there is something to be discussed about [name]. Night or day they will call us, yes we feel respected and valued as relatives." Care plans continued to be detailed and person centred and contained a fully life history along with important information about people's health conditions.

Information about advocacy services was available. Staff told us they would support people to access a lay advocate if they needed support in making decisions about their care and support. Advocates are able to provide independent advice and support.

People's care records were stored in a lockable office at the service in order to maintain confidentiality.

Is the service responsive?

Our findings

The service continued to provide care and support that was very responsive to people's changing needs. People and their relatives were involved in the planning and review of their care. One relative stated, "Its home from home for [name], we were unhappy that they lived alone and so when we decided to look for a care home nearby we found Rosslyn Care who have been professional and were very helpful when [name] first moved in, we felt they told us everything we needed to know to make it a smooth move."

People received care and support which was flexible and responsive to their needs and wishes. One person we spoke with told us, "Lovely little bedroom. I sleep well, you don't hear people screaming and shouting. Very nice. They sent me to a lovely hairdresser. I can't believe I'm here really. I was getting so fed up at home. I'm taking time here and sorting myself out. I come here and see so many things." Another person who lived at the home said "They're all lovely. They keep coming to see if you are all right. Makes you realise how lucky I am to be here."

The service has introduced a new information technology system since the last inspection took place which has replaced the need for staff to manually write up individual daily notes. This has helped increase the time that can be spent supporting and caring for people. This system also gives a minute by minute update on each person's individual needs.

People and their relatives who provided feedback about Rosslyn Residential Care were very positive about the care and support they received. One relative told us, "All the staff are so very helpful and friendly we are like one big happy family and I think it's partly because the home is nice and small."

We saw that care plans were detailed and included information about what was important to the person, for example what they liked doing and any hobbies and areas of interests they had. One person we spoke with told us, "Everything in working fine. I am independent with some things though need help with others. I do what I can. I am happy here. I use the chair lift and my frame. I like people around me. I can have private calls with my family. They bring the phone to me. I would not like to be on my own. I occasionally go out with staff for a meal. I like to read the newspapers." This person confirmed that they have a newspaper of their choice delivered each day to read.

Staff arranged meaningful activities for people to be involved in. On the day of this inspection people were seen to be enjoying a gentle keep fit session provided by a fitness instructor from a local gym. We saw that this activity was enjoyed by several people and produced lots of laughter and joviality. We also saw several photographs displayed around the home of social events that had been held at the home in the summer months, which included a barbecue and garden party. We also saw photographs of a recent activity where staff and people who lived at Rosslyn Residential Care had celebrated Diwali and had the opportunity to dress up in Sari's and enjoy a typical Diwali feast.

The registered manager told us, "We try different activities and if they prove to be popular we make that activity available for people as often as they can, for example people enjoy quizzes, arts and crafts and

bingo." We also saw that the home arranged for a regular musical entertainer to come into the home for sing-a-long session. Where people were cared for in bed, or chose to stay in their bedrooms, staff provided individual engagement such as having a chat or discussing the weekly news and menus. These activities ensured people were not socially isolated.

People told us they were aware of how to raise a concern and confirmed they were confident the management team would take their feedback or concern seriously and act on it. There was a comments, concerns and complaints policy and procedure in place. We noted that a copy of the process was included in the service user guide and displayed in the reception area at the service. Where people had raised concerns, these had been fully investigated and resolved by the registered manager. We noted the service had received many thank-you cards and letters from people and their family members.

Is the service well-led?

Our findings

The service continued to be well-led. The registered manager and the management team embraced an open, transparent and inclusive culture and led by example. The service was person-centred with a focus on the quality of care provided. One person told us, "The registered manager is very approachable and I see them every day when they come and see if I am ok, this makes a difference as I know if I have a problem it will get sorted." Staff we spoke with all confirmed that the manager was open and their door was always open. One staff member told us, "They are one of us, we work very well as a team member and I am very happy working here."

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 2008 and associated Regulations about how they run the service.

The registered manager had worked hard since the last inspection took place to further improve the service to people at the home. This has included further developing the current activity programme, improvements to the current menus as a result of feedback from people who live at the home and an ongoing refurbishment plan to replace the homes furniture and fittings, and the redecoration of both the communal areas of the home and people's bedrooms.

There was a robust quality assurance system in place to continually monitor the quality and safety of the service and make continual improvements. The views of people were regularly sought along with relatives and staff views. One staff member told us, "We have access to all the training as well as specialist training when its needed and this helps us provide the best care [possible]."

Another staff member told us "The management team always ask our opinion and are continually looking for ways to improve the service." Staff told us they felt motivated and valued by the management team. The registered manager recognised and promoted good practice for example they had developed excellent end of life care led by an end of life care champion.

Surveys were given out to people on a regular basis about different aspects of the service. Feedback was reviewed and any actions arising were reviewed and where possible put in place. Topics included menus, food planning, activities and questions relating to staff and the quality of care received.

Internal and external audits on various aspects of the service, were completed. We saw the report for the last external audit completed. We noted all aspects of the service were audited and a report complied. The audits included a review of documents to ensure staff were following the correct policies and procedures and that documentation was up to date and current.