

Roman Park Limited

Roman Park

Inspection report

99 Fosse Way
Syston
Leicestershire
LE7 1NH

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17 January 2017

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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

This inspection took place on the 17 January 2017. Our visit was unannounced.

Roman Park provides accommodation and support for up to 14 people who have mental health needs, learning difficulties or autistic spectrum disorders. On the day of our inspection there were 12 people living at the service.

The service had 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.

People told us they felt safe living at Roman Park. Relatives we spoke with told us that their relations were safe living there. The staff team knew their responsibilities for keeping people safe from avoidable harm and knew what to do if they were concerned about anyone.

People's care and support needs had been identified and the associated risks had been assessed and managed. Where risks had been identified these had, where ever possible, been minimised to better protect people's health and welfare.

Plans of care had been developed for each person using the service and the staff team knew the needs of the people they were supporting well.

People felt there were currently enough members of staff on duty each day because their care and support needs were being met.

Recruitment checks had been carried out when new members of staff had been employed. This was to check that they were suitable to work at the service. The staff team had received relevant training and on-going support through supervisions and appraisals had been provided by the management team.

People received their medicines as prescribed and in a safe way. Medicines were being appropriately stored and the necessary records were being kept. There were appropriate systems in place to audit the management of medicines.

People's nutritional and dietary requirements had been identified. People had been nvolved in the development of the menus that were in place and these catered for their individual needs and preferences.

People were supported to maintain good health. They had access to relevant healthcare services such as doctors, opticians and community nurses and they received on going healthcare support.

The staff team involved people in making day to day decisions about their care and support and they understood their responsibilities with regard to gaining people's consent.

The people using the service and the relatives we spoke with told us that the staff team knew them well and knew what help and support they needed. They told us that the staff team were friendly, kind and caring and observations during our visit confirmed this.

Systems were in place to gather the views of the people using the service. Monthly meetings had been held and these provided everyone with an opportunity to be involved in how the service was run.

People using the service knew what to do if they were worried about anything. A formal complaints process was in place and people were regularly reminded of this so that they could be supported if they needed to use it.

Staff members we spoke with felt supported by the registered manager. They told us that they had the opportunity to meet with a member of the management team on a one to one basis to discuss their progress. They also told us that there was always someone available for support and advice should they need it.

There were systems in place to regularly monitor the quality and safety of the service being provided. Audits on the documentation held had been completed and checks on the environment and on the equipment used to maintain people's safety had been carried out. A business continuity plan was available for the staff team to follow in the event of an emergency or untoward event.

The registered manager and the management team were aware of their registration responsibilities including notifying CQC of significant incidents that occurred at the service.

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.

People using the service felt safe and the staff team knew their responsibilities for keeping people safe from avoidable harm.

Risks associated with people's care and support had been assessed and managed.

An appropriate recruitment process was followed when new staff members were employed.

People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

The staff team had received training and had the knowledge they needed to be able to meet the needs of the people using the service.

Where people lacked the capacity to make decisions, their plans of care showed that decisions had been made for them in their best interest.

People were involved in the planning and preparation of their meals and menus catered for their individual needs.

People had access to all the necessary healthcare professionals.

Is the service caring?

Good ●

The service was caring.

The staff team were caring and kind and treated people with respect.

People were offered choices on a daily basis and the staff team involved them in making decisions about their care and support.

People's privacy and dignity were promoted and protected by

the staff team.

The staff team understood the needs of the people they were supporting.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed before they moved into Roman Park and they and their relatives had been able to contribute to the planning of their care.

People's plans of care reflected their personal care and support needs.

People were supported to follow their interests and take part in social activities.

A complaints procedure was in place and people were regularly reminded of what to do if they were unhappy about anything.

Is the service well-led?

Good ●

The service was well led.

People we spoke with told us that the service was well managed.

Staff members we spoke with felt supported by the registered manager and the management team.

People using the service, their relatives and the staff team had been given the opportunity to have a say on how the service was run.

A monitoring system was in place to check the quality of the service being provided.

Roman Park

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 January 2017. Our visit was unannounced.

The inspection team consisted of an 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.

We reviewed the information we held about the service. This included notifications. Notifications tell us about important events which the service is required to tell us by law.

We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had any feedback about the service.

At the time of our inspection there were 12 people using the service. We were able to speak with five people living there and three relatives of people living there. We also spoke with the provider, the registered manager, the deputy manager and two members of the staff team.

We observed care and support being provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included two people's plans of care. We also looked at associated documents including risk assessments and medicine administration records. We looked at records of meetings, two staff recruitment and training files and the quality assurance audits that the management team had completed.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Roman Park. One person told us, "I am safe, if was I scared I would tell the Care Quality Commission (CQC)." Another explained, "They [staff team] keep me safe." Relatives we spoke with told us that their relations were safe living there. One relative explained, "My relative is very safe here and I have never seen anything that has worried or concerned me." Another told us, "My relative is safe because there is a caring attitude and because of the lay out of the building, they can always oversee what is happening. They let my relative do things at their own speed."

Staff members we spoke with were aware of their responsibilities for keeping people safe from avoidable harm. They told us that they had received training on the safeguarding of adults and the training records we saw confirmed this. One staff member told us, "I would report anything to the manager straight away."

The management team were aware of their responsibilities for keeping people safe. They knew the procedure to follow when a safeguarding concern was raised. This included referring it to the relevant safeguarding authorities and the CQC.

Risks associated with people's care and support had been assessed when they had first moved into the service. These had then been reviewed on a regular basis. Risks assessed included those associated with people's mobility and their nutrition and hydration. The completion of these documents made sure that risks to people's health and welfare were wherever possible, minimised and the people using the service kept safe from avoidable harm.

Checks had been carried out on both the equipment used to maintain people's safety and on the environment. Fire safety checks and fire drills had been carried out and the staff team were aware of the procedure to follow in the event of a fire. There were emergency evacuation plans in place in people's plans of care. These showed how each person should be assisted in the event of an emergency. The provider also had a business continuity plan in place for emergencies or untoward events such as loss of utilities or flood. This meant that the staff team had a plan to follow to enable them to continue to support the people using the service should these events ever occur.

An appropriate recruitment process was in place. We looked at the files belonging to two staff members to check whether this process had been followed. We found that it had. People's previous employment had been looked into, references had been obtained and a check with the Disclosure and Barring Scheme (DBS) had been made. DBS checks help to keep those people who are known to pose a risk to people using care services, out of the workforce.

People told us that there were enough staff members on duty to meet their needs. One person told us, "There are always enough staff." Relatives we spoke with agreed with what they told us. One relative explained, "I think the staffing levels are fine. There are always staff around. My relative has a good quality of life." Another told us, "There is enough staff."

The staff members we spoke with felt that there was sufficient numbers of staff on duty to meet the current needs of the people living there. One staff member told us, "I feel there are enough staff to meet people's needs." People's needs were being met because there were sufficient numbers of staff on duty.

We looked at the way people's medicines had been managed. Medicines were being appropriately stored; the stocks we checked were correct and medicine administration records (MAR's) had been accurately completed. We looked at the MAR's. We saw that a photograph of the person was in place to aid identification. This reduced the risk of medicines being given to the wrong person.

Protocols were in place for people who had medicines 'as and when' required, such as paracetamol for pain relief or lorazepam for agitation. These protocols included information on when these medicines should be given. For example where someone was given lorazepam for agitation, the protocol described the signs and symptoms to look out for and the rationale for giving this medicine.

There was an appropriate system in place for the receipt and return of people's medicines and audits were carried out to ensure that people's medicines were handled in line with the provider's policies and procedures. Only staff members who had been appropriately trained were able to administer people's medicines. Competency checks were carried out annually, this was to make sure that the staff team provided people with their medicines in a safe way.

We observed one of the staff members supporting a person using the service with their medicines. They checked the MAR to ensure they were giving the medicines to the correct person. They potted the medicines out of their container and took them to the person. The staff member encouraged the person to take their tablets independently and offered them a drink. They waited for the person to take their medicine and then returned to the MAR and signed it. The encouragement from the staff member was effective and promoted the person's independence.

Is the service effective?

Our findings

People we spoke with felt that the staff team knew their care and support needs and were satisfied with the care and support they received. One person told us, "They [staff team] do know what they are doing. I am looked after well." Relatives we spoke with told us that the staff team knew their relations well and had the skills they needed to meet their needs. One relative explained, "The staff are lovely and I think they are well trained." Another explained, "The staff are very skilled and do plenty of training."

The registered manager explained that new members of staff had been provided with an induction when they had commenced working at the service. Staff members we spoke with and records seen confirmed this. One staff member told us, "Yes, I had an induction when I first started."

We looked at the training records kept and it was evident that appropriate training had been provided. This included training in the safeguarding of adults, moving and handling, food hygiene and health and safety. This meant that the staff team had the knowledge they needed to appropriately support the people using the service.

The staff team had been provided with regular supervision, This gave staff members an opportunity to meet with a member of the management team to discuss their progress within the staff team and to discuss any issues, suggestions or concerns they make have.

The staff members we spoke with told us that the management team were supportive and were available if they needed any help or advice. One staff member told us, "They [management team] are supportive; there are three of them so there is always someone available."

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 DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The management team had a good understanding of the MCA. Applications for DoLS authorisations had been made in respect of people who lacked mental capacity to make their own decisions about their care and support. At the time of our visit there were two authorised DoLS in place. We found that people were being supported in line with those authorisations. This included for one person, the way in which they were supported with their medicines.

Mental capacity assessments had been carried out to determine whether people lacked the capacity to make a decision about their care or support. For example, when deciding whether to accept support to take their medicines or attend health appointments. Where capacity had been assessed as lacking for specific decisions, a decision had been made in their best interest and by someone who knew them well.

The staff team had received training on MCA and DoLS and those we spoke with understood its basic principles. One staff member told us, "It is about making sure that they [people using the service] make decisions for themselves, it is not for us to decide for them."

People using the service had been involved in devising the weekly menus and were supported to eat a healthy balanced diet. Laminated photographs of meals provided were available to remind people what was on offer at each mealtime. One of the people using the service told us, "I like all these foods, curry, pasta, fish, roast dinner and several desserts. We are having shepherd's pie for tea and pizza for lunch." One of the people using the service was unable to eat the pizza and salad that was on offer at lunchtime and so were given their favourite sandwich and some small sausage rolls. This person was supported to eat their sandwiches as independently as possible. The sandwich was repeatedly replaced into their hand very gently and carefully, the staff member supporting them was extremely patient and chatted away to them. They weren't hurried in any way and drinks were offered in between bites.

Conversations between the people using the service were pleasant and they were all helping one another by passing drinks, salad and asking each other if they wanted more. A large bowl of fresh fruit was on the table for people to help themselves to. On the day of our visit, two of the people using the service were preparing vegetables for the evening meal. They explained, "The vegetables come from the farm. I like it at the farm I work there."

Relatives we spoke with shared their thoughts of the food served at Roman Park. One relative told us, "There is always enough to eat with plenty of fruit and vegetables, their food is well balanced." Another explained, "The food? Well, it's excellent. They are very health conscious."

The staff team monitored people's health and where necessary, referrals to healthcare professionals such as the Speech and Language Therapy team (SALT) had been made. The SALT team support people who for example, have trouble swallowing and offer advice to the staff team on how to better support them. People also had access to other relevant health professionals such as doctors, dentists and community nurses. A relative told us, "All the health professionals are involved when they need to be." Another explained, "The GP's are available and visit regularly."

Is the service caring?

Our findings

We observed the staff team supporting the people using the service. They spoke to people in a kind way and offered support in a relaxed and caring manner. The staff team had a good understanding of people's needs. People were treated well and support was provided in a good-humoured way.

Throughout our visit people were supported to be as independent as they possibly could be within each individual's abilities. People were supported in a gentle, patient manner and were helped in a way that they had agreed to.

The staff team reassured people when they were feeling anxious and when a little comfort was needed, this was provided in a caring manner. For example, during our visit, one of the people using the service looked very upset and extremely anxious. They had found a scratch on their arm which was red. A staff member immediately asked if they would like a plaster on it. The plaster was applied and immediately their signs of anxiety disappeared.

Relatives we spoke with told us that the staff team were kind and caring. One relative told us, "I am very welcomed when I visit and I see dignity and respect every time I visit."

The staff members we spoke with gave us examples of how they maintained people's privacy and dignity when they supported them with personal care. One staff member told us, "I close the doors and keep them [people using the service] covered when helping them." A relative told us, "The people are all treated with dignity and respect." We observed the staff team treating people with respect throughout our visit.

We looked at people's plans of care to see if they included details about their personal history, their personal preferences and their likes and dislikes. We found that they did. For example, one person was comforted when they had their cuddly toy to hold. When we checked their plan of care this information was included within it and when we visited them, we could see that they had their cuddly toy with them. People and things that were important to them were also included in their plan of care. This meant that the staff team had the information they needed to provide individualised care and support.

The staff team supported the people using the service to make decisions on a day to day basis. For people who were unable to make decisions about their care, either by themselves or with the support of a family member, advocacy services were made available. This meant that people had access to someone who could support them and speak up on their behalf.

Relatives told us that they could visit at any time. One person told us, "I always ring before I visit as they can be very busy doing activities. I am always welcomed when I arrive by both staff and the other people who live there." Another explained, "I always feel welcome when I visit."

Is the service responsive?

Our findings

The people using the service had been involved in the planning of their care with the support of their relatives. One relative told us, "I am involved with the care plan."

The registered manager confirmed that they always visited people interested in living at the service before they moved in and relevant information was obtained from their relatives and other support agencies involved in their care and support. This was so that the person's care and support needs could be assessed and the registered manager could satisfy themselves that the staff team at Roman Park could meet those needs. People were also given the opportunity to visit the service and meet the other people living there, join them for a meal and experience an overnight stay. This meant that prospective users of the service could get a feel of what it would be like to live there.

Following the assessment process and once people had moved into the service, plans of care had been developed. We looked at two people's plans of care to determine whether they reflected the care and support that people were receiving. We noted that they did, though one was in the early stages of development. This was because the person had recently moved in. The plans of care were detailed and had personalised information about the people in them. This included information about their past history and how they wished to be supported.

People's plans of care had been reviewed on a regular basis and where changes in people's health had occurred, the appropriate action had been taken. This included contacting the community nurse when concerns about a person's skin had been identified.

Yearly reviews of people's care needs had been carried out. These involved the person using the service, their key worker, a member of the management team, family members and whenever possible their social worker. This ensured that people were provided with as much choice and control over their care and support needs and the opportunity to discuss any worries they may have had. One of the people using the service told us, "I had my review yesterday; it was a year progress review." A relative told us, "I attend meetings whenever I can, usually when the social worker goes. I am not directly involved in making the care plan but I do see it." Another explained, "I am involved with the care plan and always attend the annual review."

For people who wanted to attend day services, they were supported to do so by the staff team. One person attended a group called 'Spoilt for Choice' where they enjoyed activities such as darts twice a week whilst another attended college each Wednesday. One person volunteered at a local charity shop twice a week and two other people spent time working at a local farm. Other activities enjoyed included horse riding and attending a friendship group. Once a month the people using the service were also responsible for delivering the local newspaper 'The Syston Times' to neighbouring streets, which they clearly enjoyed.

For the people who remained at the service the staff team supported them to participate in activities of their choice. On the day of our visit, people started the day with an exercise session. One person was recycling

cardboard. This involved tearing up a cardboard box and it was clear that they were gaining a great deal of pleasure from this activity. During the afternoon people joined in a range of activities. A number were singing along to the karaoke machine, taking it in turns to use the two microphones available. Another person was being supported to look at their photograph album, whilst another was looking at a fashion magazine and chatting about what colour nail varnish they could have later on. There was continued chitchat throughout and people clearly enjoyed the activities provided.

Monthly meetings had been held which everyone attended. These meetings were chaired by one of the people using the service and minutes were recorded. At the last meeting held, areas of discussion included whether people knew who CQC were. One person stated, "We can make a complaint to them if we are not happy or feel bullied." Other topics discussed included their plans of care, activities, the procedure to follow if the fire alarm went off and who their keyworkers were. This showed that the people using the service were fully involved in the life of the home.

People using the service were reminded of the providers complaints process during the monthly meetings held and a copy of the process was displayed. The registered manager confirmed that there had been no concerns raised in the last 12 months. Relatives spoken with knew who to talk to should they have a concern of any kind. One relative told us, "I would talk to them [management team] if I was concerned about anything, but I do not have any concerns."

Is the service well-led?

Our findings

Relatives we spoke with told us that they felt Roman Park was well managed and the registered manager and the staff team were open and approachable. One relative told us, "I can share my thoughts with staff and they listen." They told us that, in their opinion, the service was well led and the people using the service were at the heart of it. One relative explained, "It is very well led. I would rate this service as 10 out of 10, top notch." Another told us, "The staff help my relative to make decisions. I think the service is very well led." A third stated, "My relative has a good quality of life. They let them do things at their own speed, we work together, the service is well led."

There was a registered manager in post. During our visit we observed them chatting with the people using the service and to the staff team and we observed them supporting people with their daily lives. It was evident from our observations that good relationships had been built between them, the people using the service and the staff team.

Staff members we spoke with told us that they felt supported by the registered manager. They explained to us that they felt able to speak to them if they had any concerns and they, or a member of the management team were always available. One staff member told us, "I do feel supported, there is always someone available and if I want any training, I only have to ask."

People using the service had been given the opportunity to share their views and be involved in how the service was run. Monthly meetings had been held enabling people to have their say. One person told us, "Me and [person using the service] are ambassadors for dignity in care. We got the award. I am the lead person at the residents meetings and do all the notes for them. We tell the staff and then they change the things we asked for, like Bingo and cooking."

Annual surveys had also been used to gather people's views of the service provided. These had been completed by both the people using the service and their relatives. One relative explained, "I am given a survey to do each year." The surveys completed by the people using the service were all completed positively. Comments included in the surveys completed by relatives included, 'Very good lines of communication.' 'We have absolute involvement and we trust the staff without question to make decisions for [person using the service].' and, 'Staff are aware and knowledgeable of people's needs.'

Staff meetings had been held though not for some time, with the last meeting being held on 1 March 2016. The registered manager explained that although formal meetings had not always been held, they met regularly with the staff team to discuss all aspects of the service being provided. This was confirmed when talking to the staff team. Whilst these meetings were not formally recorded we were told that it provided them with the opportunity to ensure that people using the service were getting the best service possible. People using the service and their relatives agreed that the service they received was what they wanted and expected.

There were monitoring systems in place to check the quality and safety of the service being provided.

Checks had been carried out on the paperwork held including people's plans of care, medication records and incidents and accident records. The registered manager had also carried out regular audits to monitor the environment and on the equipment used to maintain people's safety.

The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service.