Maricare Limited

Roman Court

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

Overall summary

The inspection was unannounced, and the inspection visit was carried out on 29 and 30 December 2014. The care home was registered with the CQC in August 2014 so this was the first inspection of the service under the new registration.

Roman Court provides accommodation for up to 35 people on two floors. The home supports older people who require personal care and nursing care, this includes people living with dementia. At the time of the inspection there were 33 people living at the home on a long term basis and one person was receiving long term respite care.

The service did not have a registered manager in post at the time of our inspection, but an acting manager had been appointed in July 2014. They told us they were in the process of submitting their application to be the registered manager. A registered manager is a person

Summary of findings

who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

During our visit we saw staff supported people in a friendly and caring manner. They encouraged people to be as independent as possible and any risks associated with their care were taken into consideration. We spoke with six people who used the service and five relatives, who all said they were very happy with the care and support provided.

People received their medicines in a safe and timely way from a nurse or a senior care worker who had been trained to carry out this role.

We saw a structured recruitment process was in place to help make sure staff were suitable to work with vulnerable people, but recruitment records had not always been consistently checked and appropriately filed.

We found there were enough skilled and experienced staff on duty to meet people's needs.

Staff had received an induction at the beginning of their employment and essential training had been provided. This had been followed by refresher training to update their knowledge and skills.

We saw people received a well-balanced diet and were involved in choosing what they ate. The people we spoke with said they were very happy with the meals provided. We saw special dietary needs had been assessed and catered for.

People's needs had been assessed before they moved into the home and people told us they had been involved in formulating their care plan. We found two of the three care records we checked reflected people's needs and preferences in a comprehensive and person centred way. They had been reviewed and updated on a regular basis and reflected changes in people's needs. However, the third plan we looked at contained an out of date care plan that had not been updated or removed. This had not had any adverse impact on the person and was immediately addressed by staff.

An activities co-ordinator was employed to provide regular activities and stimulation. Although they were not on duty when we visited, we saw staff provided activities during the afternoon on both days. People told us they had enjoyed taking part in the activities provided.

People told us they had no complaints, but would feel comfortable speaking to staff if they had any concerns. We saw the complaints policy was easily available to people using or visiting the service. When concerns had been raised we saw the correct procedure had been used to investigate and resolve issues.

The provider had a system in place to enable people to share their opinion of the service provided and the general facilities at the home. We also saw regular audits had been used to check if company policies had been followed and the premise was safe and well maintained. Where improvements were needed the provider had put action plans in place to address these

Summary of findings

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.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Staff were knowledgeable about risk and how to work with people to manage any identified risk.

There was a satisfactory recruitment and selection process in place to help the employer make safer recruitment decisions when employing new staff.

Medicines were stored and handled safely by staff who had been trained to carry out this role.

Is the service effective?

Good

The service was effective.

Staff had completed training in the Mental Capacity Act and understood how to support people whilst considering their best interest. Records demonstrated the correct processes had been followed to protect people's rights, including when Deprivation of Liberty Safeguards had to be considered.

New staff had undertaken a thorough induction. A varied training programme was available that helped staff meet the needs of the people they supported.

People received a well-balanced diet that offered variety and choice. The people we spoke with said they were very happy with the meals provided.

Is the service caring?

Good

The service was caring.

People told us staff provided good care and support and were complimentary about the way their care was delivered. We saw staff interacted with people in a positive way, respecting their preferences and decisions.

Staff had a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive.

People had been encouraged to be involved in planning and reviewing their care, but this was not always consistently recorded. Care plans were individualised so they reflected each person's needs and preferences.

We saw people had access to activities and stimulation. People told us they had enjoyed taking part in the activities provided.

There was a system in place to tell people how to make a complaint and how it would be managed. Where concerns had been raised, the provider had taken appropriate action to resolve the issues.

Summary of findings

Is the service well-led?

Good

The service was well led.

The home did not have a registered manager. However, an acting manager was in post who understood the responsibilities of their role and intended to apply to be the registered manager.

People using the service and staff spoken with told us that the acting manager was accessible and approachable.

There was a system in place to assess if the home was operating correctly and people were satisfied with the service provided. This included surveys, meetings and regular audits. Action plans had been put in place to address areas that needed improving.

Roman Court

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.

The inspection took place on 29 and 30 December 2014 and was unannounced on the first day. The inspection consisted of an adult social care 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. Their area of expertise included older people and caring for people living with dementia.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications and information from other agencies.

Before the inspection we requested the provider complete 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. The provider told us this was not completed as they had not received our request.

We obtained the views of professionals who may have visited the home, such as Healthwatch and service commissioners. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 34 people using the service. We spoke with six people who used the service and five relatives. We also spoke with the acting manager, one of the company directors, the clinical lead nurse, three care workers and the cook. We looked at the care records for three people using the service and records relating to the management of the home. This included staff rotas, meeting minutes, medication records, staff recruitment and training files. We also reviewed records of quality and monitoring audits carried out by the home's management team.

During the two days we spent time observing how care was provided. We also used 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.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One relative commented, "It's much safer for X [person using the service] living here than being at home. There's plenty of staff here to keep an eye on X and the other residents."

The staff we spoke with demonstrated a good understanding of people's needs and how to keep them safe. They were aware of what might trigger an episode of challenging behaviour for individual people and knew which people were more at risk. They described how they encouraged people to stay as mobile as possible while monitoring their safety. We observed care workers explaining what they were doing before using a hoist to transfer someone from a wheelchair to an armchair. They carried this out appropriately and safely.

Care and support was planned and delivered in a way that promoted people's safety and welfare. The care plans we looked at showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. These had been reviewed regularly and updated when necessary.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The acting manager was aware of the local authority's safeguarding adult's procedures which aimed to make sure incidents were reported and investigated appropriately.

Staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. They told us they had received initial training in this subject during their induction period, followed by periodic updates. This was confirmed in the training records we sampled. There was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice.

We looked at the number of staff that were on duty on the days of our visits and checked the staff rotas to confirm the number was correct. We saw there were enough staff on duty to meet people's needs in a timely way and keep them safe. However, we noted that information collated using an individual dependency tool had not been used to determine the number of staff required for each shift. We discussed this with the acting manager who said they were currently exceeding planned staffing levels, but could not tell us how they had determined these numbers.

We spoke with six people who used the service, five relatives and five staff who all said they felt there were sufficient staff on duty to meet people's needs. We found staff had the right skills, knowledge and experience to meet people's needs.

The recruitment policy, and staff comments, indicated that a satisfactory recruitment and selection process was in place. We checked four staff files to see how this had been implemented. We found two files contained all the essential pre-employment checks required. This included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. However, we found the other two files did not contain a second written reference, although information seen indicated that at least one had been sent by the referee. The acting manager told us they thought they had been received but had not been filed. Following our visit the acting manager told us a full audit of all staff files had taken place to check for shortfalls. Copies of missing references were later found and sent to us. The acting manager said they had taken immediate action to chase up any missing documents. They also confirmed that a more robust system was to be introduced to ensure all essential records were on file before new staff commenced work.

The service had a medication policy which outlined how medicines should be safely managed. Doncaster Council had told us when they visited in September 2014 they had found the policy needed updating and additional information adding. We found the shortfalls identified had been addressed.

Nurses and senior care workers were responsible for administering medicines. The senior care worker on duty described a safe system to record all medicines going in and out of the home. This included a safe way of disposing medication refused or no longer needed. We checked if the system had been followed correctly and found it had. However, we found two gaps in the eight medication

Good

Is the service safe?

administration records (MAR) we sampled. Both medicines were still in the monitored dose system so had not been given, but the reason for the omission had not been recorded on the MAR sheet. The acting manager reported that there were valid reasons for the omissions and said they would reiterate to staff the importance of fully completing the MAR.

We observed staff administering medicines at lunchtime. We saw they followed good practice guidance and recorded medicines after they had been given. Some people were prescribed medicines to be taken only 'when required', for example painkillers. We saw there was clear guidance available to staff about why and how these medicines should be given. Staff we spoke with knew how to tell when people needed these medicines and administered them correctly.

There was a system in place to make sure staff had followed the home's medication procedure. For example we saw regular checks and audits had been carried out to make sure that medicines were given and recorded correctly.

Good

Is the service effective?

Our findings

People we spoke with who lived in the home told us they thought the staff knew what they were doing in terms of providing care for them. One person said, "They must have training, I suppose, but it's more about the way they treat you and that's spot on." Another person said "They (care staff) only do what I want them to do. They know I can do most things myself."

The five relatives we spoke with were also very complimentary about the care and support provided at Roman Court. They all told us they thought staff were well trained. One relative said "They [care workers] do all the right things with X (family member). I've got no worries there."

Records we sampled confirmed people were supported to maintain good health and had access to healthcare services. We saw records of visits from people such as the dietician, chiropodist, GP and the district nurse team. One relative explained that when their family member first came to live in the home they had been very poorly. They said "But with this fantastic care, they pulled through and now they are fit as a fiddle."

We looked at the staff training matrix and saw that the majority of staff had received the training and support they needed to do their jobs effectively. Where the acting manager had found shortfalls further training sessions had, or were being, arranged. Staff comments indicated they had access to a varied training programme relating to meeting the needs of the people they supported. The training programme included sessions in dementia awareness and management challenging behaviour. The staff we spoke with felt they had received satisfactory training and support for their job roles. The acting manager told us about plans to enhance staff training, especially regarding dementia care.

We spoke with two recently recruited members of staff who told us they felt their induction had prepared them well for their role. One of them described how they had attended an introduction to care course at a local college, as well as essential training in subjects such as moving people safely. They said they had also received an introduction to the care home and shadowed an experienced care worker until they felt confident in their role. They told us, "I had a really good induction." We found inductions had not always been recorded and signed off by the acting manager when completed. The acting manager told us this would be improved in the future.

Staff told us they had received regular support sessions and an annual appraisal of their work performance. Records indicated there had been a lapse in this system during management changes, but support sessions were now happening. The staff we spoke with said the acting manager was approachable and supportive.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure that, where someone may be deprived of their liberty, the least restrictive option is taken. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place.

Staff we spoke with said they had received basic training in the MCA to help them understand how to protect people's rights. Training records did not confirm that all staff had received this training, but the acting manager assured us that plans were in place to ensure any shortfalls were addressed. All the staff we spoke with were clear that when people had capacity to make their own decisions this would be respected.

At the time of our inspection there was someone living at the service who was subject to a DoLS authorisation. Records demonstrated that the correct process had been followed and appropriate documentation was in place. We saw all documentation was up to date and review dates were specified. The acting manager demonstrated a good understanding of the DoLS requirements. They told us they were working with Doncaster Council with regards to new measures that needed to be taken following changes in DoLS applications.

We saw people had access to a varied menu which offered choice. We spoke with the cook who told us they spoke with people who used the service and their relatives to help

Good

Is the service effective?

them decide menu options. They said they worked to a three week rolling menu which was reviewed periodically. The cook said they were not catering for any different religions or cultures at the moment but they would research any special diets needed. They told us they had attending all essential training for their job, but felt it would be beneficial to undertake further training in special diets.

We observed lunch being served and saw people were offered choice and the meals looked appetising. People we spoke with told us the food was "Good", "Lovely", "Delicious" and "Spot on." Staff were aware of people's preferences and were able to guide them with their choices. Meals were served on different sized plates according to individual needs and preferences. We saw aids such as plate guards were provided for some people so they could eat their meals independently. Catering staff told us they were also developing a pictorial system to help people choose their meals more effectively.

We saw that catering staff and care workers worked effectively as a team throughout lunchtime, ensuring each person had the meal they requested. For example one person who did not want either of the hot meal choices was offered their favourite sandwich. We saw hot and cold drinks, as well as snacks were served regularly during the day. Care workers knew people's preferences for beverages as well as different beakers and cups required, according to each person's need.

Records checked showed people's weight had been monitored regularly to help ensure they maintained a healthy weight. Staff told about how GP's, dieticians and the speech and language team had been involved if there were any concerns that people were at risk of not eating a balanced diet or drinking enough. People who were at risk of poor nutrition or dehydration had a nutritional screening tool in place which indicated the level of risk. We saw records were in place for staff to monitor that people were receiving enough to eat and drink, depending on their care plan.

We saw some areas of the home looked tired and shabby with damage to wallpaper and paintwork. Neither was it specifically designed to meet the needs of people living with dementia. For example, in the communal areas we did not see any adaptations to create a dementia friendly environment, such as reminiscence areas, tactile displays, memory boxes, photo boards, colour coded doors or pictures to signpost people to bathrooms and toilets. We discussed the need to develop a more dementia friendly environment with the acting manager, as outlined in the National Dementia Strategy 2009 and 'Environmental Assessment Tool' from the Kings Fund 2014. They told us they had a plan in place to improve the environment and would consider relevant good practice guidance as part of the refurbishment of the home.

The management team were aware of the areas in need of improvement. They told us about their plans to refurbish all rooms and showed us some of the rooms already refurbished. These were bright and airy with new décor and furniture. We saw improvements had also been made to the laundry facilities and the roof had been repaired. The relatives we spoke with thought the premises were secure and safe for their family members. One relative said "This place could do with a makeover and a lick of paint, but it's safe enough."

Good

Is the service caring?

Our findings

People we spoke with who used the service told us they received good care and that their privacy and dignity was respected. One person said, “I don’t think I could be in a better place.” The relatives we spoke with were also complimentary about the care and support people received. One relative said, “I think it’s exceptional care here”, while another person told us, “The care is excellent. I’m very happy with it.”

We saw people looked well dressed and well groomed. Several ladies had painted nails and well groomed hair. On the first day we visited there were two hairdressers offering hair care to people living at the home.

The acting manager described how people who used the service and their relatives and friends, if applicable, were involved in developing care plans so they reflected people’s individual needs. However, records did not clearly evidence that people had been involved in planning their care. Some people we spoke with said they did not wish to be involved in care planning, but one person who could not remember if they had seen their care plan said they would like to see it. Relatives we spoke with confirmed they had been involved in planning and reviewing their family members care plans. We saw information about local advocacy agencies was available to people in case they felt they needed someone to promote their rights and speak out on their behalf.

We looked at three people’s care records. We saw people's needs had been assessed and care and support was planned and delivered in line with their individual needs.

The care plans were written in a person centred way and included family information, how people liked to communicate, nutritional needs, likes, dislikes and what was important to them.

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their preferences. People confirmed staff delivered their care as they preferred. One person told us, “The staff are lovely. They do a fantastic job here.” Another person said, “You can ask any of them [the care workers] for anything and they do it for you.”

People we spoke with who used the service told us they had choice about how they spent their day. For example they said they could choose what time they got up or went to bed. One person said “I’m an early to bed and early to rise person, and I can stay in my dressing gown all day if I’m not feeling very well.”

Throughout the two days we saw people were happy and relaxed and staff communicated with them appropriately. For example, when people were unable to verbally tell staff what they wanted, we saw care workers using visual gestures to help people understand what they were saying. We saw staff were polite and respectful with people when explaining what they were doing, for instance when they were using a hoist to transfer them.

Staff we spoke with gave satisfactory examples of how they would preserve people’s privacy and dignity. They told us how they closed curtains and doors, and covered people up as much as possible when providing personal care. We saw staff knocking on people’s doors before entering and speaking to people discreetly so they were not overheard.

Good

Is the service responsive?

Our findings

The people we spoke with told us they were happy with the care provided and complimented the staff for the way they supported them. One person who used the service said, "I'm well looked after here." Another person commented, "I've got no complaints about the care. It's all very good." A third person told us, "You can ask any of them [the care workers] for anything and they do it for you."

We saw each person had a care file which detailed the care and support they required. The three care files we checked showed that needs assessments had been carried out before the person had moved into the home. In some cases, the files also contained assessments from the local authority. The acting manager told us how this information had been used to formulate the person's care plan.

Care files contained information about the areas the person needed support with and any risks associated with their care. We saw records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. Files contained information about all aspects of the person's needs and preferences, including clear guidance for staff on how to meet people's needs. However, we found in the file for a recently admitted person there was a plan for catheter care, but daily notes indicted they did not have a catheter. When we looked into this we found the care plan had been based on the initial assessment carried out prior to their admission to the home. We found clear evidence the person had received the correct level of care and support, but the nurse who admitted them had failed to remove or update the plan. We discussed the discrepancy with the acting manager and clinical nurse who told us it had been an oversight and they would rectify it straight away.

We spoke with a visiting healthcare professional who complimented the acting manager and staff for the support provided. Describing a recent situation regarding meeting someone's changing needs They told us, "They [staff] have fully co-operated with me. The manager has been very helpful and worked with us."

The home had a designated activities person, but they were not on duty during our visits. We saw there were no activities taking place during the morning, but care staff arranged some activities in the afternoon. Relatives told us they sometimes saw activities taking place, such as bingo. One relative told us they thought some people chose not to engage in any activities. They added, "I think some folk here sit around in the lounge for most of the day." There was a poster displaying activities for December, which included board games, bingo, musical entertainment and shopping for Christmas.

The home had a complaints procedure which was available to people who lived and visited there. The acting manager showed us the electronic system that had been introduced to record any complaints received. Two complaints had been recorded since the home was registered. We saw the details of each complaint had been recorded along with the action taken and the outcome. Records demonstrated both complaints had been investigated in line with the company policy.

People we spoke with raised no concerns about the home or the service they received. One person told us they had raised a concern with the acting manager and it was being looked into. People we spoke with said they were confident any concerns raised with care staff would be taken to the appropriate member of staff and dealt with in a timely manner. One person said, "I'd just have to tell X [care worker] and they'd go straight to the boss."

Relatives we spoke with knew who the management team were. They told us they were very approachable and would contact them if they had any concerns. Relatives said they were confident the acting manager would take any concerns seriously and would deal with issues swiftly. One relative said "I know I can pop into the manager's office any time, but I don't need to. I've got no concerns."

Good

Is the service well-led?

Our findings

At the time of our inspection the service did not have a manager in post who was registered with the Care Quality Commission. However, an acting manager had been appointed in July 2014 and they told us they were in the process of submitting their application to be the registered manager.

People we spoke with said they were happy with the support they or their relative received, and the facilities available. They said they thought the home was well managed. One person said "They [the staff] are always well organised. Everything happens at the right time." The acting manager showed us a cutting from an article someone had written in a newspaper to thank the home for the care their relative had received. It stated, "Due to their [staff] knowledge and commitment to their jobs it made a sad time a whole lot easier."

The acting manager had a clear vision of the areas they wanted to develop to make the service better. For example the general environment of the home and providing staff with extended training opportunities. During the two days of our inspection staff seemed to be well organised and worked well as a team. The way lunchtime was organised in two sittings worked well because staff were confident in their roles and supported each other. We also saw housekeeping staff worked well and efficiently with the care staff to make sure there was minimal disruption to people while cleaning a communal area. We saw staff breaks were taken at appropriate times, to help to make sure there were enough staff on duty to meet people's needs.

The company had used surveys and meetings to gain people's views. We saw surveys had covered areas such as religion, food and mealtime experiences. The summaries we sampled showed that people were very happy with the service provided with overall scores ranging from 92% - 100% of people being satisfied. The acting manager described how the completed surveys were evaluated by senior management. They said an action plan would then be formulated to address any areas of concern identified.

People who used the service and the relatives we spoke with told us they had attended meetings where they could share they views and opinions**.** One relative said they had been to a family and friends meeting which they "Found useful."

Staff we spoke with said they enjoyed working at the home and felt they were able to voice their views freely at staff meetings or to the acting manager. They told us the acting manager was very approachable and involved with the day to day running of the home. One staff member said, "I love it here. There have been lots of changes which have been for the better. The manager is very approachable."

Doncaster Council had told that when they assessed the home in September 2014 they found some policies and procedures had not been reviewed and some lacked enough detail. The acting manager told us all policies and procedures had been reviewed and amended as necessary. Polices we sampled contained the correct information to inform and guide staff and included the missing information the council had highlighted. The council assessment had also highlighted other areas where improvements could be made. The acting manager told us all the recommendations made had either been addressed or were being actioned.

We saw various audits had been used to make sure policies and procedures had been followed. Audits sampled included infection control, care records, accidents and incidents, staff training and medication practices. This enabled the acting manager to monitor how the home was operating and staffs' performance.