

Roland Residential Care Homes Limited







Roland Residential Care Homes - 6 Old Park Ridings

Inspection report

6 Old Park Ridings
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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	

Overall summary

This inspection took place on 29 & 30 December 2014 and was unannounced. The provider met all the standards we inspected against at our last inspection on 31 December 2013.

Roland Residential Care Homes - 6 Old Park Ridings provides care and accommodation for a maximum of 10 people with mental health needs. At this inspection there were 10 people living in the home.

The home has 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 and associated Regulations about how the service is run.

On both days of the inspection staff were welcoming and people in the home appeared relaxed and well cared for.

Summary of findings

People told us that staff treated them well and they were satisfied with the care provided. Three social and healthcare professionals who provided us with feedback stated that their clients were well cared for and they were happy with the management of the home.

We saw staff going about their duties in a calm and orderly manner. They interacted well and in a friendly manner with people. Staff checked to ensure that people were safe and their needs were met. Staff respected people's privacy and knocked on bedroom doors to ask for permission before they went in.

People had been carefully assessed and detailed care plans were prepared with the involvement of people and their representatives. Their physical and mental health needs were closely monitored. There were regular reviews of people's health and the home responded appropriately to changes in people's needs. People were assisted to attend appointments with health and social care professionals to ensure they received treatment and support for their specific needs.

People told us that they had been given their medicines as prescribed. There were arrangements for the recording of medicines received into the home and for their storage, administration and disposal of medicines in the home. We however, noted that a certain type of medicine had not been stored appropriately in the home even when this had been prescribed for some people in the past. This was because the provider did not have suitable storage arrangement for this. The provider addressed this when we pointed it out to them.

Staff had been carefully recruited and provided with the training to enable them to care effectively for people.

They demonstrated a good understanding of the needs of people. People and a relative told us that staff were able to meet the needs of people and they were satisfied with the management of the home.

The home had a safeguarding policy. Staff had received training and knew how to recognise and report any concerns or allegation of abuse. People informed us that they felt safe in the home.

Staff had assessed people's preferences prior to their admission and arrangements were in place to ensure that these were responded to. The home had residents meetings and one to one discussions to ensure that people could express their views about the service and their suggestions were addressed. The home carried out annual satisfaction surveys to obtain feedback from people.

The CQC monitors the operation of the DoLS (Deprivation of Liberty Safeguards) which applies to care homes. The manager was knowledgeable regarding the Mental Capacity Act 2005 (MCA) and the DoLS. The home had policies and guidance on MCA and DoLS and the registered manager was aware of the procedure to follow if people's freedom needed to be restricted to ensure their safety.

We found the premises were clean and tidy. The home had an Infection control policy and measures were in place for infection control. There was a record of essential inspections and maintenance carried out. Some areas of the home were however in need of minor repairs and redecoration.

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?

Some aspects of the service were not safe. People who used the service informed us that they were well treated and they felt safe in the home. Staff we spoke with were aware that they should treat all people with respect and dignity. They were aware of safeguarding procedures and knew how to report any concerns or allegations of abuse.

Risk assessments had been prepared. These contained action for minimising potential risks to people.

Staffing arrangements were adequate. Safe recruitment processes were followed and the required checks were undertaken prior to staff starting work.

The home had a record of regular maintenance and inspections carried out. The premises were clean and tidy. However, a few areas of the home needed repainting and redecoration and the fire risk assessment was not sufficiently comprehensive.

Most aspects in relation to the management of medicines were addressed appropriately. However, a certain type of medicine had not been stored appropriately according to legal requirements. This was addressed after the inspection.

Requires Improvement



Is the service effective?

The service was effective. People who used the service were well cared for and supported by caring and friendly staff.

Staff had received appropriate training to ensure they had the skills and knowledge to care for people. Care plans were up to date and staff carefully monitored the physical and mental health needs of people. People could access community and healthcare services.

There were arrangements in place to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring. People told us staff were kind and respected their privacy and dignity. The home had a policy on ensuring that people were respected and their needs attended to regardless of their varied background.

We noted that staff spoke with people and supported them in a pleasant and friendly manner. People or their representatives, were involved in decisions about their care and support.

Good



Is the service responsive?

The service was responsive. The care and services provided met the individual needs of people and took account of people's preferences and choices.

Good



Summary of findings

There was a varied activities programme and people had opportunities to take part in activities they liked.

The home had a complaints procedure and people were aware of who to talk to if they had concerns. People participated in meetings and could express their views and staff responded to suggestions made.

Is the service well-led?

The service was well led. The home was well managed and there was a positive culture within the home.

The quality of the service was carefully monitored. Regular audits had been carried out by the registered manager and senior staff of the company. In addition, the senior manager visited the home monthly to speak with people and ensured that the home was well managed.

The home had started its annual satisfaction survey. We saw that the feedback was positive however no analysis or report following this survey was in place. The registered manager stated that the results would be analysed soon. Professionals informed us that they had no concerns and the home provided a high quality of care.

All staff we spoke with felt supported and they stated that their managers were approachable and helpful.

Good



Roland Residential Care Homes - 6 Old Park Ridings

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 it was unannounced. It was carried out by one inspector. Before our inspection, we reviewed information we held about the home. We contacted three health and social care professionals to obtain their views about the care provided in the home.

During the inspection we spoke with eight people living at the home, three care staff, the deputy manager and the registered manager. We observed care and support in communal areas and also looked at the kitchen and people's bedrooms. We reviewed a range of records about people's care and how the home was managed. These included the care records for four people, four recruitment records, staff training and induction records for staff employed at the home. We checked five people's medicines records and the quality assurance audits completed.

Is the service safe?

Our findings

The provider had suitable arrangements in place to ensure that people were protected from abuse. People informed us that they were well treated. One person said, "They are nice people here and I feel safe. My family would not allow me here if the staff are not nice." Another person commented, "The staff are respectful to me."

Staff had received training in safeguarding people. This was confirmed in the training records and by staff we spoke with. They were able to give us examples of what constituted abuse. We asked staff what action they would take if they were aware that people who used the service were being abused. They informed us that they would report it to their managers. They were also aware that they could report it to the local authority safeguarding department and the Care Quality Commission.

The home had the London guidance document "Protecting Adults at Risk: London Multi-Agency Policy and Procedure to Safeguard Adults from Abuse". This ensured that staff had access to information regarding what action to take if they come across allegations or suspicions of abuse. The service had a safeguarding policy and details of the local safeguarding team were available in the home.

All staff we spoke with were aware of the provider's whistleblowing policy and they said if needed they would report any concerns they may have to external agencies.

The care needs of people who used the service had been carefully assessed. Risk assessments had been prepared. These contained guidance for staff on supporting people and minimising potential risks such as risks associated with choking when eating food, infections and smoking.

We visited bedrooms and communal areas of the home. Window restrictors had been provided in bedrooms. The fire alarm was tested weekly. There was a contract for maintenance of fire safety equipment. A minimum of four fire drills for staff and people had been carried out within the past year and at least one of them was carried out during the night shift. Fire training had been provided for staff and they were aware of action to be taken in the event of a fire. The home had a fire risk assessment. However, this fire risk assessment did not include risks associated with smoking and people being prescribed sedatives which may affect their response in the event of a fire. This may put people at risk of burns or other injury. The registered

manager stated that this would be included in the fire risk assessment. He added that the risk assessments for smoking were already mentioned in the care records of some people.

The home had a record of essential maintenance carried out. These included safety inspections of the portable appliances, gas boilers and electrical installations. We however, noted that some areas of the home were in need of redecoration as the paintwork had come off. The linoleum flooring in the first floor bathroom did not fit properly although repairs had been carried out. The manager stated that he would arrange for it to be rectified.

People informed us that the home had sufficient staff to attend to their needs. In addition to the manager, there was a minimum of three care staff during the day shifts and during the night shifts there was a minimum of two care staff. People who used the service informed us that there were enough staff and that staff were always available if they needed help. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records check to ensure that staff were suitable to care for people.

There were arrangements for the recording of medicines received and their storage, administration and disposal. The temperature of the room where medicines were stored was monitored and was within the recommended range. We looked at the records of disposal and saw that there was a record that medicines were returned to the pharmacist for disposal. Controlled drugs (CD) which are medicines that require a higher level of security due to their potential for abuse, were administered appropriately. Two staff checked and signed the controlled drugs register when the medicines were administered. We however, noted that although controlled drugs (CD) had been stored in the home at different times, the provider did not have suitable arrangements to store these. This was resolved after the inspection when we pointed this out and evidence was provided to confirm this.

The home had a system for auditing medicines. This was carried out internally by the manager and also by the senior manager of the company. There was a policy and procedure for the administration of medicines. This policy included guidance on storage, administration and disposal of medicines, as well as guidance on dealing with errors. Training records seen by us indicated that staff had

Is the service safe?

received training on the administration of medicines. People who used the service said that care staff administered their medicines each day. We noted that there were no gaps in the medicines administration charts examined.

The home had an infection control policy which included guidance on hand washing and the management of infectious diseases. We visited the laundry room. The manager informed us that soiled or infected linen was washed at a high temperature and this was confirmed by staff we spoke with. This ensured that the risk of infection to people was reduced.

We examined the accident record. One accident was recorded since the last inspection. The manager stated that

there had not been any other accident. The accident record contained adequate details and was signed by the staff member involved. No action plan was prepared following this accident. The registered manager explained that this was a random incident when someone lost their balance and could not have been prevented. However, he stated that guidance would be provided if it was one that could be prevented.

We recommend that the provider review and implement national guidance in regards to people smoking in care homes and the management of associated risks.

Is the service effective?

Our findings

People who lived at the home received effective care and support from staff who were well supported and had received appropriate training.

People we spoke with informed us that they were well cared for and staff understood their needs and took good care of them. One person who used the service said, "I am happy with the home. I have one to one sessions with staff. I can see my doctor if I need to." A relative stated, "The staff are very quick when my relative is unwell. They are able to care for him and do what is necessary."

Staff we spoke with demonstrated a good understanding of care issues and how the needs of people can be met. When we discussed issues related to mental health needs of people, staff were able to inform us of how they would assist people. This included encouraging them to be as independent as possible, engaging them in activities and ensuring that they take their medicines.

Staff supported people with their physical and mental health needs. There was evidence of people having recent appointments with healthcare professionals such as their GP and psychiatrist. Staff monitored people's condition. For example the weight of people had been recorded monthly and staff knew what action to take if there were significant variations in people's weight. Staff were knowledgeable regarding how to care for people with behavioural needs. This meant that potential problems and risks could be minimised or defused.

The arrangements for the provision of meals were satisfactory. People we spoke with said the meals were mostly good and they could request an alternative meal if they didn't like what was on the menu. A person said, "Food is generally good." Another person said, "I can buy my own food." A third person said, "Happy with food. I got choice."

We observed people having their breakfast and spoke with them. They told us they were satisfied with the meals provided. Fresh fruits and vegetables had been purchased for people. Biscuits were also available. The dining room was comfortable and people were able to access food and drinks.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These policies were needed so that people were protected and staff were fully informed regarding their responsibilities.

Staff knew that if people were unable to make decisions for themselves, a best interest decision would need to be made for them. Staff we spoke with said they had received relevant training and knew what to do.

Staff and the registered manager understood how the Deprivation of Liberty Safeguards (DoLS) applied to the people. They knew what to do if they thought a person needed to be deprived of their liberty for their own safety. They stated that they would obtain DoLS authorisations from the responsible local authority officer if required.

Staff told us they worked well as a team and their managers were supportive. The home had a comprehensive induction programme and on-going training to ensure that staff had the skills and knowledge to effectively meet people's needs. A training matrix was available and contained the names of all staff currently working at the home together with training they had completed. Staff were knowledgeable regarding care issues. Regular staff meetings had been held. The minutes of meetings indicated that staff had been updated regarding care issues such as DoLS and the care needs of people.

Staff appraisals and supervision took place and they were recorded in the staff records. The managers in the home carried out regular supervision and annual appraisals. Staff we spoke with confirmed that this took place and we saw evidence of this in the staff records.

People had received effective care and there was evidence of improvements in their wellbeing. The feedback received from professionals indicated that people had made improvements in their mental and physical health. One professional stated that the care was very good and their client had been encouraged to be as independent as possible. Another professional stated that the care was "person centred" and staff really worked well with supporting people and their client had made an extraordinary improvement in their physical health. A third

Is the service effective?

professional stated that the home had good programmes that were very enabling and helped people do their shopping and encourage them to cook for themselves and improve their skills of daily living.

Is the service caring?

Our findings

People who used the service made positive comments about the manager and staff. One person stated, "They are friendly and show respect for me." One relative described staff as, "Excellent, kind, caring and appropriate. A very high level of compassion." Prior to this inspection we received a compliment about staff from an anonymous person who stated that staff were warm and caring towards service users.

Professional informed us that staff were caring and treated people with respect. One professional described staff as patient, warm and respectable in their approach towards people and concluded that this had helped people improve mentally.

On both days of the inspection people who used the service were dressed appropriately and appeared well cared for by staff who smiled and regularly talked with people. We observed that people felt able to approach and talk with staff. When a person interrupted our discussion with a staff member the staff member responded in a pleasant way and answered their question and provided them with reassurance. We saw staff sitting down in the kitchen talking with people. We saw staff being diligent and careful to ensure that people were dressed warmly before they went out.

The registered manager, deputy manager and care staff we spoke with had a good understanding of the needs of people and their preferences. They were also able to tell us about people's interests and their backgrounds. This ensured that people received care that was personalised and met their needs.

Staff were aware that all people who used the service should be treated with respect and dignity. The home had a policy on ensuring equality and valuing diversity. It included ensuring that the personal needs and preferences of all people were respected regardless of their background. The manager informed us that the home could make arrangements for people to attend places of worship if needed and arrangements could be made if people required special diets that met their cultural and religious needs.

All bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home.

The home had a newsletter with photos and articles written by people. This enabled people to be kept informed of what was happening and be involved by contributing articles. However, the last newsletter was over a year ago. The registered manager stated that he would consider producing another newsletter soon.

Is the service responsive?

Our findings

People told us that they could express their views and staff responded to their suggestions and choices. One person stated that staff spent time in one to one sessions and staff listened to their views and suggestions. Another stated that they could have meals of their choice.

Regular meetings had been held where people could make suggestions regarding the running of the home and activities they wanted organised for them. We noted that suggestions made by people had been responded to and this included having meals of their choice and outings and holidays to places people liked. One person said, "We have a little meeting. Staff listen if we make suggestions and they do it for us." The minutes of meetings had been recorded and we noted that people expressed satisfaction at the services provided.

Assessments of people's care needs had been carried out with their help. These assessments contained information regarding people's background, care preferences, choices and daily routines. People who used the service had a care plan that was personal to them. The care plans contained

information about people's preferred routines, likes and dislikes as well as their needs. We looked at three care plans and saw they had all been prepared to meet individual needs. Staff we spoke with informed us that they respected the choices people made regarding their daily routine and how they wanted to be cared for. This was confirmed by people we spoke with.

People were encouraged to participate in a range of activities which included outings to places of interest and participating in household tasks. We saw staff taking people out for a walk. Other people went out shopping with staff. People told us that they could go out on their own or with staff. One person said they had attended a training course and they liked it.

The home had a complaints procedure and a complaints book. Staff we spoke with knew what to do if they received a complaint. They said they would inform the registered manager and record it. People informed us that they would speak to the registered manager if they had any concerns. None of them informed us that they had made any complaints.

Is the service well-led?

Our findings

People who provided us with feedback stated that they were happy with the way the home was managed and they found the manager and his staff to be approachable. All professionals who provided us with feedback stated that staff maintained good communication with them and they were positive regarding the management of the home.

Information requested was readily available. The home had a wide range of policies and procedures to ensure that staff were provided with appropriate guidance. However, the medication procedure needed to be updated and the procedure for safeguarding adults need to include the role of the DBS.

The registered manager informed us that there was a good staff team and they worked well together. Staff members we spoke with told us that the company was a good organisation to work for and they felt supported. They informed us that their managers were approachable and they could discuss problems and care issues with them. There was a clear management structure at the home. Managers and care staff were aware of their roles and responsibilities. Staff we spoke with were aware that

people should be treated with respect and dignity. They knew that it was important that they ensured that the care provided was of a high standard and people were encouraged to be as independent as possible. The registered manager was aware of the importance of working in partnership with social and healthcare professionals so that people received appropriate support from them.

The senior manager of the company carried out regular visits to ensure that people were well cared for. Audits, clinical governance meetings and checks of the service had been carried out. These included medicines and care documentation audits. Meetings had been held where people could express their views about the service. People informed us that they could make suggestions and staff listened and were responsive towards them. The registered manager told us that quality assurance surveys were done annually. We were provided with the results of the last survey. The completed survey we saw indicated that people who used the service and their representatives were satisfied with the services provided. The manager stated that no analysis of the results or action plan had been produced yet as the completed forms had been received recently. He agreed that this would be done soon.