RNJ Care Limited

Rosslyn Residential Care

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 19 & 26 February 2016 and was unannounced. At our last inspection on 24 April 2014, the service was found to be meeting the required standards in the areas we looked at. At this inspection we found that they had continued to meet the standards.

Rosslyn Residential Care provides accommodation and personal care for up to 28 older people. At the time of our inspection 27 people lived at the home. Some people at the home were unable to verbally communicate with us so we observed how care and support was provided in communal areas such as the lounge and dining area.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

People told us that they felt safe, happy and well looked after at the home. Staff received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally. Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced. Arrangements were in place to help ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe. Trained staff helped people to take their medicines safely and at the right time. Identified and potential risks to people's health and well-being were reviewed and managed effectively.

Relatives and healthcare professionals were positive about the skills, experience and abilities of staff who worked at the home. They received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff made efforts to ascertain people's wishes and obtain their verbal consent before providing personal care and support, which they did in a kind and compassionate way. Information about local advocacy services was available to help people and their family access independent advice or guidance.

Staff had developed positive and caring relationships with the people they cared for and clearly knew them well. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained

throughout the home.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, routines and personal circumstances.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community. They felt that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

Relatives, staff and professional stakeholders were complimentary about the manager and staff on how the home was run and operated. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive improvement.

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 were supported by staff who knew how to recognise and report abuse.

There were sufficient numbers of staff to meet people`s needs safely at all times

People`s medicines were administered by staff who were trained and knew people well.

Is the service effective?

Good

The service was effective.

Staff received induction training and refresher training to ensure they had the skills and knowledge to meet peoples` needs effectively.

Peoples` consent and agreement was obtained and staff were aware of the requirements in relation to MCA/DoLS.

People were supported to eat a healthy balanced diet and there was a range of food and drinks available for people to choose.

Peoples health was monitored to ensure their physical health and wellbeing were maintained.

Is the service caring?

Good

The service was caring.

People had developed positive relationships with staff, which were based on mutual respect and trust.

Staff involved people and or relatives in planning and reviewing their care.

Peoples` dignity and privacy was maintained and respected by staff.

Personal information was kept secure and confidential.

Is the service responsive?

Good

The service was responsive.

The care people received was personalised for their needs and reflected their preferences.

People had access to the community and were able to participate in a range of individual or group activities.

People were able to raise concerns and complaints.

Is the service well-led?

Good

The service was well led.

People were positive about the manager and the leadership in the home.

The manager promoted an open and transparent culture at the home.

There were systems in place to monitor the quality of the service.

The manager demonstrated a very good knowledge and understanding of people's needs.

Rosslyn Residential Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 19 & 26 February 2016 by one Inspector and was unannounced. Before the inspection took place we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with nine people who lived at the home, four relatives, six staff members, the deputy manager and the registered manager. We also received feedback from health and social care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection. We looked at care plans that related to four people who lived at the home and two staff files.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and they were well supported by staff who had been trained to recognise and respond to the potential risks and signs of abuse. One person said, "All the staff are awesome, they make me feel looked after and I never have to worry about being safe." All the staff we spoke with were knowledgeable about the principles of safeguarding, how to raise any concerns they had, both inside the home and externally and also how to 'whistle blow' if the need arose. Staff told us they had access to detailed guidance about how to report safeguarding concerns which included contact details for the relevant local authority. One staff member told us, "We have all had training in safeguarding and how to protect people; the manager makes sure of this." Another staff member told us that, "I have been here for many years and each year we have training about safeguarding to keep us on our toes." One relative told us, "I always leave knowing that my relative is safe here, there always someone around to welcome my relative back home and settle them back and I then know I can leave them safely and well looked after."

People were supported by staff who had been through a robust recruitement process. This helped to ensure staff employed at the home were suitable for the roles performed. This included checks to make sure they were of good character and physically and mentally fit to do their jobs. The provider had flexible working arrangements which ensured there were enough suitably experienced and skilled staff available to meet people's agreed care and support needs safely, effectively and in a calm and patient way. A relative told us "They are a very caring home and it's nice to see the same faces when I come to visit. It's reassuring to know that my [Relative] is safe when I leave them."

People had detailed and thorough assessments of their needs and dependency levels carried out and reviewed to help the manager ensure there were enough suitable staff available at all times. One person told us, "There is always [Staff] around if I need help." During our visit we saw that there were sufficient numbers of staff available to care for and support people in a calm, patient and unhurried manner.

Relatives told us that they always considered there were enough staff on duty to provide care and support to people. Staff told us that they felt there were enough staff to keep people safe. Rosslyn Residential Care has the benefit of having some long standing staff who worked at the home for several years. An on call system was in place for staff to seek guidance and advice out of office hours from the registered manager.

People's medicines were managed safely as there were suitable arrangements for the safe storage, management and disposal of medicines. Where necessary and appropriate, people were supported to take their medicines by staff who were trained and had their competencies checked and assessed in the workplace. Staff were very knowledgeable about people's medicines, potential side effects and how to support people safely with their medicines. A staff member told us, "There is a very good auditing system here and we are not allowed to administer medicines to people until the manager considers we are competent to do so which I think is the right way to make sure people are safe."

Potential risks to people's health, well-being and safety had been identified, documented and reviewed on a regular basis. Steps were taken to mitigate and reduce the risks wherever possible in a way that took full

account of people's individual needs and personal circumstances. This included areas such as mobility, nutrition, medicines and skin care. The manager adopted a positive approach to risk management which meant that safe care and support was provided in a way that promoted people's independence wherever possible. For example, risk assessments associated with the risk of falls, the risk of malnutrition and the risk associated with people's skin breakdown had been completed.

The registered manager used information from accident, injury and incident reports to monitor and review new and developing risks and put measures in place to reduce them. This meant that the registered manager used information and learning outcomes effectively to mitigate risks wherever possible which ensured people received safe care.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example first aid and fire safety. Additional emergency guidance, checks and tests were tailor made to cater for the needs and particular circumstances of night duty staff. Regular checks were carried out which ensured that both the environment and the equipment used were well maintained to keep people safe. Detailed personal evacuation guidance had been drawn up for each person to help staff provide effective support in the event of an emergency situation.

Good

Is the service effective?

Our findings

One person who lived at the home told us "The manager and staff are always around to help me, if needed." Another person told us "They are all angels here; I like every one of them." During our visit we observed people made decisions about their care and the activities they wanted to take part in. Staff knew people well, were aware of their needs and how to provide care to meet these needs. They provided a comfortable, relaxed atmosphere that people enjoyed.

People were supported by staff who had the appropriate training and supervision for their role. Staff told us, and training records confirmed, that staff received a varied training programme and that the training was updated appropriately. Specific training had been provided which ensured that staff had the skills and knowledge to support people, for example with behaviour that challenged, and knew how to support a person when they become distressed or anxious. The home had also implemented a 'Champions' initiative in specific areas of care, where nominated care staff attended a course of training to increase and improve their knowledge in the areas of dementia care, nutrition, wound care, engagement and in the management of falls. This meant that staff's knowledge and expertise had been further developed to benefit and care for the people who lived at the home.

Newly employed care staff completed an induction programme at the start of their employment that followed nationally recognised standards. The induction process included shadowing established staff before working with people independently. Training was provided during induction and then on an ongoing basis. We spoke with one new member of staff who described in detail, their induction programme and the training provided during their first two weeks. They were very complimentary about the member of staff who they had shadowed and felt that they had learnt a lot from them. They said, "I had worked in care before but here they are more professional and supportive and we get all the training we need and want."

Staff received regular support through supervisions from their manager. An annual appraisal system was in place and staff told us that they received the support and guidance they needed from their managers and the provider. Staff told us they worked as a team and felt supported in their role by the manager and eachother. One member of staff told us that The manager is very 'hands on' and therefore we see them every day which means any issues are resolved quickly. I think we work well as a team and learn from each other."

The Mental Capacity Act 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 DoLS.

People told us they had been involved in making their own decisions, wherever possible about the care and support provided. All nine people we spoke with confirmed that staff always asked knocked and asked permission before they entered their room and were very careful to maintain their dignity when they provided personal care. One person described how the staff member had bathed themon the morning we arrived .They told us " I had a lovely long soak with lots of bubbles and without being rushed." We observed staff provided care and support in a friendly, enabling and appropriate way.

We checked whether staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All of the staff we spoke with had an understanding and were able to demonstrate that they knew about the principles of the MCA and DoLS. The registered manager and care staff confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests. This showed us that the provider was aware of their obligations under the legislation and was ensuring that people's rights were protected. The registered manager had submitted six DoLS applications to the supervisory body (local authority) and were waiting the outcome.

The home had a four week menu in place which reflected the choices and preferences recorded within people's individual plan of care. This included people's specific dietary needs such as diabetes and halal food. We saw that staff would make a note of what people ate so as to make sure they had received sufficient food. People told us they enjoyed the meals provided with one person stating, "The food is always lovely here, it's one of the many things that they do well here." The lunchtime meal was served in the main dining area and some people chose to sit at the table; others chose to remain in their chairs within the lounge. We also saw that some people had their meals served to them in their own bedrooms. This demonstrated that people's choices were respected. One member of staff asked two people if they would like some help with their meal which they both readily accepted. We saw that each member of staff assisted the two people in a dignified and unhurried manner. We saw that both staff explained what the person was about to eat and offered it to them in a small manageable portions.

Relatives told us that staff would contact them if they had any concerns and would contact a GP if necessary. One relative said "The manager and staff always keep us informed, even about any concerns they have about my [Relatives] health."

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, the dietician and therapists. Staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being.

Good

Is the service caring?

Our findings

Staff knew people well, were aware of their needs and how to provide care to meet these needs. One [Relative] told us that "They treat my relative with great dignity and with a sense of respect." Another relative said "From the onset they made my relative feel at home, loved and wanted."

Four people who lived at Rosslyn Residential care home confirmed they had been involved in the care planning process and considered it was a good reflection of the care and support they needed. We saw that two out of the four people had signed their own care plan and two people's relatives had been involved and consented to the plan of care on their behalf.

One staff member told us that "This is the best home I have worked in, they treat people with great dignity, patience and care. I would be happy for my relative to come and live here."

We observed staff provided care and support in a friendly, enabling and appropriate way. One relative told us, "I cannot fault them, when my [Relative] first moved into Rosslyn Residential Care they made the whole family feel welcome and we were told to treat it like home. We were told that we could visit any time of day or night, within reason of course." We were consulted and involved from the word go."

They provided a comfortable, relaxed atmosphere that people enjoyed. People's privacy was promoted. One relative said, "My [person] is always able to pray in the privacy of their room, which is important to them." Another relative said, "Staff involve my [Relative] in every aspect of their care, in a kind and supportive manner." Visitors and relatives told us that staff respected people's privacy and dignity when supporting them. Our observations throughout our inspection showed us that staff knocked on people's doors and waited for a response before entering. They also let people know who they were as they entered. This showed that staff respected and promoted people's privacy.

Staff knew people well and told us about people's history, health, personal care needs, religious and cultural values and preferences. This information had been incorporated into people's care plans. We saw that staff used this knowledge to support people. For example, we saw one person had become quiet and disorientated. We observed a staff member approached them in a calm manner, gently putting their arm around their shoulders to comfort them. They established what they needed and then slowly walked them along to their bedroom, which is where they were trying to go. This meant that staff demonstrated an understanding of the people's needs in a manner that was both respectful and caring. Our observations showed that all staff were kind, caring and respectful to the people they cared for. Staff called people by their preferred name and spoke in a calm and reassuring way

The registered manager was aware that local advocacy services were available to support people if they required assistance, through their GP surgery. However, there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Staff also ensured that peoples private information was held securely and demonstrated the importance of maintaining confidentiality.For example, when we reviewed documents as part of our inspection, documents were presented and when finished reviewing them, they were taken back to where they were stored which ensured the records remained private.

Good

Is the service responsive?

Our findings

People and their relatives said that staff met their care needs. One family member told us, "I believe my relative is very happy here and there is always a happy atmosphere." On both days of the inspection we found that people were happy, they were smiling, lots of banter and laughter and they were enjoying their day.

People had a pre admission assessment completed by the registered manager prior to moving into the home. This helped in identifying people's support needs and care plans were developed stating how these needs were to be met. People were involved with their care plans as much as was reasonably practical. Where people lacked capacity to participate, their families, other professionals and people's historical information were used to assist with people's care planning.

People's care plans contained specific documents, to be maintained by staff, to detail care tasks such as personal care having been undertaken. Where people were deemed to be at risk of poor skin integrity, weight loss and dehydration we saw that records were in place to monitor and respond to these risks. Daily records contained detailed information about the care that staff provided to meet their needs. This meant that there were personalised care and support records in place for people to ensure that the staff were clear about the support that was required.

Staff were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs, and they provided care in a way people preferred.

People had access to activities that supported their hobbies and interests. We saw from the care plans we looked at that these had been reflected within the weekly acitivty programme provided. For example one person liked to take part in quizzes and another person liked to go into Watford shopping. Other popular activites were bingo sessions, pampering sessions, skittles and gentle exercise sessions. On the day of our visit we saw the engagement champion had organised a 'smoothie 'making session, which appeared to be enjoyed by everyone who was involved. One person was supported to attend church and a relative told us that the home assisted their relative to pray in the privacy of their room. One staff member told us that they try to offer individual activities to those people who do not want to participate in group activities.

There were residents meetings held on a monthly basis in order to give people the opportunity to raise any concerns or issues with the manager and staff. The most recent meeting was held in December 2015 where people discussed the current menu and how it could be further improved. We saw that people had also asked for more raised seating in the lounge areas. From the issues raised the manager had devised an action plan which had resulted in a change in the menu choices and more raised seats being purchased. This meant that people were involved in the service provided and how the home was managed.

Several people were happy to show us around their bedrooms where we saw a wide range of memorabilia displayed and personal items depicting people's particular interests and a range of photographs of family and loved ones. One person told us "Having my precious things around me helps me when I am missing my

friends and family but you will always have your memories if you have your photos."

People who lived at Rosslyn Residential Care and their relatives confirmed that the manager had daily contact with people and therefore was able to discuss any issues or concerns on an informal basis. This meant that the manager had a system in place that actively encouraged feedback or listened to what people had to say in order to learn and improve upon the services provided. The home had a complaints policy and procedure in place, as well as a complaints book which appropriately recorded complaints, the action taken and the outcome of the complaints. People told us they were aware of the complaints procedure. One person stated , "I would be happy to speak to any of the carers if I had a problem or go straight to the manager."

Good

Is the service well-led?

Our findings

People were positive about the manager and we saw that staff were confident to approach them with a variety of questions throughout our visit. Relatives and professionals told us that the manager had worked hard since being appointed in 2015 and was very good.Relatives also told us that they could visit whenever they wanted and that the manager's door was always open to them.

One person told us "The manager works hard to ensure that a high standard of care is maintained." A staff member told us that, "The manager is relatively new and has made some positive changes to the home, offering us more training. I am a champion of engagement and it means we are improving the activity programme for people to enjoy."

There were systems in place to monitor, address issues and improve the quality of service provided. We saw that regular checks were carried out and if shortfalls were identified, action plans were developed. The checks included audits of care plans, medication, health and safety audits and to assess the cleanliness and level of infection control within the home. We saw that these were signed when completed and were all up to date, with the most recent audits carried out in February 2016.

The culture of the home was based on a set of values which related to promoting people's independence, celebrating their individuality and providing the care and support they needed in a way that maintained their dignity.

The registered manager had an open door policy and led by example, and along with the deputy manager, often worked alongside staff. The manager said they encouraged staff to challenge bad practice and they promoted a robust whistle blowing policy. Staff confirmed this. The registered manager and deputy manager ensured practise was monitored and challenged and encouraged the staff to do the same.

There were regular staff meetings which the staff told us they appreciated and felt able to contribute to. One staff member said, "In my last job I was reluctant to attend staff meetings as I found them too formal but here they are interesting and helpful."

Staff also had regular individual supervision which is another forum for staff to communicate as well as be supported and receive feedback about their work. Staff were clear about their roles and the focus on people who they supported and enabled them to be as independent as possible. One staff member told us that, "Since I started working here I have found the manager to be very helpful and approachable and they are always willing to discuss any ideas I have. We work well here as a team." Another staff member said, "I like working here so much that I never 'clock watch' or leave on time as I am always wanting to do a bit more before I leave: like helping someone get ready for bed or just sitting holding a person's hand for a bit longer."

People were given the opportunity to influence the service that they received through monthly residents meetings and by completing an annual survey to gather their views. Annual surveys were sent out to people

who lived in the service, visitors and other stakeholders. People and visitors told us they felt they were kept informed of important information about the home and had a chance to express their views. We saw the results of the most recent service satisfaction audit carried out by an impartial provider had given the home positive ratings within all five domains

Statutory notifications had been completed in a timely way and sent to the Care Quality Commission as required. Notifications are sent to inform CQC about events or accidents that happen at the home and help us to monitor and or identify trends and take appropriate action.