Care Quality Commission

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Roland Residential Care Homes - 231 North Circular Road

Inspection report

231 North Circular Road
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London
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Tel: 02088860755

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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

Roland Residential Care Homes – 231 North Circular Road is a residential care home for six people with mental health needs and drug and alcohol addiction. At the time of this inspection there were six people using the service.

This inspection was carried out on 25 October 2017 and was unannounced.

At the last inspection on 22 July 2015 the service was rated 'Good'.

At this inspection we found the service remained 'Good'.

People told us that they felt safe living at the home and with the care and support that they received from care staff. Care staff demonstrated a good understanding of how to safeguard and keep people safe and how concerns should be reported.

Risk assessments identified and assessed people's individual risks associated with their care, support and health needs and provided guidance on how care staff were to support people to mitigate or reduce risks.

Medicine records confirmed that people were supported with their medicines safely and appropriately. Systems were in place to ensure medicines were handled and stored securely.

Safe recruitment practises were noted to ensure that only care staff suitable to work with vulnerable people were recruited.

Appropriate staffing levels were in place to ensure people were supported according to their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Records confirmed that all care staff received an induction followed by on-going training in a variety of topics to support care staff in carrying out their role effectively. Staff confirmed that they were supported appropriately through regular supervision and an annual appraisal.

We observed people had developed caring relationships with care staff that were based on mutual respect. Care staff knew people well and were aware of their needs, preferences as well as their personalities and how they wished to be supported.

Care plans were detailed and person centred and were reviewed on a monthly basis through key worker sessions in partnership with the person.

People participated and were supported to take part in their choice of activities as and when they so wished. People were supported to maintain their independence and took active roles in taking care of their home and environment.

The service had not received any complaints since the last inspection. Systems were in place to address any complaints received.

The registered manager and provider had a number of systems in place to monitor the quality of care that was being delivered.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

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Roland Residential Care Homes - 231 North Circular Road

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.

This comprehensive inspection took place on 25 October 2017 and was unannounced. This inspection was carried out by one inspector.

Before the inspection, we asked the provider to 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. We reviewed the completed PIR and previous inspection reports before the inspection.

We also reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

During the inspection we spoke with four people who used the service and we also observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We spoke with the registered manager, two registered managers from the provider's two other locations as they were present during part of the inspection and three staff members. We also looked at four staff files and training records.

We looked at four people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including staff meeting minutes as well as health and safety documents and quality audits.

Good

Is the service safe?

Our findings

People told us that they felt safe living at 231 North Circular Road. Comments from people included, "It's okay, I am safe, yeah", "I like it here" and "It's okay, I am happy here."

Care staff demonstrated a good level of understanding on how to identify abuse and the actions they would take to protect people if abuse was suspected. Feedback from staff included, "Safeguarding is about protecting vulnerable adults from abuse. I would report it to the managers, the local authority and to the Care Quality Commission (CQC)" and "I would notify the manager and let them know what I have seen and ask them to do something about it." A safeguarding policy was available and accessible to all care staff which gave clear directions on the steps to be taken if abuse was suspected.

Care staff knew what was meant by the term whistle-blowing and were able to give examples of different external agencies they could contact to raise any concerns.

Each person's care plan identified and assessed each individual risk associated with their care, support and health needs. Risk assessments outlined the hazard or risk, the people who were at risk, how they could be at risk, and the control measures in place to manage, reduce and/or mitigate the risk to ensure people's safety. Examples of risks assessed included, fire, managing own finances, specific health conditions and associated medicines and alcohol withdrawal seizures. Care staff understood each person's risks and how they were to be supported in order to keep them safe and were also required to sign the care plan and risk assessment to confirm that they had read and understood the documents.

Accidents and incidents were recorded with details of the date, time and location of the accident/incident, description of events and the actions taken. Accidents and incidents were monitored and analysed for patterns so that appropriate support could be provided to ensure people were safe.

The provider had systems and processes in place to ensure the safe recruitment of care staff. This included pre-employment checks such as obtaining references, criminal record checks and identity checks.

People and care staff confirmed that they were always sufficient staff available to meet people's needs. Rota's confirmed that the stated number of staff were present on the day of the inspection. Care staff also stated that where there was an increase in people's needs, staffing levels were adjusted accordingly. One person told us, "There is always a staff member available to take me out."

People told us that they were supported to receive their medicines appropriately. One person stated, "Yeah, they help me with my medicine." Medicine records that we looked at were appropriately completed. A list of all prescribed medicines was available on the person's care plan in addition to the Medicine Administration Record (MAR). There were no omissions in recording.

Where people had been prescribed as needed (PRN) medicines, individual PRN protocols were in place which detailed the reason for the prescribed medicine, the dose and frequency of when the medicines was

to be administered, any side effects and any special instructions for administration. PRN medicines are administered on an 'as and when required' basis and can include medicines such as pain relief or medicines for behaviours associated with people's mental ill-health such as anxiety or behaviour that challenged.

Care staff told us and records confirmed that they had received training on the safe administration of medicines which included a competency assessment as well as an observational assessment before they were able to administer or support people with their medicines.

Care staff completed daily medicine cupboard temperature checks and the registered manager completed weekly medicine checks. The provider also completed monthly medicine audits.

Good

Is the service effective?

Our findings

People told us that care staff supported them according to their needs and wishes. One person told us, "They do the things that I want them to do." One care staff told us, "We have made caring relationships here. It's like family."

Staff told us and records confirmed that all care staff underwent an induction before they started work within the home. Following this care staff were required to complete training sessions on topics such as safeguarding, medicine administration, end of life care, first aid and moving handling. All care staff, as part of their induction, were also required to complete the care certificate. The care certificate is a training course that covers the minimum expected standards that care staff should hold in relation to the delivery of care and support. Each care staff had a training schedule which outlined the date they had completed the training and when their refresher training was due.

Care staff told us that they felt appropriately supported by the management team. They confirmed that they received regular supervisions and had also received an annual appraisal and records confirmed this. Comments from care staff included, "Yes, we have regular supervision. We talk about medication and whether we have any problems. Appraisals are once a year and we talk about our development" and "We have regular supervision every three months. We are supervised on different areas of our work."

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.
People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Certain people living at the home were subject to a DoLS authorisation. Where this applied we saw appropriate documentation was in place which confirmed the correct process had been applied and followed to ensure people were not unlawfully deprived of their liberty. Care plans contained mental capacity assessments for people where specific decisions were required to be made due to their lack of capacity. Details were also available on how the person was to be supported with the decision that needed to be made. For example, for one person who was unable to access the community alone, details were available in relation to the level of support the person required and why.

The registered manager and all care staff demonstrated a good understanding of the MCA and the importance of obtaining consent from people prior to providing any support. People also confirmed that care staff always asked for their consent before they did anything. One person told us, "They always listen to me, they have no choice." Care staff descriptions of their understanding of the MCA included, "It's about helping them to make the best decision for them if they are unable to make it for themselves" and "I would always give people a choice and ask them what they want."

People told us that they enjoyed the food that was prepared for them and that they were always given choices as to what they wanted to eat and drink. People's comments included, "Food is pretty good. There is always a mixture of what everybody wants. If there was something I didn't like they would make me something else" and "It's okay, it suits me." Care plans gave detailed information about people's likes and dislikes as wells as any specific dietary requirements. Menus were discussed and planned at monthly residents meetings where people were able to give their feedback about any changes they wished to see to the menu.

People were supported with accessing a variety of health and social care services which included visits to the GP, psychiatry, blood tests, chiropody, dentists and opticians. Records were kept of all visits that people attended with details of the outcome of the visit and any actions to be taken post appointment. People told us that staff supported them with all their healthcare needs where required. One person told us, "I tell them [care staff] if I am not feeling well and then they ring the GP for me and get an appointment."

Good

Is the service caring?

Our findings

People told us that care staff were caring. We observed that care staff had developed positive and caring relationships which were based on mutual trust and respect. One person told us, "Carers are caring." Another person, when asked if the care staff were caring responded, "Yes, of course they are."

We observed care staff interacting with people positively taking into consideration each person's personality and individual needs and requirements. People were treated with respect, kindness and compassion. We observed care staff listening to people and also engaging with them in one to one activities.

People were seen to be involved in every aspect of their own care and support. People were allocated key workers who were responsible for reviewing the persons care and support needs on a monthly basis. During the review people were able to give feedback on what was working well and any changes in support where required. For example, during the inspection we observed that people were always consulted on how and when they wanted to attend particular scheduled appointments. One person was observed to question the use of a taxi and sharing of the taxi with another person. The care staff methodically explained the positives and negatives of going in the taxi and sharing with another person based on which the person made their decision.

We saw that people were supported to maintain their independence as far as practicably possible. We observed one person setting the dining table in preparation of their evening meal. When we spoke to the person about this activity they responded, "Setting the table occupies my mind." Care staff gave various examples on how they supported and encouraged people to maintain their independence. Examples that care staff gave included, "If people are capable of doing their own laundry, they can do that. Whoever can cook, they can do that. We only support and encourage" and "For instance instead of brushing a person's teeth for them, I would encourage them to brush their own teeth."

People stated that care staff were respectful of their privacy and dignity. One person told us, "They are respectful, they [care staff] always knock on my door before they come in." Care staff demonstrated a clear understanding on the various ways in which people's privacy and dignity should be respected. One care staff told us, "We always respect people's choices and support them to do whatever they want to do. It's about their preferences."

Care plans gave detailed information about people's cultural and religious backgrounds and also provided the opportunity for people to discuss and record details around their personal relationships and sexuality. Where specific needs were identified care staff were given prompts and guidance on how the person could be supported to develop or maintain new or current relationships. Care staff explained how they supported people with their specific needs by explaining, "It's what people are comfortable with. Everyone has their own choice around religion for example" and "Each person has their own rights to the sexual needs. They [provider] have very strong values around equality and diversity with policies to support this."

Good

Is the service responsive?

Our findings

People told us that they were happy living at 231 North Circular Road and that staff were responsive to their needs. One person told us, "Before I came here I wasn't happy. I had let myself go. I couldn't walk. I'm okay since I have been here."

The provider completed a comprehensive assessment prior to any new admission which formed the foundation of the care plan. The care plan provided background information about the person, details of their health conditions and the support they required with their health and care needs. Care plans were reviewed on an annual basis in partnership with the person and any involved relatives or health care professionals. People were asked to sign the review document to confirm that they agreed with the discussions that took place as part of the review. In addition to the annual review, the service also carried out three monthly internal reviews of care and support to ensure that any changes or updates were incorporated into the care plan.

The provider had a number of locations which included two-step down services for people entering into residential care. The support package, for people entering residential care, included future plans of supporting the person to return back to independent living within the community. The first step down service would be a supported living scheme with some care staff support and the second step down service following this was virtual independent living with very minimal care staff support. The registered manager at 231 North Circular Road, gave examples of a number of past and present people who were part of this programme. The registered manager also told us of examples where past people returned back to the service in a volunteering capacity to support other people living at the service.

Each person living at the service had been allocated a key worker who was responsible for ensuring that people were supported with their day to day needs and requirements, keeping an overview of appointments and meetings that may have been scheduled and review people's needs on a monthly basis. The monthly key worker review involved discussions around the person's physical health, emotional/psychological needs and what the person wanted to achieve over the next month. One care staff told us, "We follow up on everything pertaining to their health and care needs and record."

People were observed to participate in activities and access the community as and when they so wished. People confirmed that a variety of activities were planned within the home on a daily basis as well as outings and holidays throughout the year. A daily activity chart was on display which detailed a variety of activities for staff to organise and encourage people to participate in. These included bingo, music group, arts and craft and newspaper reading. Most recently the provider had organised a holiday for the people using their service. People told us that they enjoyed the holiday. One person said, "I had a good time, I made sure of it."

People told us that they did not have any concerns or complaints to raise but knew who to speak with if they did have any complaints. One person told us, "[Registered manager] is second in command, I am the boss. I would tell [registered manager] if I was unhappy." A second person said, "I would speak to one of the staff to

the let them know if I weren't happy." The service had not received any complaints since the last inspection. A complaints policy was in place which gave guidance on how complaints were to be dealt with.

The provider also recorded all compliments received. One health care professional had written, "We also felt that your management team and support staff have really worked well with [person] since they moved into the Roland home."

People told us and records confirmed that monthly residents meetings took place where most people were involved and took active participation in. Agenda items included activities, food and menu, daily living tasks, outings, personal needs and house rules. We saw that where people had made suggestions and given ideas these had been implemented where possible. For example people did not want rice, pasta and noodles as part of their meal and preferred to have potatoes. We saw that the menu had been changed to include this preference.

Good

Is the service well-led?

Our findings

A registered manager was in place and available throughout the inspection process. 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 knew who the registered manager was and we observed that people were comfortable in approaching them with any of their questions or matters that needed to be addressed. The registered manager always responded in a kind and respectful manner dealing with people's needs immediately. Care staff were also very positive about the registered manager and the support that they received. Comments we received from care staff included, "[Registered manager] is a good manager. Very supportive and approachable" and "She [registered manager] is nice. She is okay."

The service encouraged good practice and continuous learning through regular training, supervisions and bi-monthly team meetings. Agenda items and topics for discussion included, house decorating, medication, key working responsibilities and residents activities. One care staff told us, "Team meetings are helpful as it tells us where we are lacking in areas and where improvements need to be made."

The registered manager and the provider had a number of systems and process in place to monitor the quality of care and where issues were identified, these were addressed with a view to improving the delivery of care and to implement long term learning and development. The registered manager completed weekly and monthly checks of areas such as medicine management, care plans, health and safety and people's finance.

The provider completed a monthly provider inspection which looked at care plans, risk assessments and medicine management. Where issues were identified we saw that these had been highlighted and where actions had been taken, this had been recorded with the date the issue had been addressed.

As part of the process of improving, learning and development people, relatives and involved health care professionals were also asked to complete annual quality satisfaction surveys. The most recent survey had been completed in March 2017. The registered manager told us that responses had not been received from any relatives. Feedback from people and healthcare professionals was positive and no issues or concerns had been identified. One involved health care professional had written, "Good communication with pharmacy regarding changes to medication protocols."