

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Roland Residential Care Homes - 6 Old Park Ridings

Winchmore Hill, London, N21 2EU

Tel: 02083642534

Date of Inspection: 09 January 2013

Date of Publication: February 2013

We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Staffing** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

## Details about this location

Registered Provider	Roland Residential Care Homes Limited
Registered Manager	Mr. Sanjaya Suraweera
Overview of the service	6 Old Park Ridings is a home registered to provide care for ten younger adults with a diagnosis of mental disorder. The home is located in a residential area near to Winchmore Hill.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations, carried out a visit on 9 January 2013 and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We visited the service on 9th January 2012. We looked at the care and treatment records held by the provider and observed how people were being cared for in this setting. We talked with people who use the service as well as with carers and/or family members. We also talked with staff and stakeholders.

People who use the service told us that they were able to personalise their own rooms and had choices about what they could wear on a daily basis. Family members told us that they could not speak highly enough of the staff group and that they were impressed by the sensitivity and caring attitude of the staff at the home. People also told us that the home had always kept them informed and encouraged them to be involved in the care of their relative. We found that people were generally very happy with the care being provided and made positive comments to this effect.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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During this inspection we looked at the care plan records held on site. We found that the care plans had recorded needs for each individual using the service. We found that people were being assisted to make choices and decisions where appropriate and that care plans had recorded specific preferences for example, regarding the gender of carers for personal care tasks. We also saw evidence that care plans were being regularly reviewed and amended accordingly. The unit also produces a booklet which states that care plans are tailored to meet individual needs. We also saw that people had choices regarding meals and that menus were being discussed in regular "residents meetings."

In addition we found that people who use the service were in contact with other services dependant on their individual needs for example, independent and voluntary sector services.

We observed that staff treated people using the service respectfully, for example, by knocking on room doors before entering and measures were in place to ensure the privacy and dignity of people who use the service.

People who use the service also told us that they were assisted and encouraged to take part in activities. People also told us that the care was based on an individual approach and that people were helped to achieve their potential.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care and treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People who use the service told us that they could personalise their own room and that they had been assisted by their key worker to get involved in activities including a computer course and going out to a restaurant. People told us that they could "wear what they liked". Other people also said that the staff were sensitive, patient and positive. They also confirmed that people who use the service were encouraged to participate in community based activities. People told us that the provider would consult with them appropriately and that their input was valued within the care planning process.

When we looked at the records held on site, we found that people's needs were being assessed and that care plans were being drawn up on an individualised basis. We also saw evidence of previous assessments by other professionals including social workers and medical professionals and that there was on going multi disciplinary involvement where appropriate. This included for example, CPA meetings. We found evidence to show that people were being referred on to specialist services if needed for example, speech and language therapy.

We saw evidence that there were regular monthly key worker meetings to review the care plan and that reference was made to religious and cultural needs in these meetings.

**Safeguarding people who use services from abuse** ✓ Met this standard

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening

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## **Reasons for our judgement**

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People told us that safeguarding adults training was part of the staff induction programme and that refresher training was held on an annual basis. The staff we spoke with confirmed this and said that if they had any concerns about a potential abuse, that they would speak directly to their line manager in the first instance. The registered manager told us what action would be taken in terms of referring on any safeguarding concerns to the local authority safeguarding team. Staff training records indicated that people were attending appropriate training.

We saw that the provider had a safeguarding policy and that the care plans included potential assessments of risk and how to minimise this to reduce the potential of abuse.. For example management of finances was in some cases completed by the provider and/or via an appointee within the local authority.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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The registered manager was able to identify the numbers of staff on duty both during the day time and for the night time shift. We also saw rotas which confirmed this information and showed that there were 3 staff on duty excluding the registered manager during the day shift. On the night shift there were 2 members of staff sleeping in. We were informed that staffing levels were determined by the level of need of the people using the service.

We saw evidence that the provider had requested references prior to employment as well as completing CRB checks for members of staff. There were induction plans and staff were able to confirm the induction and supervision processes. We found documents to show that staff were attending internal and externally organised training courses including NVQs.

People we spoke with spoke very highly of the staff group and said that they were kept informed of developments. One person told us that they were "very satisfied" with the service and that the staff were very patient. General comments about the staff and staffing levels were positive.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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During this inspection we found that the provider had an effective quality assurance system. A survey was given to people who use the service as part of the quality assurance measures. The provider also sent out QA survey forms to other professionals including local GPs as well as to relatives/representatives of people using the service. In addition we saw that the provider had a complaints policy on file with specified time frames for responding to formal complaints. People we spoke with said they had no complaints but would not hesitate to raise any concerns with the manager in the first instance. The provider held regular meetings with the people using the service and complaints and advocacy service were discussed in this forum. The provider had copies of a "newsletter" on file which detailed advocacy services. We also saw evidence that the key workers were meeting regularly with people who use services and this was another forum to discuss the quality of service provision.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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