

## Friendship Care and Housing Limited

# Romsey Winchester Avenue

### Inspection report

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and 81, 81a, 83 and 85 Winchester Avenue  
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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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service: Romsey Winchester is a residential care home for up to 13 people. There were 11 people living at the home at the time of our inspection. The accommodation was established over a number of separate buildings within a housing complex. The provider's office was located in one of the buildings, which also offered people a communal area to meet with family and friends. Each separate building had a kitchen, communal lounge areas, gardens, bathrooms and bedrooms for people.

People's experience of using this service:

There was not a registered manager in place when we conducted our inspection. However, the acting registered manager was described as being approachable by people and staff.

The provider's quality assurance systems had failed to ensure CQC were always kept up to date with changes at the service.

Care records and risk assessments were being reviewed at the time of our inspection visit by the acting manager, to ensure records were brought up to date and were person centred.

People's safety had been considered and risks were managed by staff who knew people well.

Staff had received training in relation to safeguarding and knew how to protect people from harm.

Medicine was managed safely.

The buildings were clean and comfortable with plenty of room for people to live. People told us they felt safe with staff.

The risk of any infection spreading was reduced by the maintenance of good hygiene practice.

The provider delivered person-centred care. People's needs were assessed to ensure the service could be tailored to meet their individual social, care and health needs.

People's outcomes and long-term goals were considered, to ensure people achieved those goals.

People were supported to have 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.

Health care was focussed on ensuring people's on-going wellbeing and concentrated on improving people's health.

People enjoyed living at the home and told us staff were kind and respectful of their choices. People were treated kindly and compassionately by staff.

People were supported to express their views and make decisions about the care and treatment they received.

Staff respected people's privacy and dignity.

People were supported to take part in activities of their choice.

Information was provided in a range of formats to support people's understanding.

People could access spiritual support to meet their religious beliefs.

The provider had a complaints policy and process in place; people told us they would feel comfortable raising complaints.

When people reached the end of their life, the provider had policies in place to meet their wishes and preferences.

People, stakeholders and staff had an opportunity to shape the service.

The provider invested in staff development to ensure people received care from experienced and caring leaders.

Rating at last inspection: Good. The last report for Romsey Winchester was published in September 2016.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor the service to ensure it meets its regulatory requirements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always Well-led.

Details are in our Well-led findings below.

# Romsey Winchester Avenue

## Detailed findings

### Background to this inspection

**The 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.

**Inspection team:** The inspection was carried out by one inspector.

**Service and service type:** Romsey Winchester is a residential care home. People received accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a registered manager at the time of our inspection visit. The previous registered manager had left the service in December 2018. An acting manager had been appointed and were applying for their registration with CQC at the time of our visit. 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.

**Notice of inspection:** The inspection took place on 25 April 2019 and was unannounced.

**What we did:** We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injury. We sought feedback from the local authority and professionals who worked with the service. We assessed the information we require providers to send us annually that gives us key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

**During the inspection visit:** We reviewed two people's care records, to ensure they were reflective of their needs, and other documents such as medicines records. We reviewed records relating to the management of the whole service such as quality audits, people's feedback, and meeting minutes.

We received feedback from two people who lived at Romsey Winchester and one person's relative. We also spoke with four care workers, the acting registered manager and the area manager.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Romsey Winchester. Each person had access to an alarm where they could call for staff assistance 24 hours a day.
- The safeguarding policy described the different types of abuse people might face and included information for staff to follow in case they suspected abuse.
- All staff had completed safeguarding training and knew how to keep people safe from potential harm or abuse.
- Detailed records were kept of safeguarding concerns and alerts and where necessary, information was shared with the local authority and the Care Quality Commission (CQC).
- There were easy read posters throughout the home, so people knew about abuse, that it was not tolerated, and they should talk to staff if they had concerns. This showed the provider thought about how to communicate with people about keeping safe.

Assessing risk, safety monitoring and management

- People had their health needs monitored, and risks to their health and behaviour were regularly assessed by staff with the right level of competency and skills to keep them safe. At the time of our visit care records were under review, and risk assessments were being re-written to ensure they were person centred.
- Staff had developed a good understanding of the risks to people, members of the public and themselves, and understood the action they needed to take to reduce those risks.
- Care staff knew people well, including their likes and dislikes and how to support them with their health needs.
- People were encouraged to stay as independent as possible and risk assessment procedures did not unnecessarily restrict people's freedom to go out, walk around the home and make their own decisions.
- Environmental risks were managed well to ensure people were cared for in a safe environment at Romsey Winchester. For example, electrical and water testing was regularly conducted.

Staffing and recruitment

- There were enough trained and skilled staff to assist people with their support needs.
- The provider completed a detailed assessment of people's needs, to ensure health and support needs could be met by the level of care staff available at the home.
- The provider had completed robust checks to ensure staff were suitable for their role. These included checking their references and completing checks with the Disclosure and Barring Service (DBS).

Using medicines safely

- Medicines were administered and stored safely. Each person had their medicines stored in their own home.
- We checked people's medicines and medication administration records (MAR) and found staff recorded

and logged when people had taken their medicines.

- All staff who were trained to administer medicines had their competency checked by managers to ensure their understanding of processes and procedures.
- Staff were confident they knew how to administer medicines safely and knew what to do if there were administration errors.

#### Preventing and controlling infection

- There were effective measures in place to ensure risk of infection was prevented and/or minimised.
- Staff understood the principles of infection control. Colour coding was used to identify the usage of some cleaning materials and kitchen utensils, to prevent cross contamination.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. There was an accident and incident policy and accidents and incidents were recorded and shared with the provider.
- The provider and management team analysed incidents and shared learning across the organisation to prevent future occurrences.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this. Legal requirements were met.

Staff support: induction, training, skills and experience

- Staff told us they received an induction when they started work which included working alongside an experienced member of staff. For new staff the induction was based on the 'Skills for Care' standards providing staff with a recognised 'Care Certificate'. Skills for Care are an organisation that sets standards for the training of care workers.
- Staff received relevant, ongoing refresher training for their roles and staff were supported to complete national vocational qualifications in health and social care. One member of staff told us, "We have regular face to face training, and we can also access online training for reminders and refreshers."
- The provider maintained a record of staff training, so they could identify when staff needed to refresh their skills.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed with the person, their representatives and health professionals before they came to live at Romsey Winchester.
- Assessments included information on people's physical and mental health needs, social and personal history, and how they wanted their support to be provided to them.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- The provider ensured people could express their consent and share their wishes in accordance with the MCA. Where people needed assistance to express their wishes, give their consent, or be involved in discussions about their health, they were offered support by legal representatives and advocates to ensure their views were heard.
- Where people had restrictions in place, DoLs were applied for and reviewed by the local authority to ensure people's rights were protected.
- Staff had received training and understood their responsibilities around consent and mental capacity. Staff told us, and we saw, they sought verbal consent from people before providing them with care and support.
- The acting manager understood their responsibilities to protect people's rights and knew what to do when someone did not have the capacity to make their own decisions, so they were made in people's best interests.

Supporting people to eat and drink enough to maintain a balanced diet

- People made choices about what they ate each day. People had a choice of whether they ate in their room, a communal dining area or other communal spaces.
- The provider arranged specialist menus and events in the home to recognise cultural and religious festivals. For example, Christmas celebrations, celebrations of Easter, Shrove Tuesday, Diwali and New Year festivals.
- People who required their food and fluid intake to be monitored to ensure nutrition levels were maintained, had food and fluid charts in place. These charts were completed by staff daily and were monitored to ensure people received the correct levels of nutrition to maintain their health.

Staff working with together and with other agencies to provide consistent, effective, timely support

Supporting people to live healthier lives, access healthcare services and support

- Staff communicated effectively with each other. There were systems in place, such as daily care records, handover meetings and a communication book to share information amongst staff. This meant staff knew what was happening in people's lives and when changes had occurred that might affect their support needs.
- Staff considered people's feelings, and regularly checked if people were okay. For example, we saw staff checked if people were anxious, felt well, or needed help with their daily tasks or plans.
- People had access to health professionals. People saw their doctor, dentist and other health professionals when needed to maintain their health. Where advice was provided from health professionals, care records were updated, and the advice was discussed with people to ensure they understood how this might impact on their health.

Adapting service, design, decoration to meet people's needs

- The provider focussed on delivering a service which was person centred and met people's needs.
- Romsey Winchester was divided into different homes to accommodate people's needs. For example, one person lived alone in their own flat, another person shared a house with three other people. The person told us, "I don't like living alone, so sharing with people is much better for me."
- There were plenty of communal spaces where people could meet with family and friends. Each building had its own garden and outdoor space.
- People were involved in decisions about the premises and environment at Romsey Winchester; they could decorate their room how they liked. We saw one person's room, where they had decorated it with pictures and possessions that were important to them.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

Ensuring people are well treated and supported; equality and diversity

- Staff communicated with people in a warm and friendly manner. One person said, "The staff have been here a long time, so they know me well." People's responses indicated that people were well treated and enjoyed the company of staff and each other.
- The provider respected people's equality and diversity, and protected people against discrimination. Staff were recruited based on their values and abilities. People and staff were treated equally according to the guidance on protected characteristics.
- Staff knew about people's cultural and diverse needs and how this may affect how they required their care. For example, respecting people's spiritual needs or choices and the gender of the staff member providing their personal care. Staff had received training in equality and diversity and explained how they used this knowledge to reduce any possible barriers to care.
- When people needed support in their lives that was beyond the remit of the provider, the provider advocated for people and sought appropriate support. For example, people were supported to meet with clinical and welfare professionals, advocates and representatives that could help people to express their wishes. This meant people's human rights were upheld.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care. People could communicate their wishes verbally. We saw easy read documents, documents in picture format, and information was also available in different language formats where required. This meant people could be involved, as much as possible, in making decisions about their care and treatment.
- People had regular reviews to discuss their health and support needs, and to make decisions about how their care should continue to be delivered.

Respecting and promoting people's privacy, dignity and independence

- The service followed data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.
- Staff respected people's individual privacy in the home, by knocking on people's doors and asking their permission before entering.
- People were encouraged to live as independently as possible and made choices about how they lived their daily lives without undue restrictions on their freedom. One person said, "I come and go when I want."
- Newly introduced care records provided information about people's cultural and personal preferences, such as their religious beliefs and their sexual orientation. These personal preferences offered people an

opportunity to engage in cultural or religious activities and maintain their sense of individuality and identity.

- People were supported to maintain relationships with those that mattered to them. Friends and families could visit people when they wished. Private areas were available for people to spend time together when needed or requested.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery. Legal requirements were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had care plans and records to show their health and support needs. Care plans covered topics such as people's physical and health needs, their life history, daily routines, preferences and risk assessments. At the time of our inspection visit the acting manager was introducing updates to care records, and reviewing their format, to provide staff with information about the person 'at a glance'. One person's care records we reviewed was not up to date. The acting manager sent us evidence of the update following our inspection visit.
- Care records were written with the person, their family members and professionals. The new format of care records were relevant and based around each person's individual needs.
- Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure people receiving care have information made available to them that they can access and understand. The way people preferred to communicate was recorded. Where people's disabilities affected their communication, the provider used a range of techniques to communicate with people effectively.
- People were encouraged to take part in organised group activities and events at Romsey Winchester. Some activities and events were pre-organised. These included social events, games, seasonal and religious events, and trips out and about. Other activities occurred spontaneously, based on people's wishes.
- We saw people were engaged in activities and hobbies on the day of our visit which included people going to clubs, shopping and out for walks.
- People were supported to take an active interest in the life of the home. The provider had chickens, animals and gardening areas for people to enjoy.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise concerns or complaints with staff and the management team if they needed to. A typical comment from people was, "I'm not worried about anything here."
- The provider had a complaints policy and procedure that staff were aware of and these had been provided to people in an easy read format and large print. The easy read and different format information told people how to keep themselves safe and how to report any issues of concern or raise a complaint.
- The service had a complaints log where all complaints were recorded. The acting manager responded to complaints according to the provider's policy in a timely way.

End of Life care and support

- The provider had policies and procedures in place to ensure people were asked about their preferences and wishes at the end of their life to support them and their families through this difficult time.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of our inspection visit there was not a registered manager at Romsey Winchester managing the home. The previous registered manager had left the home in December 2018. The provider had recruited a new acting manager to manage the service straight away.
- The provider had initially informed CQC of the absence of their registered manager but had failed to keep us up to date with subsequent changes at the service. We were confident the new acting manager would keep us informed of events that occurred at Romsey Winchester in the future.
- The acting manager understood their role and regulatory responsibilities. The latest CQC inspection report rating was on display. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The acting manager was supported in their role by senior care staff and their area manager who visited the home weekly.
- Staff received regular supervision in line with the provider's policies. Supervision meetings with staff and their manager took place every few weeks. One staff member explained, "We have planned supervision meetings every few weeks, but you can ask to see the manager anytime. They are very approachable."
- The acting manager and senior staff worked alongside care staff at the home and observed their practice and skills daily. This ensured staff training needs were identified, and staff had the competency required for their role.
- Staff said they felt supported by the new acting manager saying, "They are approachable. I would be confident of raising any concerns with them."
- Staff spoke with pride about the service. One staff member said, "We work really well as a team to support people."

Continuous learning and improving care

- The acting manager and the management team conducted regular daily and weekly checks and audits on the care people received.
- The provider completed various audits to assess the quality of care and support in place. These included audits for medicines, infection control, health and safety and quality audits of the entire service by the provider's quality team. Recent audits had identified the need to update care records, which was being implemented at the time of our inspection visit.
- All actions from audits were added to an action plan the acting manager and provider oversaw. The audits and action plan allowed the provider to monitor and improve care for the people using the service.

- The provider had an improvement plan for the service, which detailed what plans they had to continuously improve the quality of care people received. Improvements included the development and redecoration of some areas of the home, changing of fire doors and windows.
- The provider learned from registered managers and senior staff at their other homes and shared this learning across their services. They held regular meetings and briefings to share learning and best practice.

Plan to promote person-centred, high-quality care and good outcomes for people.

- The systems in place focused on the individuals using the service and sought to meet their needs and provide them with high quality care. These systems measured and monitored outcomes for people with a view to making improvements where possible and thereby making people's lives better.
- One person's relative said, "The staff are excellent. They have made a real impact on [Name's] quality of life, as they now go out and about daily."
- Staff were aware of individual needs, and through discussion and observation demonstrated they knew people well and what support each person required to keep them safe.

Engaging and involving people using the service, the public and staff

- People were supported to complete surveys to capture their views and opinions of the service. Surveys were in an easy to read format where required.
- Evidence indicated people's feedback led to changes at the home.
- Regular resident meetings were organised which people could attend if they wished to. Meeting minutes showed how issues raised were followed up and any action taken was documented and discussed in the following meeting.
- The provider communicated with people at the home verbally and through information on noticeboards, to let them know how the service was being developed.
- Staff meetings were held where topics were discussed including the care needs of people, safeguarding, mental capacity, equality and diversity, expectations within employee roles, and any changes at the home or provider's other services. The staff team also received a regular newsletter from the provider with updates about how the organisation was being developed.
- Staff had access to an intranet, sharing best practice technique, policies and procedures, and how service changes were being made. This showed staff were involved in shaping and understanding the service.

Working in partnership with others

- The service had links with external services, such as community groups, charities, commissioners of services, and specialists in mental health care. These partnerships demonstrated the provider sought best practice to ensure people received good quality care and support. For example, the provider was working to develop relationships with community organisations to enhance people's access to activities and events.