

Romney House Limited

Romney House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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: Romney House is a small independent residential care home. At the time of our inspection, 17 people were living at the home.

People's experience of using this service: At our last comprehensive inspection in November 2017, we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We wrote to the provider to ask them what immediate action they would take to make the necessary improvements to meet the legal requirements. The provider sent us an action plan stating what action they were taking and by what date the action would be completed. In addition, they appointed an operations manager to take them forward with improvements and they continued to use support from the local authority quality assurance team.

During this inspection we found the provider had made most of the required improvements. They were no longer in breach of the Regulations in four of the previous five areas. The service continued to be in breach of the Regulations in the area of consent and overall continued and sustained improvements were required.

Risk assessments were not always comprehensive or consistent. Accidents and incidents were not regularly monitored for themes and trends to identify patterns or triggers.

People received support from staff who had appropriate employment checks in place. Staff were knowledgeable about their responsibilities to safeguard people from abuse. Medicines were administered and stored safely.

Staff were supported with regular one to one supervision and appraisal. There was a comprehensive training schedule in place and staff could progress in their skills and qualifications.

People's needs and preferences were assessed and the service had begun a comprehensive review and re-development of all care plan records. The service worked closely with health and social care professionals to provide appropriate access to treatment and support.

The service was very caring and there was good feedback from people and relatives about the care provided by staff. Romney House was described as being friendly, homely and like a big family.

The service had introduced a new and varied activities programme which included inter-generational experiences for people. Local nursery schools and baby groups visited and people joined in with songs and reading. The feedback from people was very positive and enjoyable.

Rating at last inspection: Requires Improvement (Good in Caring). Report published 16 March 2018.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: This is the second consecutive time the service has been rated as Requires Improvement. We will ask the provider to tell us what action they will take to improve the service to at least Good. We will monitor all intelligence received about the service to inform when the next inspection should take place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement 

The service was not always 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.

Romney House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, 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 team consisted of one inspector.

Service and service type:

Romney House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced on the first day.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered manager completed 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke with two people and two relatives to gather their views about the care they received. We looked at four people's care plans. We checked recruitment, training and supervision records for staff and looked at a range of records about how the service was managed. We spoke with the operations manager, the registered manager and the deputy manager. We also spoke with three members of staff in a range of roles

in the service. Following the inspection, we received feedback from two health or social care professionals who have contact with the home.

Is the service safe?

Our findings

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

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At the last inspection in November 2017 we found the provider had not ensured risks to people were identified, assessed or managed thoroughly. This was a breach of Regulation 12, Safe care and treatment. At this inspection we found the service was no longer in breach of the Regulations, in this area. Improvements and reviews of all risk assessments had begun, which needed time to embed.
- Not all risk assessments were comprehensive or consistent. Some were a statement of risk rather than an analysis of the severity and likelihood of the risk. Not all actions to minimise the risk were recorded.
- Personal emergency evacuation plans were brief and not in place for every person. For example, the step by step evacuation plan and instruction for staff on how to evacuate the person safely was not recorded in some cases.
- Accidents and incidents were recorded but not all were investigated and actions identified to reduce the risk of reoccurrence. They were also stored in different places. This meant it was not easy to locate the information to identify trends.
- Environmental safety checks were current including electrical installation and equipment checks and a fire safety risk assessment and check completed by the fire service.
- The operations manager had developed a new risk assessment policy and review of all risk assessments, in addition to an audit to monitor themes and trends of all accidents and incidents. This work had begun in January 2019 and needed time for actions to embed.

Using medicines safely

- At the last inspection in November 2017 we found medicines were not always stored safely. This was a breach of Regulation 12, Safe care and treatment. At this inspection we found the necessary improvements had been made. The service was no longer in breach of the Regulations, in this area.
- The service had a new policy which directed staff to securely store all medicines in a locked cupboard when delivered from the pharmacy. Medicines trolleys were securely locked and attached to the wall.
- Medicines audits identified where errors had been made. The registered manager ensured that staff who had made the error were contacted, the error corrected and additional staff supervision meetings given.
- Prescribed creams were recorded on specific body charts which detailed the cream, when and where it was to be applied. Transdermal patch medicines which needed to be rotated in site on the body had accurately recorded body charts in place.
- 'As required' medicines (PRN) protocols and person-centred medicines administration care plans detailing how the person preferred to take their medicines, were in place.

Preventing and controlling infection

- At the last inspection in November 2017 we found there were no comprehensive records for the management of infection prevention and control of the environment. This was a breach of Regulation 17, Good governance. At this inspection we found that the required improvements had been made and the service was no longer in breach of the Regulations, in this area.
- People's rooms had a cleaning checklist and schedule which had been completed.
- Staff had received up to date training in infection control practices. Staff had access to personal protective equipment and were observed using it.
- The kitchen had recently received a 5-star rating for hygiene from the food standards agency.
- The service had a record of environmental infection control checks including communal areas and maintenance records for the testing of legionella.

Systems and processes to safeguard people from the risk of abuse

- Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people.
- Staff told us they received safeguarding training and we confirmed this from training records.
- The registered manager had contacted the local authority safeguarding team appropriately and had sent CQC required Notifications.

Staffing and recruitment

- Staff had been recruited safely.
- There were sufficient staff to meet people's needs and the manager and deputy manager work as part of the support team.
- Recruitment of permanent staff was on-going. The service was holding an induction day in February 2019 for people who had recently applied for positions.

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

RI: ☐ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- At the last inspection in November 2017 we found where people did not have capacity, consent for treatment was not always documented in line with legislation and guidance. This was a breach of Regulation 11, Need for consent. At this inspection we found the service continued to be in breach of this Regulation.
- Records regarding mental capacity assessments, best interest decisions and information about legal authorities were inaccurate and inconsistent. For example, one person was assessed as having capacity for prescribed creams to be applied. However, a relative had signed the consent form which they did not have the legal authority to do. The same person (assessed as having capacity to consent to living at Romney House to receive care and treatment) was also recorded as requiring a DoLS.
- Another person was assessed as not having capacity to consent to receive care and treatment in a care home setting. Their lasting power of attorney for health and welfare had signed the consent on their behalf. A best interest decision was not completed and the DoLS section was not completed. A DoLS application had not been submitted to the supervisory body.
- This was a continued breach of Regulation 11, Need for consent.

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

- At the last inspection in November 2017 we found the provider had failed to have comprehensive records of care in place that reflected people's needs. This was a breach of Regulation 17, Good governance. At this inspection we found improvements were in progress and the service was no longer in breach of the

Regulations, in this area. The service had begun a comprehensive review and re-development of all care plan records and this was work in progress.

- Care records contained people's preferences and their abilities to manage care tasks independently, for example '[person] can manage to wash his face and top half, [person] would prefer staff to do all personal care but please encourage [person] to do this for himself.'
- Information about people's medical conditions and what this may mean for the person were in people's records for staff guidance, for example, Parkinson's disease. Some records contained elements of the person's history, one-page profiles and 'Remember I'm Me' documents.

Staff support: induction, training, skills and experience

- At the last inspection in November 2017 we found staff did not receive the appropriate supervision or training for them to carry out their duties. This was a breach of Regulation 18 Staffing. At this inspection we found improvements had been made and the service was no longer in breach of the Regulations, in this area.
- Staff who were new to care followed a thorough induction and training based on the care certificate.
- Staff training was comprehensive. Staff had the opportunity to undertake specialised training for example behaviour that challenges and higher qualifications in health and social care.
- Staff had begun to receive regular supervision meetings with their manager.

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

- People said they enjoyed the food provided by the home and could choose meals they liked. Comments include, "We have a good variety of food here and "I am happy with the food I don't have any complaints". We heard staff offering one person a cooked breakfast as they knew it was their favourite.
- We saw one person had a dietary monitoring chart in their care records as directed by the community nurse. This person had a low body weight and was offered regular high calorific snacks to increase their appetite and intake.
- There were plenty of fresh water and squash jugs in rooms and in communal areas and a tea trolley in the afternoons with homemade cakes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with health and social care professionals to provide appropriate access to treatment and support.
- We spoke with a visiting professional from the hearing and vision team. They visited one person weekly to support with communication needs due to their dual sensory loss. They had developed guidance for staff and were very complimentary at how the staff follow instruction. They said staff used face to face communication and engaged in passive learning whilst observing how the professional communicated and then used the same skills.
- People had access to the community nurse and GP services as well as specialists. We saw one person had a referral made for occupational therapy assessment for a riser recliner chair to increase their ability to stand from being seated. They also had a physiotherapy referral for pressure relieving and safe transfer equipment.

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

- People's rooms were personalised with individual possessions, photographs, decoration and items of

furniture.

- The service had a lift and were also considering installing a stair lift as a second means of accessing the first floor. There were ramps, handrails and seating areas around the home.
- Specialist moving and handling equipment such as bath chairs, wheelchair and walking aids were used to support people's mobility.

Is the service caring?

Our findings

Caring – this means we looked for evidence 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.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness and respect. We saw many complimentary letters and thank-you cards. Examples of comments included, 'we could not have wished for a better home for mum to be in as it was like one big family', 'I would like to say a big thank you to you all for the friendship kindness and care you gave to my mum it made her life a bit easier.'
- People's birthdays were celebrated in the monthly newsletter and birthday cake was made by the cook and shared with the home. A person wrote, 'I would like to thank all the staff and others for giving me a wonderful birthday and a lovely cake, also an enjoyable day.'
- People's care plans were personalised and written using respectful language. Daily notes described their emotional wellbeing. For example, '[Person] is enjoying watching films this morning, lovely to see her smile and laugh' and '[person's] face lit up when she saw the little children in the lounge' and '[person] really enjoyed songs of praise and dancing on ice and was toe tapping.'
- Other records detailed friendly relaxed chats with people as part of their care experience. For example, '[person] very happy today chatted about where he would like to go for the day [person] fancied Weymouth stroll along the prom – I said this was not out of the question perhaps in the summer' and '[person] cheerful we chatted about his building days and playing for Watford, is looking forward to getting hearing aids.'
- The service had recently introduced a keyworker system to promote a personal connection and develop more person-centred support. The keyworker would have input into the development of person centred care plans by getting to know the person's history, family and routines.

Respecting and promoting people's privacy, dignity and independence

- One person had their beloved pet cat living with them, their care records stated that she preferred to look after the litter tray herself, but staff were to always offer. This person was described as being 'very independent and does not appreciate staff trying to interfere, she prefers her own company and prefers to stay in her room.' Staff were guided to take time to chat with her.
- Daily records detailed aspects of care where people were independent. For example, '[person] declined help with personal care this morning and got herself dressed.'

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

- We observed the lunchtime meal service. People were asked where they would like to sit, or escorted to their usual place and offered juice or wine. Food was nicely presented and served and people appeared to enjoy their meal. There was lots of chat and socialising between people and staff.

- Night time records were written respectfully. For example, '[person] hasn't settled all night however he hasn't been distressed, confused but cheerful'. The records showed how the night staff had taken time to chat, make drinks and reassure this person during their wakefulness.
- The operations manager had developed a dignity strategic action plan which included training needs and outcomes for staff. Areas covered were human rights and respecting cultural and religious beliefs, showing respect regardless of age, race, sexuality, appearance or disability and on line and social media awareness.
- A new dignity champion role for a staff member had been created, they would be undertaking specialist training. They would extend their knowledge, skills and expertise to the whole staff team. A 'dignity audit' enabled staff to reflect on their approach, 'do I provide dignified care?' this provided learning outcomes which would be 'championed' by the dignity champion.

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.

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

- A newly appointed activities coordinator had developed an innovative and interesting activity programme which had received very positive feedback from people and their relatives.
- The service now offered a monthly visit from a local nursery group, where people sang nursery rhymes, read stories and did craft activities with the children. Baby and toddler mornings were very popular with one person enjoying holding a baby and singing a lullaby in Welsh.
- A monthly newsletter had been created for people and visitors to inform them of events for the month ahead and any home news. People were involved in deciding what activities they would like to do. Some people had taken the lead on some activities for example flower arranging and singing.
- The activities coordinator was developing One Page Profiles and Remember I'm Me documents to find out more about people, their life history, family life and things they liked to do. This information would add person centred value to care plans as well as for the staff and activities coordinator to meet people's needs more accurately.
- The service was introducing picture menus and additional pictorial prompts to enhance communication with those living with sensory loss. Equality and Diversity and Human Rights training had been planned for all staff as part of core mandatory training, to be delivered in 2019.

Improving care quality in response to complaints or concerns

- The service acted on feedback and suggestions from people and their relatives. These included, garden furniture cushions, a suggestions box in the entrance foyer and an innovations book for ideas.
- The service had a complaints procedure on display in the hall which was also available in larger print. They had not received any formal complaints and the manager said any issues were dealt with openly and straight away.
- A newly designed quality assurance feedback questionnaire was to be sent out to families, based on a poor return the previous year.

End of life care and support

- Although nobody living at the home was receiving end of life care and treatment, people's future wishes regarding their end of life care were not always recorded in care plans. There were some brief details regarding people's wishes on hospital admission and funeral arrangements, but these were not consistently recorded. Care plans contained treatment and escalation plans (TEPs). The manager recognised this was an area for improvement in recording.
- However, relatives feedback was very good. Comments included, 'A very big thank you for the fantastic care

you gave to our mum. We are so pleased that she spent the last months of her life in such a warm, clean and caring environment,' 'A big thank you to all staff and management for making my mum so happy in the last years of her life' and 'We are so grateful to you all for making [persons'] last few weeks so peaceful and comfortable and for looking after her for 5 years, she was fond of you all, it was a great comfort to us to know she was in such good hands'.

Is the service well-led?

Our findings

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

RI: ☐ 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; and how the provider understands and acts on duty of candour responsibility

- At the last inspection in November 2017 we found the provider failed to follow legislation and guidance in relation to consent. This was a breach of Regulation 11, Need for consent. At this inspection we found further work was required and the service continued to be in breach of this Regulation. Records regarding mental capacity assessments, best interest decisions and information about legal authorities were inaccurate and inconsistent.
- At the last inspection in November 2017 we found the provider did not have their rating displayed on their website. This was a breach of Regulation 20A, Requirements as to display of performance assessments. At this inspection we found the necessary improvements had been made. The service's website had the last report and rating displayed and a link to the CQC website for people to access information about the service.
- At the last inspection in November 2017 we found the provider had failed to have effective systems in place to ensure compliance with the Regulations and to assess, monitor and improve the quality of the care provided. This was a breach of Regulation 17 Good governance. At this inspection we found the required improvements had been made. Regular audits of the service delivery, environment and staffing were now in place and a systematic review of the service had begun. These audits had identified areas for improvements in care planning and assessing risk.
- The service had developed more robust handover and communication methods. They had a senior briefing meeting every week to look at the diary and to plan the week ahead. Audits, checklists and health and safety tests were delegated. Six monthly staff meetings were themed around a topic, such as fire safety, and a CQC domain or key line of enquiry, such as 'safe'. At each meeting the policy would be reviewed alongside reflective learning.
- A monthly managers meeting had begun to discuss and plan larger home actions such as recruitment and induction, policies the introduction of new processes such a 'resident of the day.' The registered manager told us they felt 'the service was much more organised'.

Planning and promoting person-centred, high-quality care and support; Working in partnership with others

- The registered manager told us they wanted to provide a safe, stimulating environment where people had purpose. It was a family run care home and the manager told us, "The owners are passionate about care and are emotionally involved."

- The service had developed a new management and senior structure which meant the organisation and delivery of the service was more consistent. For example, the operations manager now had oversight of the whole service and had responsibility for creating systems to audit and monitor the whole service. The registered and deputy managers were responsible for the day to day running of the service as well as care planning and care delivery. Senior and keyworker roles meant specific tasks and accountability had been delegated throughout the staff team.
- The home was working closely with Wiltshire Council commissioners and the quality assurance team to develop sustainable outcomes from their action plans. One area of focus was person centred care plans which the management team were very enthusiastic about, stating they wanted to have 'the best care plans'.

Continuous learning and improving care.

- The management team were reviewing and updating all care planning documentation and recording in preparation for transfer to an electronic version. This would provide clearer auditing processes and accountability as the management team would have direct access to information to identify areas to improve.
- The service was developing a 'staff Hub' where staff electronic recording and learning would be centred. Staff were able to use on line direction such as 'care improvement works', 'skills for care' and 'the good and outstanding care guide'. The deputy manager had responsibility for the daily management of the Hub and overview of how staff were progressing with training.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- An introduction of resident of the day to focus on one person holistically, keyworker roles and champions meant the service had identified more comprehensive and robust methods to improve people's experience of care. Feedback received from staff was very positive.
- An employee of the month scheme had started and people, and their families as well as other members of staff could vote for the staff member of their choice. This would involve the whole home and encourage a sense of appreciation. Staff also told us that they liked the idea of a keyworker role as it gave them a sense of value and closer involvement with people and their families.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Where people did not have capacity, consent to care and treatment was not always documented in line with legislation and guidance.</p> <p>Records regarding mental capacity assessments, best interest decisions and information about legal authorities were inaccurate and inconsistent.</p>