

Romney House Limited

Romney House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Romney House is a small independent residential care home for older people. The service can support up to 20 people and at the time of our inspection 18 people were living at the home.

People's experience of using this service and what we found

At our last comprehensive inspection in February 2019, we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We wrote to the provider to ask them what 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. At this inspection we found improvements had been made and the service was no longer in breach of the Regulations.

Previously developed new systems, processes and procedures required time to bed in. At this inspection we found these had been sustained and improved upon.

The feedback we received from people's relatives was positive and very complimentary. They told us their family members were well cared for, happy, settled and safe. Their family member received kind, dignified and caring support from a team of committed staff. Romney House was described as being friendly, homely and like a big family.

We were assured that this service met good infection, prevention and control guidelines. Relatives were very reassured about infection control procedures and confirmed the appropriate use of personal protective equipment (PPE). No residents had been affected with COVID-19.

People's needs were thoroughly assessed, and person-centred care plans developed. These had been reviewed and updated regularly. The service worked closely with local health and social care professionals to provide appropriate access to treatment and support.

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

The service was well led by a dedicated management team who provided good support for staff to do their job effectively.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 April 2019) and there was one breach

of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 21 and 25 February 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Regulation 11, Need for consent.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-Led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Romney House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

Good ●

The service was 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Romney House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

We gave a short period notice of the inspection to check on the current status of Coronavirus within the home.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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 used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the operations manager and one member of the care staff team. We reviewed a range of records. This included two people's care records and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We spoke with three relatives of people who live at Romney House and two further care staff. We reviewed documents from professionals who visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection in February 2019, improvements to risk assessments had begun but needed time to embed. At this inspection we found the required improvements had continued.

- Risk assessments were thorough and consistent. Risk Assessments had a matrix covering the likelihood and severity of risk and actions to minimise the risk were documented.
- Areas of risk covered included general environmental concerns, falls, night-time purposeful walking, communication and behaviour which challenged. People had personalised fire evacuation risk assessments.
- People's relatives told us their family member was very safe and well looked after. Comments included, "The care is superlative" and "[My mother] is safe, completely settled and very happy, she absolutely loves it."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of harm.
- People's relatives told us they were very happy with the level of safety during the pandemic. Comments included, "They could do no more, I can't speak highly enough [of Romney House], outstanding, absolutely superb" and "All the procedures are very safe and very good, we were very reassured, they are sensible with PPE."
- Staff had annual training in safeguarding and were knowledgeable about identifying and acting on any concerns.
- The registered manager had contacted the local authority safeguarding team appropriately and had sent CQC the required notifications.
- Accidents and incidents were thoroughly recorded on a wall chart which clearly showed the procedures to follow and the outcome of each incident.

Staffing and recruitment

- Staff were recruited safely.
- There were sufficient numbers of staff to meet people's needs safely. The deputy and registered managers continued to work as part of the care support team, particularly during the Coronavirus pandemic.
- The service continued to recruit to ensure they had enough staff. They had a bank of staff and did not use any agency.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely.

- People had medicines care plans which documented how people liked to take their medicines and the support they required. 'As required' medicines (PRN) protocols were in place.
- Medicines administration records (MARs) contained body charts for the accurate application of topical creams.
- Medicines audits identified if errors had been made. Where errors had been identified the registered manager ensured staff who had made the errors had extra training and competency checks.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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.

At the last inspection this key question was rated as requires improvement. At our last inspection the provider had failed to assess and document people's mental capacity in line with legislation and guidance. Information about people's legal authorities were inaccurate and inconsistent. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Appropriate mental capacity assessments and their corresponding best interest decisions were in place. These were thorough and followed the lawful process accurately.
- People's care plans contained appropriate consent forms, for example regarding the recent Coronavirus vaccination.
- Legal authorities were in place, for example Lasting Power of Attorney for Health and Welfare and Finance and Property. There were copies of the registrations in people's files. This meant people had the correct representation in place to help them with consent and decision making.
- The provider had made appropriate applications to the supervisory body (the local authority) for DoLS.

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

- People's needs had been assessed thoroughly prior to moving into Romney House. Assessments included

people's life histories, work and family history, likes, dislikes and specific preferences. Some people with dementia had a 'This is Me' document to assist staff in getting to know the person.

- Assessments informed the creation of a robust care plan which included guidance from specialists such as physiotherapists and Admiral Nurses. Admiral Nurses are specialist dementia nurses who give expert practical and emotional care and support.
- Relatives we spoke with told us they thought the staff knew their family members well. One relative said, "[The staff] are really good at making sure she has the things she likes, the right TV channel, the right show, the things she is interested in" and "They know how she likes to be looked after, not rushed, they know the right moment to sit and have a chat." Another relative told us their mother had told them recently, "I am happy."
- Care plans had been reviewed monthly and each person had a room record for daily monitoring of care and support needs.

Staff support: induction, training, skills and experience

- Staff told us they received supervision and appraisals. Staff new to care followed an induction programme based on the care certificate.
- Training had reduced during the busy Coronavirus pandemic period. This was planned to re-start with essential refreshers of mandatory areas such as safeguarding. Some staff were completing their level 2 diploma in health and social care.
- The staff we spoke with were happy and enjoyed working at Romney House. One staff member said, "I love my job and they have been really supportive of me", "We are worn out, but we did it, it has been scary and rewarding there is a sense of achievement." Another told us, "I love it here, it is friendly with a nice family atmosphere, I like making people happy. I feel I have achieved something. I can't fault the management team I just feel like I am at home, I have no worries."
- The management team developed a well-being pin board for staff in the 'training hub' area. It included contact details of support organisations, self-care opportunities and guidance for steps to personal well-being.

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

- Relatives told us their family member enjoyed the home cooked food and Friday fish and chips from the local chip shop.
- There were plenty of fresh water and squash jugs in rooms and communal areas and a tea trolley in the afternoon with homemade cakes.
- People's care plans contained oral health assessments. These detailed where people required dentures or specific dental treatment to aid their comfort when eating and drinking.
- People had an eating and drinking care plan, detailing preferences and a nutrition and hydration assessment. These had been reviewed monthly.

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 their GP practice, the community nursing team and specialists such as chiropodists and the hearing and vision team.
- People had access to local health services as well as specialist care from hospital teams. Where people required specialist assessments, for example occupational or physiotherapy, these were in place. The outcomes informed the person's care plan and on-going care.

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

- People's rooms were personalised with photographs and items from their home. The communal areas

were homely and comfortable.

- The home had a lift to the first floor and ramps and handrails around the home to aid people's mobility.
- Specialist moving and handling equipment such as bath chairs, wheelchairs and walking aids were used to support people's mobility.

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.

At the last inspection this key question was rated as required improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At the last inspection in February 2019 we found a breach of Regulation 11, Need for consent. At this inspection we found the required improvements had been made and the service was no longer in breach of the Regulations.

- The operations manager had developed robust systems and processes to manage and monitor the quality of the service.
- Regular monthly audits were carried out for all areas of service delivery. These included, accident and incident monitoring, medicines administration and staff competency, the training and supervision of staff and cleaning.
- The registered manager had introduced a 'daily walk around', where they checked the kitchen, laundry, communal areas, bathrooms and one person's room per day with actions to complete. This gave the registered manager good oversight of the day to day functioning of the home.
- We received positive feedback from relatives and staff regarding the management and day to day running of the service. This included good communication practices. One relative told us, "I am kept regularly up to date with [my Mother's] care and I have no cause to worry or be concerned. I have peace of mind." Another told us, "Communication is excellent."
- The management team were aware of their responsibility under the duty of candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Romney House is a family run care home and the registered manager told us the owners were passionate about providing good quality care for the residents. The owners had helped the staff team during the pandemic when staff numbers were short. The whole staff team work as one team together. One staff member told us, "We are small but effective."
- Relatives we spoke with were very happy and satisfied with the level of care their family member received. They also felt welcomed and involved and had good communication during the pandemic. Staff had tried communication via electronic virtual calls, sending photographs and regular telephone call updates.
- The home had purchased a mobile 'tiny pad', an electronic very large touch screen i-pad. Staff used this for virtual calls, games and interests. They had recently found that people loved to use google earth to view their childhood town, streets and houses as well as virtual visits to places like Buckingham Palace.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff had regular surveys to check their satisfaction with the management and running of the home. Where people were unable to do this for themselves, relatives assisted them. Comments on four surveys we reviewed regarding care of residents during the pandemic were rated as 'strongly agree' or 'agree'.
- Three staff surveys and two staff members revealed they 'strongly agreed' they had been supported during the pandemic and had managed the service well.
- There was an employee of the month scheme where people, relatives and staff could vote for the staff member of their choice. One staff member told us the managers had put their name forward for a care award.
- The managers worked closely with Wiltshire Council commissioners and the COVID-19 support team. They also worked with the local public health specialist nurse for infection control practices and guidelines.