

Salutem LD BidCo IV Limited

Roman House

Inspection report

Winklebury Way
Basingstoke
Hampshire
RG23 8BJ

Tel: 01256328329
Website: www.salutemhealthcareltd.com

Date of inspection visit:
06 August 2021
27 August 2021

Date of publication:
25 October 2021

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

Roman House is a care home supporting up to eight people with a learning disability or autism spectrum disorder who may also have a physical disability. At the time of the inspection there were seven people living at the service.

The home is made up of two four-bedroom bungalows which were purpose built. Each bungalow had four en suite bedrooms and a shared kitchen and living room and were fully wheelchair accessible.

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

People were safe from abuse and other risks of avoidable harm. The service was clean and managed medicines safely. Staff and people told us they could report if something went wrong and felt any incidents or allegations would be taken seriously.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were the underpinning principles of Right support, right care, right culture. People were supported in the way they wanted, respecting their human rights and enabling them to live a life like anyone else. People were empowered to take control of their own health and wellbeing and were supported to be as independent as they wished.

Staff were caring and treated people with kindness and compassion. People told us the staff were nice and they liked living in their home. People had hobbies which interested them and could access local amenities. People had been supported through the pandemic to adapt their routines and maintain contact with their loved ones.

Some staff felt the service was not consistently well-led and that the registered manager was not always approachable or available due to other responsibilities outside the service. Where some tasks were done by a different team or were delegated, there was not always good oversight by the registered manager that tasks had been completed to required standards.

Staff and people told us they felt able to raise concerns and complaints were well managed. People could

say what they wanted from the service and from staff and were consistently asked for their views. Staff and the registered manager were keen to keep improving the service.

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 4 September 2019) and there were multiple breaches 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

This was a planned inspection based on the previous rating to follow up on breaches of regulation and ensure the provider had made the required improvements.

Follow up

We will continue to monitor information we receive about the service to until we return to visit as per our 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 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.

Roman 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

This inspection was carried out by one inspector.

Service and service type

Roman 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service, including events the provider must tell us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, a team leader and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 the last inspection we found risks to people's health, safety and wellbeing were not always managed appropriately or acted upon. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- People's risks were assessed and there were clear management plans in place which were least restrictive of people's rights. Staff had considered a wide range of risks to people's health, safety and wellbeing and care plans included information on how to minimise these risks.
- At the last inspection, risks related health and safety risks in the home were not appropriately managed. Since the last inspection there had been improvements made. There were now robust systems to monitor and manage risks related to fire, the premises and equipment and legionella risks.

Preventing and controlling infection

At the last inspection we found the service was not clean. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- At the last inspection the home was visibly dirty. At this inspection we found the service was clean and infection control risks related to COVID-19 were well managed. We identified the staff bathroom required more regular cleaning, however this did not pose a risk to people using the service.
- 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 personal protective equipment (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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

- On the inspection there were enough staff to keep people safe and meet their needs. Some staff told us that staffing levels at the weekend were "often" low and this made it difficult to do activities or take people out if they wanted to go. The registered manager acknowledged recent staffing sickness challenges, and regular agency staff were used appropriately to ensure there were enough staff to keep people safe.
- The provider had measures in place to reduce risks to people from recruiting staff who were not suitable, however not all documents related to their recruitment were maintained. We raised this with the registered manager who agreed to ensure the provider's recruitment team took appropriate action.

Using medicines safely

- Medicines were stored and administered appropriately. Staff understood how to explain medications to people and gain their consent.
- Care plans and protocols for 'as needed' (PRN) medications were in place. Where PRN medicines were used for one person's behaviours, there were clear protocols in place and staff described that this was used as a last resort, and the person was asked if he wanted to take it to help his mood
- Some people self-administered their medicines; this was risk assessed and supported where possible. There were appropriate stock checks and checks for errors. Staff had training and their competencies assessed..

Learning lessons when things go wrong

- Staff told us they knew how to report incidents and had feedback of improvements made. They told us they discussed incidents, such as any behaviour related incidents, and talked about what went well and what didn't so that they could learn and improve.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate policies and procedures in place to protect people from abuse. Staff had a good awareness of safeguarding, types and signs of abuse and how to report it. Staff told us they felt confident they could report any concerns and these would be taken seriously.

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 this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection we found the premises were not suitable for the purpose for which they were being used, they were not adapted or accessible for people's needs and impacted people's independence. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- Since the last inspection the provider closed one building and reduced the number of people they supported from up to 23 people to up to eight people. The remaining bungalow buildings were appropriate to meet people's needs and enable them to be as independent as possible.
- People were able to choose how to decorate their rooms and were involved in choosing the décor of shared spaces. The service had worked to make the environment more homely. There were garden spaces which were accessible and people could spend time where they shared spaces.
- We identified the service would benefit from reviewing means to reduce noise for people with noise sensitivity, such as cupboard doors banging and noise transmission from bedrooms. The registered manager agreed to review this as part of the service improvement plan.

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

- People's physical, mental health and social needs were assessed. Evidence-based tools and best practice was followed to assess and plan care which met people's needs.
- People were supported to ensure they were not discriminated against when making decisions about their care and support.

Staff support: induction, training, skills and experience

- Staff had a good understanding of people's needs. Staff had training and experience relevant to their role. Staff said the training was good and was accessible to them, with online and some face-to-face, outside of the pandemic restrictions. There were appropriate inductions for staff, including agency workers.
- Staff had different areas of interest and expertise and used this to support others, such as with behaviours or safeguarding. Staff fed back that supervisions and appraisals had not been as regular recently, but felt supported by their colleagues and team leads.

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

- People were supported to eat and drink enough and have a balanced diet. We saw people offered choices of food and drink and food was prepared in line with their needs and preferences, for example pureed, and presented in an appetising way.
- Mealtimes were calm and not rushed. We fed back, and staff told us, it would be helpful for one person's eating and drinking plan to incorporate the professional dietary guidance booklet in their records and that training in that person's long term condition would benefit them. The registered manager took this on board and agreed to work with the professionals to create a more detailed care plan.

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

- People had hospital passports and health action plans in place which supported them to access health services.
- The service ensured people had access to the dentist and optician and health promotion and monitoring, such as cancer screening or vaccinations. We saw people's health needs were considered and any changes were escalated to their GP or other healthcare services in a timely way.

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.

- Staff had a good understanding of mental capacity. They understood some people's capacity varied and how to assess it.
- People's capacity had been assessed, where appropriate, for specific decisions related to their care. Where decisions had been made for people, it was evidenced they were made in their best interests and involved them and those important to them.

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.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff spoke with people in a compassionate and caring way. Staff were quick to identify people's emotional distress or pain and respond appropriately. People told us that staff were "nice" and "very good".
- Staff spoke with people as equals and in a respectful manner. Most staff knew people well as they had been working with them for some time. Newer staff were getting to know people, their personalities and personal histories.

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

- People were supported to make decisions for themselves wherever possible. People told us about their interests, what food they liked and how they decorated their rooms. People said they could choose what they wanted to do or eat and drink, and told us how staff supported them.
- We could see staff asking people their views and opinions, giving them time and answering any questions they had. Staff used gestures and objects to support people to make choices, and had other means of communication, such as social stories or easy to read information, to help people make decisions.
- People had advocates, where appropriate, to support them. People's families and those important to them were involved in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted dignity and maintained people's privacy. Staff did not talk about people in front of others and were aware of maintaining confidentiality.
- People's independence was promoted, people were supported to do things for themselves where possible. This was not always clearly planned for in people's care records of how people were supported in the long term to build life skills to develop their independence.
- People had goals and aspirations, these had been explored with staff, though we suggested these be revisited as pandemic restrictions ease. The registered manager took this feedback on board and agreed to take action.

Is the service responsive?

Our findings

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

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's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last inspection we found people did not always have access to meaningful activity and people were not always supported to develop life skills to meet their needs and ambitions. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- People were supported to do activities which interested them, and maintain hobbies. We saw staff doing activities with people and talking with them about their interests. People could go out, usually when they wanted to, but sometimes trips had to be planned ahead based on staffing if they needed support.
- Some staff had more interest in planning and coming up with activities and had come up with new activities at home where pandemic restrictions had affected people's usual routines. Some staff felt that it was difficult to do activities when staffing levels were low as you get "pulled in different directions" and couldn't always give people their full attention. The registered manager acknowledged recent staffing challenges and was working to stabilise the workforce.
- People were supported to use technology, such as zoom or skype, to keep in touch with people important to them.

End of life care and support

At the last inspection we found people's wishes around their end of life care were not always reflected in their support plans. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made and the provider was no longer in breach of this regulation.

- No one at the service was receiving end of life care at the time of the inspection. The service had introduced the "Shadow" tool to identify when people might be moving towards the end of their life.
- The service had started conversations about some people's wishes for their end of life choices or choices after death, however this could be built upon by in line with best practice for advanced care planning. The

registered manager agreed this was an area they were developing.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were individualised and reflected people's individual interests and needs. Staff treated each person as an individual. People could choose how they were supported and had could plan their day.
- It was clear staff saw their role was to support people to live the life they chose and to enable them to have choice and control in all aspects of their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood how to best communicate information to people in a way they could understand and the provider and registered manager had produced information for people in easy to read formats.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints policy in place. Where complaints had been received, these had been investigated and responded to appropriately, including in an easy to read format.
- It was clear people felt comfortable to make a complaint should they wish to and there was a good example of a response which was compassionately written.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection we found records were not always available to the inspection team. Audits and quality checks had not identified issues highlighted on the inspection and clear actions were not always in place or followed up. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- The provider had made improvements to the oversight within the home. There were improvements in recording and in carrying out audits and actions in response to quality issues identified.
- There was a clear governance framework in place with audits to review the quality of the service. Records were largely up to date, consistent and accurate. Information was available to staff where they needed it.
- We identified some areas where some improvements were still needed to ensure quality and performance management was consistently good. Some tasks, such as recruitment checks, which were undertaken by a different team or which were delegated, were not always properly overseen by the registered manager. This increased the risk of quality or safety issues being missed or not acted upon in a timely way.
- Formal staff supervisions had been less consistent in the months prior to the inspection and staff told us they did not always get formal supervision to review their performance and identify what support they needed.

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

- There were mixed comments from staff about the culture in the home. All staff we spoke with were passionate about their job and about providing high quality care to people. Staff felt there was an open culture in the home, however some spoke of a lack of consistency in role modelling professional behaviour and the service sometimes being "staff-led" not always "well-led".
- The registered manager had taken on an additional role for part of their time supporting other services. Staff acknowledged the demands on the registered manager but felt this had impacted the service and did not always feel the registered manager was approachable and the support they received varied. One staff

member told us, "When [registered manager] is good she is really good, but sometimes it is really hard and you just don't know what you are going to get". The registered manager took on board this feedback.

- All staff said that there was never inappropriate or unprofessional behaviour in front of people living at the service. Staff spoke positively of the team leads and, though they acknowledged there was sometimes gossip or issues with some staff, these never escalated and were addressed where needed.

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

- The registered manager understood duty of candour and how to ensure they met the requirements to be open, to apologise and tell people when things went wrong.

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

- People's views about the service and their care were regularly sought. People and staff were asked for ideas to improve the service. People told us they could tell the staff if they wanted to do anything different or didn't like something.
- The service maintained good relationships with people's families to keep them up to date.

Continuous learning and improving care

- The service had made considerable improvements since the last inspection, including ensuring there was stable leadership, a stable staff team with good training in place. There was more consistency of support for people and the service had sought increased support hours for people where this was needed.
- There were some areas for further development and the staff team and registered manager were keen to keep making improvements to the service to provide quality care.

Working in partnership with others

- The service worked with other agencies to ensure people have their support needs met. Information is communicated openly with relevant parties, where appropriate.