

## Scope

# Roman House

### Inspection report

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22 August 2017

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## Ratings

### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Inadequate</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Requires Improvement</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 14, 15 and 22 August 2017.

Roman House is a service which provides residential care for up to 26 adults with a range of needs including younger and older adults with mild to moderate learning disabilities. Care is provided to people who also live with additional health conditions such as diabetes, epilepsy, sensory loss and cerebral palsy. Roman House (also to be referred to as the 'the home' throughout the report) comprises two four bedroomed bungalows and a larger building which has additional living accommodation with communal areas such as sensory room, dining room and lounge area. The bungalows and the main building have gardens with a number of seating and shaded areas to enable people to enjoy the outside space. The home is in a residential setting on the outskirts of Basingstoke. At the time of the inspection 19 people were using the service.

Care was provided by support workers who will be referred to as staff throughout this report.

Roman House did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager left the home seven weeks prior to the inspection. Managerial support was being provided by a manager from another service, the home's team leader, the provider's area manager and quality team.

People using the service told us they felt safe. Staff understood and followed guidance to enable them to recognise and address any safeguarding concerns about people. However people's safety was not always promoted as risks which may cause them harm had not been identified. Guidance had not always been provided to staff to help them manage these risks appropriately for people.

People were not supported by sufficient numbers of staff to meet their needs. The provider was unable to show they regularly reviewed staffing levels to ensure sufficient staff were deployed to meet people's changing needs. People had to wait to receive care and those people receiving individualised care from one member of staff were not always accompanied to ensure they remained safe from risk of harm.

People did not always receive their medicines safely. Staff responsible for managing medicines had not received the appropriate training and competency assessments to ensure their suitability for the role. Medicines were not always stored, administered and documented appropriately.

People were not always supported by staff who received appropriate training enabling them to meet people's individual needs. Staff had not received regular supervision to ensure they felt supported and able to perform effectively in their role.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. However, the policies and systems in place did not always support this practice. It had not always been clearly documented where people lacked the capacity to make specific decisions for themselves that actions taken on their behalf were always in their best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards which apply to care homes. The manager showed an understanding of what constituted a deprivation of a person's liberty however had been required to submit any applications since starting work at the home. Previously submitted applications however had not been correctly completed to ensure people were not being deprived of their liberty without appropriate legal authority.

People told us they were able to choose their meals and were offered alternative meal choices where required. People's food and drink preferences were documented in their care plans and were understood by staff.

The provider's values and people's rights whilst receiving care were documented in people's care plans. However, staff did not always understand these and we could not see these standards were always followed in the way care was delivered.

Most people told us care was delivered by caring staff who sought to meet their needs and ensure they were happy. We saw that people had friendly and relaxed relationships with staff who would stop and speak with them as they moved around the home. However, we did not see that people's privacy and dignity was always respected and promoted by staff.

People's care plans and risk assessments were not regularly reviewed to ensure they remained accurate to enable staff to effectively meet people's needs. Care plans and risk assessments did not always contain the detailed information to assist staff to provide care in a manner that respected each person's individual requirements.

People knew how to complain and told us they would do so if required. Procedures were in place for the registered manager to monitor, investigate and respond to complaints. However, it was not shown these complaints were used as a way to drive the improvement in the quality of the service people received.

The manager wished to promote a culture which focused on being positive, open and honest. However, changes in the management structure of the home, uncertainty and lack of communication regarding a new provider takeover had impacted on the morale and overall positive atmosphere of the home. The manager was in the process of providing positive leadership to ensure the quality of the service people received would improve and was enthusiastic about people receiving care and support that helped them live happy, independent and fulfilled lives.

Quality assurance processes were not always effectively completed to ensure that people, staff and relatives could provide feedback on the quality of the service provided.

Where concerns had been effectively identified by the provider we saw immediate action was being taken to address the shortfalls identified to ensure people received the care they required.

Recruitment procedures were fully completed to ensure people were protected from the employment of unsuitable staff.

People's health needs were met as the staff and registered manager promptly engaged with other healthcare agencies and professionals to ensure people's identified healthcare needs were met and to maintain people's safety and welfare.

The previous registered manager had informed the CQC of notifiable incidents which occurred at the service allowing the CQC to monitor that appropriate action was taken to keep people safe.

At this inspection we found eight breaches of five Regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to take at the end of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Risks to people had been identified. However, recorded guidance had not always been provided for staff to ensure people's needs were managed safely.

People were not supported by sufficient numbers of staff to meet their needs in a timely fashion. People receiving individualised care from staff did not always receive this, placing them and other people at risk of harm.

Medicines were not managed safely. Staff had not always received the training appropriate to their role to ensure medicines were stored, administered, documented and disposed of safely. Their competency to complete this role was not regularly reviewed and people were not always receiving their medicines as prescribed.

People were safeguarded from the risk of abuse. Staff understood how to protect people from abuse and knew how to report any concerns.

There was a robust recruitment process in place to ensure staff had undergone thorough and relevant pre-employment checks prior to commencing their role.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

The manager had not ensured that consent had been obtained from people with all aspects of their care which included consent to receive care at Roman House and for senior staff to manage people's finances.

People were supported by staff who were not always able to discuss the principles of the Mental Capacity Act 2005. However, most demonstrated a detailed awareness of how to enable and support people to make choices in their daily lives.

People were not supported by staff who had always completed a

nationally recognised induction process to ensure they had the skills and knowledge required to meet people's needs in an effective way.

People were encouraged to participate in mealtimes to ensure they ate and drank sufficient to maintain their health and wellbeing.

### **Is the service caring?**

The service was not always caring.

People did not always receive care which was respectful of their right to privacy and maintained their dignity at all times.

Most staff were kind and caring in their approach with people, supporting them in a kind and sensitive manner.

Staff had an understanding of people and had developed companionable and friendly relationships with them.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

People's needs had been appropriately assessed. However, people's care plans and risk assessments were not reviewed on a regular basis to ensure they remained appropriate to meet people's needs.

People were encouraged to make choices about their care which included when they wished to receive support, have their meals and how they wished to spend their time at the service.

There were processes in place to enable people to raise any issues or concerns they had about the service. Most issues, when raised, had been responded to in an appropriate and timely manner in accordance with the provider's complaint policy.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

The home did not have a registered manager.

The manager at the time of the inspection wished to promote a positive, open and honest culture however due to recent staff, managerial and future provider changes not all staff felt they were able to be open and honest with management of the home.

**Requires Improvement** ●

Staff did not always feel supported by the manager. Recent changes at the home had unsettled staff and not all felt they could seek additional support from the managerial team when required.

The provider had not ensured that regular monitoring of the quality of the service people received had been effective when issues had been identified. However recent auditing work at the home identified the same issues raised during this inspection and work had already commenced on rectifying the shortfalls in service provision.

# Roman House

## Detailed findings

### Background to this 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 was planned to check 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.

This inspection took place on the 14, 15 and 22 August 2017 and was unannounced. The inspection was conducted by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service: on this occasion they had experience of family members who had received care. The Expert by Experience spoke with people using the service.

Before our inspection we looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also reviewed the Provider Information Return (PIR) which was completed prior to the inspection. A PIR is a form which asks the provider to give some key information about the service, what the service does well, and what improvements they plan to make. We also spoke with the local authority's learning disabilities team about their observations from visits completed shortly before this inspection.

During the inspection we spoke with five people, nine members of staff, the interim manager, team leader and the provider's area manager. We reviewed records relating to nine people's care and support such as their care plans and risk assessments, three of the same people's daily records of care from the 1 August 2017 to 14 August 2017 and 19 medicine administration records. We also looked at five staff recruitment files, staff training records, seven staff supervision and appraisal records, staff rotas for the dates 31 July to 14 August 2017, policies and procedures relating to the running of the service and maintenance records. During the inspection we spent time observing staff interactions with people including three meal time sittings.

Following the inspection we were sent additional information by the provider which included copies of accident and incident forms, staff training records and quality assurance audits. We also spoke with the provider's director.



Not all people were able to tell us about their experiences due to their complex needs, therefore we used other methods to help us understand their experiences. This included observing interactions between people and staff in public areas of the home.

The home was last inspected in July 2015 where no concerns were identified.

## Is the service safe?

### Our findings

People we spoke with told us they felt safe living at the home. However, most said they felt there was not enough staff available to meet their needs at the time they required. One person told us, "The worse times are at the weekend," another person said, "Sometimes, [there's not enough staff], I have to wait a long time for support and then it can be rushed." We found people were not always kept safe whilst living at Roman House.

People were not supported by sufficient numbers of staff to be able to meet their needs safely. People told us they believed there were insufficient numbers of staff deployed in order to provide care. One person told us, "It's worse when they are short in the main house, when that happens staff are taken from the bungalows." Another person told us, "If a person goes out for the day, they do not cover the staff that go with them."

The home's business continuity plan identified the minimum levels of staff required to be working at the home in order to meet people's needs safely. These figures consisted of seven staff in the day and three staff working at night. The home was frequently working with these minimum numbers of staff required and on occasions below this required number. Records showed there were six or seven support staff on duty during the day and two or three waking staff at night plus one 'sleeping' staff member. This sleeping staff member could be called upon if required to support people. The home also provided staff with an on-call management rota to support staff by providing out of hours guidance.

The staff numbers deployed on the rotas did not match with the information provided by staff who stated, independently, that staff numbers were lower than this documented figure due to sickness and absences. One member of staff said, "No there aren't [enough staff], there should be at least seven staff on duty but I have worked when there can be just five at weekends." This was directly impacting on people when they required assistance. One person told us, "Sometimes staff don't turn up when I call for help and I have to go and look for them." Call bell response times were noted and during quieter periods over the night time period call bells were answered promptly. However, there had been occasions where it had taken over 40 minutes and an hour to meet one person's needs after they had requested assistance. This meant people's needs were not always met and they did not always receive the care they required at the time they needed it.

The home was regularly deploying agency staff to support existing staff at the time of the inspection owing to staff recruitment difficulties. For example, for one weekend period viewed, four agency staff were deployed in the morning and six agency staff were deployed in the afternoon. The following day, five members of agency staff were deployed in the morning and four agency staff were deployed in the afternoon. Recruitment and interviewing was ongoing at the time of the inspection to recruit more permanent members of staff. When used the same agency staff were deployed to ensure continuity of care for people living at the home however, these staff did not always receive a detailed induction into people living at the home. This meant that agency staff were not always aware of people's communication and health needs which would allow them to ensure people's individual needs were met. One person told staff

they had refused care from agency staff one weekend because they felt agency staff were not aware of how they communicated. As a result they had suffered a breakdown in their skin integrity which required additional district nursing care.

Staff in the home were responsible for delivering care, cleaning the property and preparing and serving meals in the home. This meant that on occasions people were not receiving the interaction they needed and would have to wait to receive care. For example, some people living at the home required one to one care or two to one support whilst living in the service and whilst being supported in the community. This meant their support and care needs were such that they were a risk to themselves and others if they were not accompanied by suitable numbers of staff. Staff told us that there were insufficient staff to always provide the one to one care people required. One member of staff told us, "It's a big risk here...we have some on one to ones and there aren't enough staff to keep an eye on them." Another member of staff said, "I don't feel it's safe, there have been loads of times where the person doing the one to one has been called away to give care to someone else, anything could happen."

We saw on a number of occasions throughout the inspection that people due to receive one to one care were not always receiving this as required. This placed themselves and other people at risk of harm or from an increase in behaviour which can challenge the home or from absconding from the home. For example, a person due to receive one to one care was moving around the dining area which had open double doors and access to the rear garden. This was not a secure rear garden and afforded access to a residential area and a busy main road. This person had legal authorities in place to keep them safe which prevented them from leaving the home unaccompanied. However, this person was left unsupported which placed them at risk of harm.

The provider was aware of the serious concerns raised by staff and people regarding the levels of staff available to meet people's needs. Before the inspection they had begun to review the staff team numbers to ensure suitable numbers of staff were deployed. As a result of feedback provided through the inspection the provider took immediate action to deploy additional staff. On the last day of the inspection it was identified that an additional member of staff had been deployed to ensure eight members of staff were deployed morning and afternoon with the addition of another staff member to cover the busy peak periods in the middle of the day. Whilst staff were responsible for preparing the lunch time meal the provider had deployed an additional staff member to prepare the evening meal. The home was also deploying a chef on Sundays to ensure staff were not removed from their care duties.

However, on the last day of the inspection despite the deployment of additional staff it was identified that three people who should be receiving one to one care were again left for periods of time unsupported in a communal area whilst staff carried out kitchen tasks.

The provider had not ensured that suitable numbers of staff were deployed in order to be able to meet people's care needs in a timely fashion and ensure that one to one care was delivered where required. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People were not always protected by the prevention and control of infection. Under the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections, the provider is required to, 'Demonstrate systems to manage and monitor the prevention and control of infection. They are required to provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections'. There was a lack of effective cleaning practices throughout the home. Carpets were sometimes dirty, floors were not always clean and doorways and walls were damaged which meant they could not be cleaned effectively. We found bathrooms to not always be clean with soiled seat

raisers and toilet brushes. People's wheelchairs were found to be unclean with dirt and powder ingrained in the fabric indicating they were not cleaned regularly to prevent people being at risk of acquiring an infection. In the visitors and staff toilet as well as the kitchen hand soap was not always available to use and only antibacterial hand gel was available for staff. This was brought to the manager's attention and on the last day of inspection hand soap had been made available in these areas. We saw three broken toilet seats in the communal facilities which could not be cleaned properly as a result of this damage.

We saw one person eating their meal before they asked for additional condiments from staff who were in the kitchen. The responding member of staff took the piece of cutlery the person had been using and placed this in a shared jar of condiment before returning to the person. Staff said they were unable to clean the home due to the shortness of staff and prioritising people's care over maintaining the environment. The lack of appropriate cleaning and safe working practices placed people at the risk of acquiring an infection which would have a negative impact on their physical wellbeing.

There was no designated infection control lead, which has been identified as a requirement in the Code of Practice (Health and Social Care Act 2008). The role of the infection control lead involves identifying the risks to people and staff from infection and taking responsibility for implementing and monitoring actions to manage those risks. The infection control lead must be appropriately trained to carry out the role. This meant there was no one in the home responsible for identifying infection control risks and ensuring those risks were managed. The provider did not carry out infection control audits in order to assess and monitor the effectiveness of infection control processes and ensure improvements were made. Whilst health and safety checks were documented to occur daily there was no evidence to identify this was routinely occurring. We also observed Control of Substances Hazardous to Health items such as cleaning products in unlocked laundry areas which represented a risk to people who may not have realised the dangerous nature of these products.

The provider had not taken appropriate action to ensure that safe and effective control measures were in place to prevent the risk of people acquiring an infection. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At the time of the inspection the provider had already sought quotes from external companies to request an industrial deep clean of the home. The manager explained this would support staff to maintain clean and effective working practices and minimise the risk to people's wellbeing from communicable diseases. Infection control training had been arranged for all staff and an infection control audit tool was to be implemented in Roman House from another of the provider's homes to allow staff to effectively monitor progress and compliance with appropriate infection control practices. By the last day of the inspection the home had already begun advertising for a housekeeper role which would be an additional position to support existing staff and ensure cleaning work was conducted effectively and thoroughly.

People's medicines were not always managed safely. More than half (56%) of staff had not received training in medicines management. The provider could not evidence trained staff were subject to regular competency assessments to ensure they could manage and administer people's medicines safely. The provider's medicines policy also did not contain specific guidance on the management of covert medication, self-medication, controlled drugs or medicines given as required.

We found evidence that staff were not giving medicines as they had been prescribed. For example, we noted two people had been prescribed medicines to be taken at certain times. Staff had hand written 'PRN' on MAR charts and were giving those medicines at their discretion. If the person's GP had authorised this, there should have been written evidence of this in MAR charts, which should have been amended by the

dispensing pharmacist to reflect this. However, guidance to identify why these medicines were PRN and how they were to be managed safely were not available in the MAR charts. As such there was a risk that people would not receive their medicines as prescribed.

People's medicines administration records (MARS) did not show that people always received their medicines as prescribed. Our examination of MAR charts revealed gaps in these records. For one person their MAR chart was blank for all medicines over a three day period. This had not resulted in the person suffering from an adverse medical incident. However, there was a risk this could have occurred.

We looked at how medicines were administered on an 'as needed' basis (PRN) were managed. This was not done in an effective manner. PRN protocols, where written, did not contain all the required information outlining why, when and how these medicines should be given. This information was available from a number of other sources, including care plans, however this was not systematic or readily accessible to staff giving medicines. This placed people at risk of not receiving the medicines they required at the time needed to maintain their health and wellbeing. This was particularly relevant as one staff member told us, "I don't know what half the drugs are for." The information provided in people's care plans regarding the administration of their medicines did not always match the information provided to healthcare professionals when they were away from the home. For example, one person was identified in their care plan to receive their medicines at identified times of the day; this was required to ensure they did not suffer any ill effects from their medical condition. However, this information did not match the guidance provided in this person's hospital grab sheet which contained key details and would accompany the person to hospital or whilst in the care of other healthcare professionals. There was a risk that this person would not receive their medicines as required causing an ill effect to their emotional and physical wellbeing.

Medicines were kept in people's rooms in lockable cupboards rather than stored centrally in a medicines trolley. Staff told us they were not satisfied with this arrangement. One member of staff told us, "It's supposed to be person centred but it isn't. Quite often, we have to drag people back to their rooms to give them their meds. And it's not safe either because they might want to talk to you or something could happen whilst you're there. It can be hard to concentrate and the number of mistakes has gone up. When you were in the meds room or using the trolley you can concentrate better." Nobody living in the home managed their medicines independently which meant the provider was responsible for ensuring medicines were stored at a temperature which enabled them to remain effective. High temperatures can impact on the effectiveness of the medicines people received. There were no temperature control measures in place to ensure medicines were being stored at an appropriate temperature in people's rooms.

Staff were also concerned at the length of time taken to administer medicines. One staff member said, "It takes a lot longer now, up to two hours in the morning when it used to be one. Some people might not get their 8am medicines until 10am and because the lunchtime round is much shorter, they could get that dose earlier than they should, especially if a different staff member is doing it." For some medicines, such as those used in the management of epilepsy, it is important that medicines are administered at the regularly identified times by the prescriber. This is required to ensure that risks to their health and wellbeing are managed appropriately to prevent them from suffering an adverse incident. Therefore it is necessary that medicines are provided at regular time periods with sufficient time between each dosage to ensure safe administration.

The provider had not always ensured that medicines were stored, managed and administered in accordance with best practice following prescriber's guidance. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

A number of issues relating to medicines management identified during the inspection had been identified during the provider's medicines audit of the home completed in June 2017. As a result work had already begun to review staff member's competencies to manage medicines, some of which had been viewed. The provider was also ensuring all persons living at the home were to receive a medicines review with their GP to identify if those medicines prescribed still met their needs and to document which medicines were agreed by the GP to be used on an as required basis.

We found medicines were labelled with directions for use and contained both the expiry date and the date of opening. Topical medicines such as creams, dressings and lotions protect people's skin from the risk of pressure ulcers. These were labelled with the name of the person who used them, signed for on MAR charts when administered and safely stored.

People were protected from abuse and avoidable harm. Staff training records did not show that all staff had received up to date safeguarding training. However, staff we spoke with were able to identify the actions and behaviours which would constitute abuse and provided examples of the types of abuse people could experience. Staff were able to describe physical and emotional symptoms people who were unable to verbally communicate could exhibit if suffering from abuse. The provider's policy provided guidance for staff on how and where to raise a safeguarding alert. This information was also readily displayed in staff areas for their awareness. Staff understood their responsibilities when reporting safeguarding concerns which included to the local Adult Services Safeguarding Team. When required, safeguarding alerts were completed fully and referrals made in a timely fashion as necessary. When safeguarding incidents had occurred these were investigated thoroughly and the appropriate actions taken to ensure risks of people suffering future abuse were minimised.

Risks to people's health and wellbeing were identified however, guidance was not always provided to mitigate the risk of harm to them and other people. People's care plans included their assessed areas of risk. These included risks associated with people's health conditions such as diabetes and epilepsy, and risks regarding people's behaviours which may challenge staff and others. However, these risks were not always documented clearly and staff were not always aware of how to manage these safely.

For example, some people using the service were at risk of exhibiting negative verbal and physical behaviour. Not all of these people's care plans provided clear guidance for staff about how to assist them safely and minimise the risk of them, staff and other people experiencing an adverse incident. Staff told us and records showed they had not received training in managing behaviour which could physically challenge and did not feel able to manage these behaviours safely. Staff told us they had concerns for the safety of other people living in the home due to the nature of the behaviours which could be exhibited. One member of staff told us, "People are afraid of X, they won't come out of their rooms because of them. They have their meals in their rooms, it's a shame really."

For other risks, such as moving and handling needs, risks associated with eating and eating and drinking for example, we observed staff assisting people in a manner which ensured their safety. The provider was aware of the need for the care plans to be updated fully and this work had already begun at the time of the inspection. More time was needed to ensure this work was completed for all people and for the required action to be embedded in staff working practices.

Robust recruitment procedures ensured people were assisted by staff who were of suitable character. Staff had undergone detailed recruitment checks as part of their application process and these were documented. These records included evidence of good conduct from previous employers and included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and

helps prevent the employment of staff who may be unsuitable to work with people who use care services. People were kept safe as they were assisted by staff who had been assessed as suitable for the role.

## Is the service effective?

### Our findings

Most people we spoke with told us they felt that staff had the right training and experience to be able to meet their needs. A recently completed 'Customer Voice' questionnaire had identified that six of the seven respondents felt they were provided with the support they required to make decisions enabling them to be in control of their lives.

However, the provider could not show they complied with the requirements of the Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards.

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 were being met. The manager showed an understanding of the Deprivation of Liberty Safeguards. However, they had not been required to submit any such applications since joining the service. Not all staff were not able to clearly identify the principles of the MCA however, all demonstrated they complied effectively with the MCA by offering people choices with their day to day care. Most were able to discuss the implications of the Deprivation of Liberty Safeguards on the care people received.

However, the provider had not ensured that, where required, people were assessed to determine whether they had the capacity to make key decisions about their care. The provider could not show that when required best interests decisions were made in conjunction with people close to the person deemed to no longer have capacity.

Some people living at the home were being deprived of their liberty. This meant they were unable to leave the home without being supported continuously by staff. These applications had not always been discussed with relevant persons and documented fully as being in their best interests. This meant people were at risk of having their liberty deprived unlawfully as the appropriate processes to ensure this action was necessary, proportionate and in the person's best interest had not been followed.

For other people who were identified as not having the capacity to agree to live at the home the provider was unable to evidence that MCA assessments had been completed to identify whether they were able to consent to their care, were able to agree to being supported with their finances or agree to receiving support with their medication. This meant that people were at risk of receiving care which was not always discussed with relevant persons to ensure it was in their best interests.



The provider had not complied with the requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Prior to the inspection the provider had already started rewriting people's care plans and part of this process was to involve the reviewing of people's capacity to consent to all aspects of their care. Immediately after the inspection one person had been reviewed, at the provider's request, by the Community Mental Health Team to ensure they were able to make a decision regarding their medication. This work had begun at the time of the inspection and the provider was seeking to ensure compliance by purchasing an online capacity assessment tool which would support people when assessing their ability to provide consent.

People were assisted by staff who had not always received a thorough and effective induction into their role. Staff induction included a period of shadowing to ensure they were competent and confident before supporting people. Shadowing is where new staff are partnered with an experienced member of staff as they perform their job. This allows new staff to see what is expected of them. Staff were able to request additional staff shadowing until they were confident to perform their role effectively.

However, not all agency staff received an effective induction which provided them with the knowledge and information required in order to meet people's needs effectively. The provider's policies and procedures outlined staff responsibilities concerning induction for staff, including a familiarisation tour and 'shadowing' senior staff. However, agency staff did not have time to read people's care plans before providing care. One member of agency staff told us, "I was told to have a mooch around. I got no induction at all. I was caring for people on my own on the first day. I just had to get on with it." Another member of agency staff said, "I didn't have one, I walked in said...I'm from an agency and they said we're going to put you in the bungalow so someone took me down there." This meant people were at risk of receiving care from staff who did not know their individual needs and preferences for care.

In response to feedback provided by the last day of the inspection the manager had rewritten the 'Agency Workers Induction Roman House' checklist. This included a list of the familiarisation tasks the agency member of staff would have to complete in order to work at the home which would be signed off when agreed. This included being introduced to the people they would be responsible for supporting during their time at the home, being made aware of the managerial support available and reading people's emergency information sheets and care plans which were made available to them.

Staff did not always receive the training they required in order to provide them with the knowledge and confidence to meet people's individual needs. We identified that there was an overall completion rate of only 20% of staff in all areas of training provided. These training subjects included; infection control, health and safety, moving and handling, safeguarding, and dignity and respect. None of the staff at the home had completed training in diet and nutrition however, were responsible for providing all meals to people living at the home. We received mixed feedback from staff regarding the training they received. One member of staff told us of the training, "The training is absolutely brilliant...I've had loads and loads of training." They told us they had been supported by the provider to seek additional training to support them in their role. However, another member of staff said they had not received specific training to manage a persons' diabetes, saying, "(I've) Read the care plan but had no training."

We noted that staff had not always received specific training relevant to the care needs of the people they were supporting. There was no training offered in relation to managing behaviour which could physically challenge, epilepsy and diabetes. Staff told us they did not feel confident managing behaviours which could challenge with one member of staff telling us, "I've never been trained with challenging behaviour and I don't like violence." This placed people receiving support as well as staff at risk of suffering an adverse

incident.

We noted one person had a percutaneous endoscopic gastrostomy (PEG) in place. PEGs involve placement of a tube through the abdominal wall and into the stomach through which nutritional liquids and medicines can be infused, when taking in food and drink orally was limited or no longer possible.

There was an enteral feeding regime and management protocol in place. We spoke with one of the staff members managing this. They told us they had received no formal training; they were taught by the manager on one occasion. As a result staff said they were not confident in managing PEG feeds. We spoke with the manager who told us they had received some formal training themselves but could not tell us when; they stated "A long time ago." However, we could see this person was receiving their foods and fluids as required in order to maintain their health and wellbeing.

Despite not receiving training other staff were able to tell us how they would support those people living with epilepsy and identified these people's triggers, this is when it is more likely a particular situation or scenario would likely induce a seizure, and the correct action to manage their condition safely.

People were assisted by staff who had not always received guidance and support in their role. At the time of the inspection were no effective documented processes in place to supervise and appraise all staff to ensure they were meeting the requirements of their role. Supervisions and appraisals are processes which offer support, assurance and learning to help staff develop in their role. The provider's policy titled, 'Employee's Guide to the Performance, Development Process,' identified staff should receive a supervision at least every six weeks (or more regularly if specific needs or performance issues identified). Records showed only one member of staff had received supervision in January 2017. No other staff had received a supervision or appraisal since 2015. One member of staff told us, "I did have supervision last January but it was cut short and I haven't had one since, we were short on the floor so I left the office." Not all staff we spoke with said they could seek additional support and guidance from the team leader when required.

The provider had not ensured that staff received the required induction, training and support required to enable them to provide person centred care which met people's individual needs and preferences. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The provider was already aware of these concerns and before the inspection had started taking action to ensure staff received the required induction, training and support to enable them to provide safe and effective care. The manager was able to provide evidence which identified staff were due to complete all their mandatory training, refresher updates and additional training in diabetes, epilepsy and tissue viability care. This training was to start immediately following the inspection. The provider had also identified before the inspection that staff were not receiving their supervisions as planned. They were aware of the need to offer support to staff and an action plan had been put in place to start supervisions and appraisals shortly following the inspection.

People were asked if they liked the food which was prepared, they told us it depended on which member of staff was responsible for cooking that day. One person said, "They used to have a cook and the food was very good, now it is sometimes only good." Some people confirmed that they were involved in menu planning and all said they could request an alternative meal if they did not like what was planned. A recently completed 'Customer Voice' questionnaire had identified that of the respondents who were able to eat meals all had said they had a choice in the food and drink that they had.

The home's menu documented a choice of meals available to people at each meal sitting. However, this was

displayed within the main kitchen which was not immediately accessible for people to view. The manager said they were planning to introduce a menu board which would make clear what choices were available to people. Whilst the menu offered a choice of meals we could not see these choices were always offered. For breakfast the menu documented people were able to request a choice of cereals, fruits, yoghurts, eggs, bacon, toast or crumpets. During breakfast sittings people were asked what they would like but were offered a choice of cereals or toast only. People were not offered the alternative meal items available. At lunchtimes the menu documented people could receive a choice of soups, sandwiches, toasted sandwiches, egg on toast, beans on toast, salad with meat, fish, cheese or egg, Scotch egg, sausage roll or omelette. During the inspection the choice offered consisted of two types of sandwiches and a pork pie which did not match the choice available to them.

Staff told us they were unable to offer choice as the required food had not always been purchased. One member of staff told us, "The menu is a joke a lot of the stuff we need to make these meals is missing, there was no cooking oil today," another said, "We have people here with diabetes and chronic kidney failure, a lot of the staff, especially agency, have no idea how to manage it and what they (people) should eat, there's no training for staff either." Records showed only 51% of staff had completed food safety training and none had undertaken training in diet and nutrition.

Staff gave conflicting information regarding the food which was provided to people. One staff member told us, "It's a disgrace, since it's been taken over by management it's got worse and worse. There's not been access to buy food. Last Wednesday there was no lunch to give people, I rang the manager but we ended up giving people bread and samosas, that's it. A food shop arrived the next day but there's no system." However, handover records showed that people had received lunch that day but it had been delayed sitting. People's daily care records showed people had received a meal which consisted of salad, cream and fruit as well as sandwiches. The provider evidenced regular food shops were happening within the home and observations on the last day showed a stocked larder, freezers and a fridge with fresh fruit and vegetables available. On the last day of the inspection we saw staff offered people a range of food options which they knew met their personal preferences.

Specific and clear guidance was not always provided to staff on how to support people living with certain conditions, such as diabetes. Care plans for those living with diabetes did not contain information or guidance for staff on when a person was at risk of suffering a hyperglycaemic or hypoglycaemic episode. These can result when a person's blood glucose levels are too high or too low and can result in people suffering a severe medical episode, which if left untreated can cause a person to fall into a diabetic coma. District nurses supported those living at the home with diabetes who required medication to stabilise their condition. They visited twice a day and were responsible for checking people's blood glucose levels and administering the appropriate amount of insulin. However, there was a risk that staff would not always be able to recognise if due to deteriorating health or eating unsuitable food that people would be at risk of suffering such an episode. Not all staff were able to recognise the signs, symptoms and risks of a hyperglycaemic or hypoglycaemic episode. One member of staff was unable to identify how they would manage an adverse medical incident stating they would just read the person's care plan to seek the guidance required to manage the condition. However, this person's care plan did not contain the required information.

The provider had not taken appropriate action to ensure that risks to the health and safety of people receiving care had been appropriately documented providing staff with the guidance to manage people's health conditions. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

For other people such as those living with epilepsy we could see that guidance had been provided and was known by most staff on how to manage people's conditions. Care plans contained people's triggers which could induce a seizure, signs the person would display prior to, during and after a seizure and the action staff should take to ensure their physical and emotional wellbeing. The provider was in the process of rewriting the care plans and risk assessments at the time of the inspection and we saw these were more detailed in their completion. They were awaiting review with people with their newly allocated keyworker and would replace the previous information available for people.

All the people we spoke with said they were supported to see healthcare professionals whenever they wished. The provider evidenced people were supported to maintain good health and could access healthcare services when needed. Records showed that when required additional healthcare support from a range of external health and social care professionals such as dieticians, community nurses and occupational therapists was provided.

When issues or concerns had been raised about people's health, immediate suitable healthcare professional advice was sought, documented and communicated to staff. This enabled health plans to be followed and for people to receive the care they required to maintain good health. For example, where concerns had been raised regarding people's skin integrity they were supported to receive visits from the district nurses and supported to hospital appointments to ensure all appropriate action was taken to maintain their health and wellbeing.

## Is the service caring?

### Our findings

Most people felt that staff were kind and compassionate, one person said, "Staff are nice," another person told us the staff provided, "Good help." However, this was not a consistent view shared by all. One person told us, "If they [staff] are in a bad mood, they are not caring." Most staff were observed to be caring and interactions between staff and people were observed to be mainly positive. Most people displayed relaxed body language and happy facial expressions whilst interacting with staff and moving around the home.

Most people felt staff respected their privacy and asked their permission before delivering care. However this was not a view shared by all. One person told us, "They [staff] don't knock on the door, they just come in." Other people told us this also occasionally happened. During the inspection we saw staff knock and wait for a response and seek people's permission when supporting them in the shared areas of the home. A recently completed 'Customer Voice' questionnaire identified of the seven respondents all seven said they were treated with dignity and respect by staff.

However, we saw that people were not always supported in a way which maintained their dignity and respect. During the inspection a resident was supported to stand in the communal area of the home where other residents were present. As they were supported to stand their lower clothing fell to the floor exposing their underwear. The staff member assisting this person took immediate action to minimise this person's distress by lifting their clothing then suggested to the person they needed some braces. Once in the dining room they were supported to the table and a staff member placed a sandwich in front of them not informing them of what they were having for lunch. During the meal a hot and cold drink were placed in front of them, this person lived with vision loss and was not provided guidance from the staff member to what these drinks were and where they were in relation to them on the table. Another member of staff then moved these drinks further from this person's reach therefore making it impossible for them to know what drink was available and where they were. Another member of staff brought this person pudding a few minutes later and sat with the person ensuring their hands were guided to where their drinks were. This enabled the person to drink independently. This person's care plan stated they required the use of braces each day to manage their needs and wellbeing. After lunch we saw another member of staff had supported this person to wear braces. The team leader identified that the braces were no longer required and the person's care plan needed to be updated as they were wearing clothing that did not require braces however, we did not see this was the case.

During the second day of the inspection this person was in the lounge area of the home and was seen making attempts to stand. There were no staff present in the lounge to support them and their attempts to stand were noticed by another resident who tried to seek staff attention by making verbal gestures and attempting to point. When the person was able to stand from their reclining chair they suffered an episode of incontinence. The inspector had to seek support from staff to ensure this person's needs were met. As staff were already supporting other people another member of staff had to be brought to the lounge to assist this person. After standing whilst waiting for staff they sat in their chair once more and had to be supported to be taken to their room to have their needs met. The staff member was kind, considerate and respectful in their approach by the way they spoke to and reassured the person to allow them to receive

support. However, upon returning to the lounge the person was placed in the chair where they had sat with wet clothing. They were not asked to move for another 17 minutes before the staff member returned to clean the chair where the person had been sat and stood. This person did not always have the dignity and respect supported in a way which promoted their wellbeing.

Some people living in the home required support on a one to one basis, however, we saw on a number of occasions throughout the inspection where these people were left unsupported for short periods of time. One person due to receive one to one care was seen unaccompanied in a state of undress displaying signs of being distressed walking through the public areas of the home into the staff room on three occasions in a three minute period. A passing member of staff noticed this person's distress and returned them to their room.

People were not always supported to have their personal details kept confidential. In the main home people's care plans were locked securely in a cupboard in the staff office with key code access only. However, in one bungalow care plans were placed on the bookshelf in the communal lounge area with their daily notes lying on the lounge table available for all to view. Access to and from the bungalows was restricted to members of the public and people by means of a secure door entry system which would only allow staff or people living in the bungalow access. However, visitors to the bungalow as well as other people living in the home were able to access these documents. Care plans and risk assessments were not kept securely in each home to protect people's confidentiality.

The provider had not ensured staff took appropriate action to ensure people were treated with dignity and respect at all times. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At the time of the inspection only 3% of staff had received dignity and respect training however the provider had identified this training was lacking and had arranged this training to commence shortly following the inspection.

Staff were knowledgeable about people, their preferences and their specific behaviours. They were able to tell us about people's particular diet they required and their personal care needs including the social interaction they wanted. However, owing to staff workloads we could not see that all staff always had the time to engage and listen to people whilst they moved around the home. During the inspection whilst seated in the lounge area observations showed three people were sat in front of the TV. Most staff would interact with people as they passed through the area by saying people's names and smiling which was responded to with positive facial expressions or by spending a few moments to sit and speak with them.

These interactions were gentle, personalised and showed an understanding of the people they were supporting. Staff spoke kindly to people and communicated with them at a pace which was appropriate to their level and needs in relation to their communication. Staff allowed people time to process what was being discussed and gave them time to respond appropriately, where necessary, to ensure people were engaged. Staff used gentle touch on people's arms and shoulders to enable people to focus their attention on what was being communicated. People also sought physical contact with staff and we could see where people wanted to hold hands for reassurance or interaction staff were happy to participate and people responded positively to this support. Other staff were focused on their tasks as they moved through the home and were not always able to engage with people as they passed.

Staff spoke fondly of the people they supported and had developed personal but professional relationships with people. The development of these relationships had been assisted by people's care plans most of

which had been written in a person centred way. Person centred is a way of ensuring that care is focused on the needs and wishes of the individual. Care plans were written in a way which also showed affection for the people they were discussing. They contained personal information people wanted staff to know about them as individuals describing both their care and support needs but also their positive personality traits they wanted staff to acknowledge. These allowed staff to have a greater understanding of people's needs and the care they required. Agency staff told us they had been unable to read people's care plans prior to care delivery however showed they knew the support people required by speaking with them and other staff. We saw they offered this care in a compassionate and kind way.

Care plans also detailed people's non-verbal communication methods which they would use to express their needs and wants. Staff used alternative methods of communication to ensure people were able to express their needs. This included maintaining and observing people's eye contacts and interpreting noises they would make. We saw guidance was provided to staff on how to use these individual techniques when people were unwilling or unable to verbally communicate.



## Is the service responsive?

### Our findings

People told us they were involved in the planning of their care. One person told us, "I review my care plan every six months." Care plans contained information about people's personal histories and the support they required on a daily basis. However, care plans did not show that people or their representatives had regular and formal involvement in ongoing care planning and completion of risk assessments. Therefore there were limited opportunities to amend people's care plans if people and their representatives did not feel they reflected their care needs accurately.

Not all people's care plans had been regularly reviewed or discussed to ensure the information remained current and provided the most accurate guidance. One person had their care plan reviewed in October 2016 and March 2017 but had only signed to say they had been involved in the process in October. Another person had their care plan and risk assessments reviewed in October 2016 and was due their next review in April 2017 however, this had not been completed. Another person had their risk assessments reviewed and updated in October 2016 with another review due in April 2017 however, this had not been completed. The provider was aware of this need and had already started rewriting people's care plans at the time of the inspection. Once rewritten these were going to be shared with people and their keyworkers, discussed and agreed.

In order to obtain people's views on the care they were receiving people were allocated key workers who would work closely with them building up highly personalised, knowledgeable and comfortable relationships. This was to allow people and their allocated key workers the opportunity to liaise frequently and for the regular sharing of information required to allow for person centred care planning updates to take place. However, care plans did not show key worker meetings had taken place between people and staff to discuss their care in the past year. This meant people were at risk of receiving care which did not accurately reflect their needs.

The manager said a residents meeting was being held shortly following the inspection to discuss with people the reallocation of key workers. This meeting was being held to discuss with people whether or not the skills and experience of their keyworker they were to be allocated would best meet their needs. This would enable the key worker relationships to be established once more and for care plans and risk assessments to be regularly updated with people's involvement.

People did not always feel that they were afforded opportunities to participate in activities which they enjoyed. Staff told us that owing to the level of people's needs and staffing levels unless they were delivering one to one support they were unable to provide people with occupation in meaningful activities. One member of staff told us, "We don't get the time to take people out much or do things with them like we used to. I don't tell someone in advance now if they're going out unless it gets cancelled and they're disappointed." People told us there were not always provided with opportunities to engage in activities which they enjoyed, one person told us, "There is nothing to do, I have not been out for at least six weeks." Another person said they would like to go out for an evening meal however were unable to do so as the home had not yet taken delivery of its minibus and they would have to return early in order to allow for a



staff handover.

The provider's 'Customer Voice' questionnaire provided mixed feedback regarding whether people felt there were enough activities available to keep them stimulated. People were asked if they were able to choose the activities they took part in, of the seven respondents, two people said no. One person stated that they were not able to do the things that interested them as the home was 'Short staffed'. Another person stated 'Used to do more activities but no more! Which I enjoyed'.

During the inspection we saw people were supported to leave the home to participate in shopping activities, enjoy the garden and play chequers and playing cards. The provider also supported people to attend external educational classes of their choice and to go on short holidays with staff which people spoke positively about.

People's daily record sheets were not always completed fully to document if people had participated in activities which met their social interaction needs. One person's daily record sheets were not completed fully in eight out of the fourteen days reviewed, this meant it was not clear what activities this person had been encouraged to complete or participate in. However, it showed when they participated in external activities these met the person's individual preference for hobby activities. The manager told us that people were encouraged to participate in activities however, did not always wish to engage. External trips such as a recent beach trip had been arranged and attended. However, every day activities in the home were offered and refused.

The provider was aware of the need for staff to be made available to engage people in activities which had resulted in the deployment of additional staff in place on the last day of the inspection. This would enable this staff member to actively engage with people encouraging their participation in activities of their choice. The manager was due to hold a residents meeting shortly after the inspection where activities were an agenda item. During this meeting people were to be asked what activities they wished to participate in so these options would be made available for people.

People knew how to make a complaint. One person said when they had made a complaint they had been happy with the outcome, another person told us, "My complaints are dealt with, some of the time." The provider's recently completed 'Customer Voice' questionnaire provided positive responses with seven people saying they knew who to speak to if they had a concern. However, there were a number of people living at the home who experienced sight loss as well as a learning disability. The provider did not ensure the information provided to them met the Accessible Information Standard. From 1st August 2016 onwards, all organisations which provide adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

The provider's complaints procedure was displayed on the resident's notice board in a communal area of the home, however, this information was not provided in large print, braille or audio version. The provider had not ensured that for people with a learning disability this information was available to them in a way which could be understood. The manager said they would be confident that people would talk to them if upset however, acknowledged some people at the home would find it difficult to do so due to their physical or learning disability. The manager said the provider did produce an 'easy read' version of the home's complaints procedure which meant it was produced in much larger script making it easier for those with eye sight deteriorating to read. However, they acknowledged that there was no audio version for people to be provided with containing this information but would be a useful tool. The 'easy read' version of the

complaints procedure was made available on the last day of inspection. This was to be displayed on the residents notice board once the information attached had been reviewed to ensure it contained the most relevant and up-to-date information about the home for people.

The provider's complaints policy provided information for people, relatives and staff about how a complaint could be made, the timescales for any response and how to complain to the Local Government Ombudsman (LGO). The LGO is the final stage for complaints about social care providers. It is a free and independent service that ensures that a fair approach is taken to complaints made.

Systems were in place so if complaints were received they could be documented, raised to the manager, investigated and a suitable response provided. Two formal complaints had been received in the year before the inspection. The previous registered manager responded fully to these complaints. However, the issues identified during this complaint such as complaints of a lack of permanent staff, lack of cleaning schedules and lack of activities available to people were not addressed and continued to be themes identified during this inspection approximately nine months later. Processes were in place to allow the previous registered manager to record, investigate and respond appropriately in line with the provider's guidance. However, the previous registered manager had not always taken action to ensure these complaints were not repeated.

The provider was aware of the concerns reported and identified the service and had been working with the previous registered manager to create a recovery action plan. This detailed the concerns raised as part of the previous complaints, as well as those which had been identified during this inspection, allocating actions to nominated people and with a timescale for completion. This was to ensure that lessons, where appropriate, were learned to prevent future similar incidents.

## Is the service well-led?

### Our findings

People told us they knew the new manager of the service and saw them most days in the home. One person told us, "We used to have a very good manager but she has left, the new one is ok but not as good as the old manager." Another person told us of the provider's ability to manage the service they received, "The home needs work doing but the company haven't done anything for ages." Most people spoke positively of living at the home, one person said, "(There's a) friendly environment." Another person told us, "(It's) friendly, I do what I like," with another person telling us, "I like it here." Of the seven respondents to the recently completed 'Customer Voice' questionnaire all stated they were happy living at Roman Lodge.

The provider did not have a registered manager in post at Roman House. The previous registered manager had left the home approximately seven weeks before the inspection with a new manager starting work at the home a week after this date.

At the time of the inspection an interim manager was working at the home whilst recruitment for a new registered manager was ongoing. This manager was working at the home three or four days a week. They were supported by the team leader who was present at the home five days a week. The provider's quality assurance team, area manager, director and nominated individual also offered regular support and guidance. A nominated individual is the person to act as the main point of contact with the Care Quality Commission (CQC). They have overall responsibility for supervising the management of the regulated activity. Both the manager and team leader worked alternate weekends to provide on call managerial support and cover to staff.

The manager had worked at the home previously as a member of staff delivering care and as a team leader so they knew the staff and people who worked and lived at the home. This was evidenced by the knowledgeable and personal conversations they held with people as they interacted with them. The area manager showed personal knowledge of the people at the home and interacted positively with people during the inspection.

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. We use this information to monitor the service and ensure they responded appropriately to keep people safe. The previous registered manager had submitted notifications to the CQC in an appropriate and timely manner in line with CQC guidance.

One of these notifications had resulted in a safeguarding alert being raised with the local authority. During the subsequent investigation by the senior management team it was identified there were a number of areas where the quality of the service being provided to those living at Roman House did not meet the provider's standards. These included meeting people's 'Service User Rights'. These are a list of rights the provider had identified that people living at the home were expected to have as a minimum care standard. These included; the right to feel safe, to be supported by skilled and trained staff, to be involved in care planning, to be treated with dignity and respect and the right to make their own decisions for example. Staff were not always able to demonstrate they knew the provider's service user rights which were clearly

documented in people's care plans.

Once these concerns had been identified the provider's quality assurance team conducted a full audit of all aspects of care at the home including care provision, staff induction, training, medication reviews and the providers own completed audits for example. From here the quality assurance team created a 'Recovery Action Plan' which was a detailed list of all aspects of care delivery and the actions required to ensure people's needs were met. The action plan was reviewed by senior management and the provider. As part of this actions were allocated to nominated owners, details provided of who would take the lead from the senior management team to ensure this action was completed, a timescale for the action to be completed and evidence of where this action had been met and if not, the reasons why. All the issues identified during this inspection had already been identified by the provider and work was ongoing to ensure the actions were met and completed in a timely manner. At the time of the inspection the provider was also in the process of employing a Quality Manager who would be responsible for working solely with Roman House. They were to be deployed to drive the improvements at the service to ensure the service met the actions in their recovery plan and demonstrate they were achieving the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, prior to this most recent piece of work the provider's 'Quality Assurance Framework (QAF)' which included auditing processes had not always been effective. The QAF process had not ensured action was taken to improve the quality of the service provided to people living at the home.

The provider monitored the quality of service provision by completing a number of quality assurance audits at the home. The provider's policy identified the type of these quality assurance processes. These included; service visits by the area manager, quality manager and director, a monthly review by regional management teams, action plan reviews and monthly compliance tools. Monthly compliance tools collect a range of information from areas such as health and safety to staff and the information is used to identify trends and patterns which may alert senior management for the need for additional support to be offered to a home.

A QAF 'inspection' is an annually completed internal review which looks at all aspects of care delivery. The last QAF however, had been completed in April 2016. During this process a number of issues were identified which remained a concern at this inspection. The QAF identified that there was a lack of key worker evidence to show that people were meeting regularly with their nominated member of staff to discuss their personal goals in their care plans. It continued stating; customer feedback surveys gave a mixed view toward the service ranging from people saying they were and were not satisfied and one person identified they wanted to go out more. It identified staff had stated they had not all received a supervision and were not sure if they had sufficient knowledge in supporting customers with their individual health and wellbeing needs. This QAF inspection had resulted in an action plan being created. However, we could not see the required action identified had been taken to ensure these areas of concern were addressed appropriately.

The home's previous registered manager had completed a medicines audit in March 2017 which did not highlight the concerns which had been identified during this inspection.

The following completed medications audit in June 2017 identified a number of issues in all areas of medicines management. These included; staff removing medicines from pre dosed packs therefore increasing the risk of removing and administered the wrong tablet, insufficient medicines stock to ensure people receive what they were prescribed, incorrect stock taking in relation to peoples PRN medicines, missing medicines, unable to confirm that people's bedrooms were the correct temperature, no recording readings available and some medicines found in cabinets dated 2011. This thorough audit identified areas of concern regarding the safe management of medicines showed continued mismanagement of medicines

which had been present at the previous audit however had not been identified.

The provider had not always ensured that effective systems were always in place and operated effectively to assess, monitor the quality of the service provided and ensure appropriate action was taken to improve the quality and safety of the care people received. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The home's manager wanted to promote a positive culture which was open and supportive of staff and people at the home. However, the home was in a transitioning period which meant that the provider for the home would be changing to another social care provider. This period of change was causing uncertainty for staff and for people living at the service. This was having an impact on the positive culture the manager wanted to embed in working practices at the home. Staff and people did not feel that communication was always clear about what the potential changes meant for people. One member of staff told us, "There's a lot of uncertainty about this place and the future. I think that's why people are leaving and it's the people living here that suffer." Another member of staff said, "People are leaving all over the place. We've lost a lot of good staff recently and it's got worse since the new managers have come in."

Staff provided mixed views when asked if they felt supported by the management team in place at the time of the inspection. One member of staff told us, "Everyone is unhappy. None of us feel valued or supported. We never get breaks," another member of staff said, "Can't be open, can't tell them anything, there's no one to turn to." However others members of staff spoke positively of the support they received. One member of staff told us they had received support from the manager and from other senior staff including members of the provider's quality team. This member of staff said, "I have a lot of support...there's always someone at the end of the phone, I feel over supported!" Another member of staff said, "Yeah [feel supported] because to be honest because I've had quite a bit of training lately so I've had quite a lot of Scope coming down...at the moment I feel ok, yeah."

People told us they were not always involved in residents meetings where they would be able to engage in open communication with staff and managers at the home. One person told us, "We live here and we should be told what is going on, but we don't get any information. There has not been a residents meeting for about four – five months." Another person told us, "We have not had a meeting for ages but one is planned for 24th August at 3pm."

Whilst people were asked to provide feedback on the quality of the service they received by means of an annual 'Customer Voice' questionnaire the area manager acknowledged that meetings for people living at the home had not always been held regularly. They were unable to source information as to when the last two meetings had been held.

Prior to this inspection it had been recognised that a meeting was required in order to allow people the opportunity to communicate clearly with managerial staff. As a result a meeting was due to be held shortly after the inspection where people's feedback would be sought on how the home was operating, what changes people wished to see, activities they wished to participate in and any updates on the transitioning to another care provider.

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 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The provider had not ensured staff took appropriate action to ensure people were treated with dignity and respect at all times. This was a breach of Regulation 10(1) and (2)(a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not complied with the requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 (1)(2)(3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not taken appropriate action to ensure that safe and effective control measures were in place to prevent the risk of people acquiring an infection. This was a breach of Regulation 12(1) (2)(h)</p> <p>The provider had not always ensured that medicines were stored, managed and administered in accordance with best practice following prescriber's guidance. This was a breach of Regulation 12(1) (2)(g)</p> <p>The provider had not taken appropriate action to ensure that risks to the health and safety of people receiving care had been appropriately documented providing staff with the guidance</p>

to manage people's health conditions. This was a breach of Regulation 12(1)(2)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not always ensured that effective systems were always in place and operated effectively to assess, monitor the quality of the service provided and ensure appropriate action was taken to improve the quality and safety of the care people received. This was a breach of Regulation 17(1)(2)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not ensured that suitable numbers of staff were deployed in order to be able to meet people's care needs in a timely fashion and to ensure one to one care was delivered where required. This was a breach of Regulation 18(1)</p> <p>The provider had not ensured that staff received the required induction, training and support required to enable them to provide person centred care which met people's individual needs and preferences. This was a breach of Regulation 18(2)(a)</p>