Longhurst Group Limited

Romsey / Winchester Ave

Inspection report

46 Romsey Avenue
Weddington
Nuneaton
CV10 0DR

Tel: 02476354175

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Romsey / Winchester Avenue is a care home providing personal care and accommodation for up to 13 adults living with mental health needs. The care home is made up of 7 properties, including three flats, one bungalow, two shared houses and a communal care office building. At the time of our inspection visit there were 11 people receiving care.

People's experience of using this service and what we found
Some risk assessments were not sufficiently detailed.

Improvements were required to some fire doors to make them safe and some window restrictors had not been fitted in accordance with guidance.

Quality assurance checks were not all effective and had not identified some environmental risks and gaps in care records including assessment of risk and medicine errors.

The registered manager was open and honest and worked in partnership with outside agencies. They were committed to making improvements to the service.

People felt safe using the service. Staff understood how to recognise and report abuse. Staff recruitment processes included background checks to review their suitability to work with vulnerable adults.

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.

People were treated with dignity and their independence was promoted wherever possible. People were encouraged to take part in activities which interested them and which improved their wellbeing.

People were supported with their medicines and to obtain advice from healthcare professionals when required. They were involved in planning their care and understood how to complain if they wanted to.

People spoke positively about the staff and the care they provided. Staff felt supported by the registered manager.

Staff had training to meet people's needs and the registered manager shared guidance with staff about how to support people effectively.

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

Rating at last inspection
This is the first inspection for this newly registered service.

Why we inspected
This was the first inspection since the new provider took over the service in July 2019.

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

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

The provider has taken effective action to mitigate the immediate risks.

You can see what action we have asked the provider to take at the end of this full report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below

Romsey / Winchester Ave

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors who visited the home 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. The Expert by Experience contacted relatives by telephone to gather feedback of their experiences of the home.

Service and service type
Romsey / Winchester Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

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

Notice of inspection
Our inspection was announced. We gave the service 90 minutes notice of our visit because the service was inspected during the coronavirus pandemic and we wanted to be sure we were informed of the home's coronavirus risk assessment for visiting healthcare professionals before we entered the building.

What we did before the inspection

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account when making our judgements in this report.

We reviewed the information we had received about the service and any recurrent themes of concerns. We sought feedback from the local authority and commissioners who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We carried out observations to assess people's experiences of the care provided. We spoke with the registered manager and three staff including assistant team leaders and support workers. We spoke with three people who lived at the home to gather their experience of the service.

We reviewed four people's care records and two people's medicines records. We looked at a sample of records relating to the management of the service including training data, health and safety checks, policies and procedures and a sample of audits and checks.

After the inspection
We spoke with five people's relatives via the telephone. We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed

Assessing risk, safety monitoring and management; Using medicines safely

- Some risk assessments were not sufficiently detailed to provide guidance to staff about how to support people safely. For example, one person's diabetic risk management plan did not include information about how their condition was monitored or guidance for staff about what symptoms to look for if they were unwell. However, staff were able to explain how they supported people with diabetes safely.
- Checks on fire doors carried out by the service had identified several doors did not close properly and this had been reported to provider regularly since December 2020. The provider had made some improvements and replaced some fire doors. However, improvements were still required to ensure all doors closed effectively. This was a risk to people's safety. Following our visit, the registered manager took action and arranged for an external company to make safety checks on fire doors at the service. The registered manager told us all improvement works would be completed by 3 December 2021
- Some windows did not have window restrictors in accordance with guidance issued by the Health and Safety Executive. At the time of our visit it was not clear what assessment had been made regarding the risk of falls from height and how people's safety had been protected. Following our visit, the registered manager told us that all upper floor window restrictors had been replaced and had been fitted in accordance with current guidance.
- Systems did not always support safe record keeping for medication. For example, one person had two 'PRN' records which ran concurrently and did not always reflect medicine doses as recorded on their Medication Administration Records (MAR). (PRN means medicine given as required.) It was not clear if the person had received their medicine as prescribed.
- A handwritten MAR chart had been used but not countersigned in accordance with NICE guidance.
- Staff had used a handwritten MAR chart which had paper stuck over incorrect entries. We discussed this with the registered manager who took action straight away. They told us immediate action had been taken to support staff to improve their practices and to strengthen quality assurance processes.

The provider failed to ensure that all risks to people's health and safety had been assessed and mitigated. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to have regular reviews of their medicine by health professionals. One relative told us, "We had a review recently. (Name of person) talked to the doctor and changes were made."
- Protocols were in place to ensure people received their medicines when they needed them.
- Medicines were stored securely and disposed of safely.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were somewhat assured that the provider's infection prevention and control policy was up to date. Contingency planning in the event of future outbreaks included plans for extreme staff shortages. However, the service planned to operate with only one member of staff and we did not have assurances this would be sufficient.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong
● The registered manager displayed a commitment to learning where things had gone wrong. They acted straight away during and after our visit to make improvements to the service and to their quality assurance checks to reduce the risks to people.
● Staff understood the importance of recording accidents and incidents and notifying the registered manager of any events. The registered manager reviewed information to identify if any changes were required to people's care needs to keep them safe. Changes to people's care were shared with staff to reduce the likelihood of further incidents reoccurring. However, people's support plans were not always updated with this information.

Systems and processes to safeguard people from the risk of abuse
● People told us they received safe care. One person told us, "(Name of person) is the safest they've ever been."
● People we spoke with told us they had been involved in managing risks to their safety. Relatives told us staff updated them following any events which called into question their family member's safety, such as a fall.
● Staff had received training about the different types of abuse. Staff understood they needed to report their concerns to the registered manager and felt assured that these would be taken seriously
● The manager understood their obligation to report their concerns and any potential allegations of abuse to the local authority (LA) and CQC.

Staffing and recruitment
● People told us and we observed, there were enough staff to provide support when it was needed. One member of staff said, "There are enough of us to spend proper time with people."
● Many staff had worked at the service for several years, which provided continuity of care for people who had lived at the home for a similar period.
● The registered manager explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service.
● The recruitment process included background checks of potential staff to assure the provider of the suitability of staff to work at the service.

Good

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Protected characteristics under the Equality Act 2010 were considered during the assessment of people's needs. For example, people were asked about any religious or cultural needs they had and were supported to maintain their beliefs.

Staff skills, knowledge and experience

- Staff were skilled, competent and suitably trained to meet people's needs effectively. Newly recruited staff followed a formal induction programme and were required to undertake training.
- Staff were positive about the standard of training they received. They told us they could request additional training and support if they felt they needed it.
- Staff received training tailored to meet people's individual needs, such as mental health awareness. This provided staff with knowledge about mental health conditions and strategies to support people when their conditions might make them distressed or anxious.
- Staff told us they received supervision and feedback on their performance from senior staff. This provided staff with opportunities to raise any concerns and discuss their training and development needs.

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

- People had freedom of choice about what they ate and drank every day and when they had their meals.
- Staff supported people according to their needs, to choose their own menu, go shopping to obtain ingredients and prepare the food they had chosen. One person said, "Staff are helpful, they help me do the grocery list, menu planning for the week, we do it on a Sunday night."
- Staff knew about people's individual needs and dietary preferences and ensured they had enough to eat and drink to maintain their health. A member of staff explained how they supported one person with their specialist diet to ensure their wellbeing was maintained.
- Where people had specific likes and dislikes, allergies and other dietary requirements, these were recorded.

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

- Where a need was identified, people were referred to other healthcare professionals such as their GP or mental health professional.
- Staff knew who to contact is someone experienced a deterioration in their mental health and how to obtain advice about how to reduce risks to their health.

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.

- No-one at the home had restrictions placed on their care. We discussed MCA further with the registered manager who told us they had not undertaken an assessment of capacity as it had not been required. They told us they would review current mental capacity guidance to satisfy themselves that assessments were not required at this time.
- People told us staff obtained people's consent before they supported them. A relative said, "I have heard them (staff) ask, 'is it ok if we do this or that'. They have a high level of etiquette, and I have never heard them say a bad word."

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

- The service met the needs of people who lived there. There was a mix of accommodation to suit people's different needs. Some people lived by themselves and some people shared a property.
- There were communal areas, including the office lounge and a garden which people could use if they wished. Shared spaces were well maintained.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated as 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; equality and diversity

- People told us they felt staff cared about them, valued them as individuals and made them feel included. There were positive interactions and conversations between staff and people, that were respectful and friendly.
- Staff enjoyed their role in supporting people to ensure they had the best life possible. They had developed positive and caring relationships with people. One member of staff told us, "I've been here a long time, I am very fond of the people here. It bothers me if something upsets them or if there is something wrong. I would say that's the same for all the staff. It matters, we care." Another member of staff said, "There is a caring atmosphere. Everyone is very thoughtful and mindful of them (people who lived at the home) and their wellbeing."
- Staff felt confident they could support people to maintain their individual beliefs and respect their diversity. They understood some people might need particular support to make them feel equally confident to express themselves.

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

- Staff knew people well and spoke confidently about how they supported people to make everyday decisions about their care.
- There was a keyworker programme in place. Key workers knew people well and worked with them on an individual basis to ensure their needs and individual preferences were met.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to maintain people's privacy and respected their personal space. For example, during the inspection we viewed some people's bedrooms. Staff spoke to people first to explain and ask their consent for us to view.
- Staff explained how they encouraged people as much as possible with everyday tasks, to help maintain their skills and their independence. A member of staff told us, 'I treat people how I would want to be treated."

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's needs were met through good organisation and delivery.

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

- People were positive about how responsive care staff were to their needs. A relative explained how their family member's health had improved since coming to live at the home. They told us, "(Name of person) was constantly relapsing and spent so much time in the hospital. (Name) has had no relapse since they have been here (at the home) because they are looked after properly. I can now step back and let them (staff) look after them. (Name) is happy about that."
- Staff knew people well and told us how they identified if people's needs changed or if they needed additional support. Staff explained important information was shared at handover when shifts changed.
- Support plans contained personalised information and gave direction to staff that was specific to each individual. For example, how staff should support people if their health declined. People's preferences were recorded and staff had good knowledge of these.
- Staff helped people live as independently as possible. For example, they would go to the local town on the bus together to buy new clothes or go food shopping.
- Each support plan included a 'Tenant profile' document, which was easily accessible for staff and highlighted important information, such as people's daily routines and support strategies.
- People were included in the review of their care plans in ways that suited their individual needs. Relatives were invited to reviews where people had consented. A relative told us, "I am called if anything critical comes up about (Name of person) care, by people involved in their care…they (Staff) always call me."

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 supported people to understand information in a way that met their individual needs. For example, some information posters in the home contained pictures, to help people's understanding. The registered manager told us if people needed information in particular formats, they would ensure these were made available.

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

- People were supported by staff who knew them well, their likes, dislikes and interests. Staff supported people to engage in activities they enjoyed, such as weekly cookery classes, to go to the shops, or make day trips to places of interest. People were enthusiastic about their chosen activities. A relative told us, "(Name) likes to draw and staff encourage them to do so…They like to cook for everyone and tells me what they've

made."
● People were encouraged to remain in contact with people who were important to them.

Improving care quality in response to complaints or concerns
● People told us they knew how to raise concerns or complaints if they needed to. One relative told us, "I did raise a concern…the situation was explained to me and I was satisfied."
● There was a complaints policy and procedure that people were aware of. However, no complaints had been made in the previous 12 months prior to our visit.
● There was evidence of compliments received about the standard of care provided.

End of life care and support
● People were supported to make decisions and plans about their preferences for end of life care, as part of their support plan.
● No-one at the home at the time of our visit was receiving palliative care.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. 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; Continuous learning and improving care;

- Systems to assess, monitor and improve the safety of the service needed to improve. Although checks had identified several fires doors were not safe, the risks had not been managed to ensure people's safety. Window restrictors had not been fitted in accordance with current guidance to reduce the risk of falls from height.
- Other systems to assess, monitor and mitigate risks to people's care were not effective and had not identified issues we found during our visit. Medicine audits had not identified medicine errors we found during our visit. There were no quality assurance checks carried out on support plans or risk assessments. People's environmental assessments did not always include risks relating to self-harm.

The provider had failed to ensure systems improved the safety of the service because some quality assurance systems were not effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood their responsibility to be open and honest when things had gone wrong. They acknowledged the issues and took some immediate action during and following our inspection visit to make improvements where shortfalls had been identified. They explained how quality assurance processes would be immediately strengthened to better manage and minimise risks going forward. They told us improvements to fire doors would be completed by 3 December 2021. They also told us improvements had been made to window restrictors in accordance with current guidance.
- The registered manager had not completed the required Provider Information Return when it was requested by the CQC in April 2021. We discussed this with the nominated individual following our visit, who told us the request had not been received.
- The registered manager was aware of their responsibilities under the new general data protection regulations.

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 their obligations for reporting important events or incidents to relevant agencies, including the CQC.

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

outcomes for people

● Relatives were very happy with the service provided and praised staff. People knew who the manager was and had confidence in staff. One relative told us, "Staff have been there long term which indicates that they are happy in their jobs."

● Staff gave positive feedback about working at the service. They felt well supported by the registered manager and other members of the staff team. One member of staff said, "If there was anything going on here that I wasn't happy about or didn't agree with, I would speak up."

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

● People told us they were encouraged to share their experiences of the service by completing surveys and attending meetings. A relative told us, "My views are asked over the phone. I have a direct channel to the manager." Surveys were shared with people and their relatives and representatives. The most recent survey for people who lived at the home had been completed in July 2021. We saw responses had been analysed and actions were taken to improve the service following suggestions made by people. The registered manager explained how the results had been shared with people in a way that was easy to understand and highlighted areas for improvement, such as repairs to fences and building a new summer house.

Working in partnership with others

● The registered manager worked well with the local authority and the local health authority, to make improvements to the service. There were links with commissioners and infection control teams who provided support throughout the pandemic.

● The registered manager worked with other health and social care professionals and external organisations such as Skills for Care, to improve people's experience of care.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not adequately assess and protect people against risks by doing all that was practicable to identify and mitigate such risks. Regulation 12 (1) (2) (a)(b)(d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that systems or processes operated effectively to assess, monitor and improve the quality of the service and mitigate the risks relating to health, safety and welfare of service users. Regulation 17 (1) (2) (a)(b)