

Carecall Services Limited

# Roman Wharf Care Home

## Inspection report

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26 July 2023

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Roman Wharf is a residential care home providing regulated activities of personal and nursing care to up to 50 people. At the time of our inspection there were 18 people using the service.

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

The manager had been in post approximately 4 months, during this time they had worked with the provider to improve the quality monitoring processes to enhance the standard of care for people. Presently there are only 18 people living in a service registered for 50 people. Consequently, we would need to see the improvement in quality monitoring processes seen at this inspection, sustained over a longer period of time to be assured good outcomes for people would be maintained.

People told us they felt safe at the service. The manager and their deputy worked with the provider to ensure all safeguarding concerns were dealt with appropriately. There were processes in place to enable learning from events.

The environmental and personal risks to people's safety were well managed. Assessments of people's needs had been undertaken using nationally recognised assessment tools, and measures to reduce risks had been put in place using these risk assessments.

People were supported by adequate numbers of staff who had been recruited safely and received appropriate training for their roles

People received their medicines safely, and there were good quality monitoring systems in place to manage medicines to highlight and reduce possible errors.

The service was clean and there were good infection prevention and control processes in place to reduce the risk of infections to people.

People's nutritional needs were well managed. People enjoyed the food served to them. They were given choice and supported with their meals by a staff group who showed good knowledge of their nutritional needs.

Peoples' health needs were well managed and there were good working relationships with external health professionals to provide good outcomes for people.

The environment people lived in was well maintained and the provider had an ongoing improvement and refurbishment plan in place.

People were supported by a staff group who treated them with respect and maintained their dignity. They were supported to be involved with their care, which was provided in a person-centred way. Staff had good

knowledge of people's needs and used their care records to ensure people's current needs were met.

People were supported to maintain relationships with their families and there was a clear activities programme to reduce people's feelings of boredom or isolation.

The provider had systems to manage complaints and concerns from people or their relatives and people told us they felt listened to.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 26 May 2023). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 17 July 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from Inadequate to Good based on the findings of this inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our safe findings below.

Requires Improvement ●

# Roman Wharf Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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 2 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.

#### Service and service type

Roman Wharf is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Roman Wharf is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A manager was in post and was going through the registration process.

### Notice of inspection

This inspection was unannounced. Inspection activity started on 25 and 26 July 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all this information to plan our inspection.

The provider had not been asked to complete a Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

### During the inspection

As part of this inspection we spoke with the manager, the deputy manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 7 members of staff.

We spoke with 5 people living at the service and 4 relatives. We observed people being supported at the service. We reviewed a mix of care records of 6 people, including care plans, risk assessments and monitoring information. We reviewed 3 staff files.

We also spoke with an external health professional.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last 2 inspections, the provider was in breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They failed to ensure all safeguarding incidents were identified and referred appropriately. At this inspection we found the provider had made significant improvements and was no longer in breach of this regulation.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person said, "Yes, I feel safe and I trust in the staff caring for me." Relatives all gave positive responses about their family member's care.
- Staff we spoke with understood their responsibility in keeping people safe from potential abuse. All had undertaken safeguarding adults training and knew who to go to if they had concerns. Staff were confident the management team would deal with any issues they raised, but they also knew the external organisations they could go to if they were not happy with any response from the management team.
- The manager and their deputy worked with the provider to ensure all safeguarding concerns were dealt with appropriately. Incidents were followed up and investigations undertaken where needed. The manager worked in an open way and encouraged staff to highlight any concerns they had to them using the provider's systems and processes.

At our last 2 inspections the provider was in breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure care and treatment was provided safely and risks were assessed appropriately. At this inspection we found the provider had made significant improvements and was no longer in breach of this regulation.

Assessing risk, safety monitoring and management

- The risks to people's safety were well managed.
- The concerns at our last inspection around the management of falls had been addressed. People's care plans contained detailed up to date information on their needs and the measures identified were in place. This included sensor mats, mobility aids and good fitting footwear. Risk assessments had been completed where necessary, for people requiring bedrails to ensure these were used in a safe way.
- People at risk of skin damage had appropriate support to prevent pressure ulcers, such as pressure relieving mattresses and regular repositioning in line with their assessed needs.
- Environmental risks were well managed. People had personal emergency evacuation profiles (PEEPs) in place to ensure they were supported in line with their needs should there be a need for an emergency evacuation at the service.

Staffing and recruitment

- People were supported by adequate numbers of staff. People were happy with the level of care they received from staff. Staff told us the management team worked to ensure there was enough staff on duty. When they were short of staff then regular agency staff were used to provide continuity for people at the service.
- During our visit we saw people were not waiting for care and staff clearly knew the needs of the people they supported. The rosters we viewed showed the staffing numbers established as safe by the provider, were maintained.
- The provider and manager continued to work to recruit staff to maintain adequate numbers of staff. Safe recruitment processes were in place and the manager had started a review of all recruitment files to ensure any historical information missing was highlighted and addressed. The files we viewed showed references and necessary checks were in place such as the Disclosure and Barring Service (DBS) checks. This provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- The management of medicines had shown improvement since our last inspection. People received their medicines when they were required. There were protocols in place for those medicines people required on an as and when basis. The storage and management of medicines stocks were well managed by staff.
- Staff received training and competency assessments to support them with the administration of medicines. We saw good practice from staff who administered medicines.
- Quality audits of medicines were undertaken, and where any errors or anomalies were found the manager and deputy manager had addressed these with staff, providing support and extra training where needed.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

People were able to receive visitors in line with current government guidance. During our visit we saw relatives being welcomed into the service by staff in a safe way.

#### Learning lessons when things go wrong

- The manager ensured there was learning from events and incidents that occurred at the service. Staff had received support and training to ensure they reported events via the provider's incident reporting system. Incidents were reviewed and information was shared with staff at handovers, staff meetings, and supervisions. The manager had also introduced a daily stand-up flash meeting, to ensure issues which occurred between handovers were highlighted and addressed.



# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last 2 inspections the provider was in breach of Regulation 11 (Need for consent) of the Health and Social Care Act (Regulation Activity) Regulations 2014. People were not supported with appropriate or specific mental capacity assessments related to their care. At this inspection we found the provider had made improvements and was no longer in breach of this regulation.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met. We found they were

- People who lacked capacity had mental capacity assessments undertaken and best interest meetings were held to ensure specific decisions made on behalf of a person were undertaken in their best interests.
- People's care plans gave detail of the differing levels of support they needed with decision making. For example, 1 person who had early-stage dementia was able to make majority of their own decisions. However, their care plan showed they would ask for the support of their family when making some complex decisions.
- Staff showed good knowledge of the mental capacity act and their responsibilities when supporting people with decision making. We saw staff following the guidance in care plans to ensure people were able to retain as much independence as possible. This included the way choice was offered, giving people time to respond to conversation. One member of staff said, "[I] want people to make as many independent choices as possible, I work to make sure people can do this."

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

- People were assessed using nationally recognised assessment tools to ensure their needs were met.

- Assessment tools such as, the Waterlow scoring system used to measure people's risk of suffering from skin damage and the malnutrition universal scoring tool (MUST) to monitor people's weight, were used. These were regularly updated to reflect people's current needs and supported staff to provide appropriate care for people.

- People were supported by staff who understood their responsibilities in protecting people's equality, diversity, and human rights. One member of staff said, "If I had a family member who was not English and I wanted a care home I would bring them here." People's needs were assessed on admission and throughout their stay at the service and the characteristics under the Equality Act were considered in their care plans.

At our last 2 inspections staff lacked competency and support in order to meet peoples' needs in relation to moving and handling. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and they were no longer in breach of this regulation.

Staff support: induction, training, skills, and experience

- People were happy with the way staff provided support for them. One person said, "The care staff are all good. They understand my needs and chat freely with me. The staff also know what they are doing."

- The training matrix we viewed showed staff had received up to date training in all aspects of their roles. Our observations of staff practice supported this, we saw staff undertaking moving and handling practices, supporting people to eat and drink and follow good hygiene practices. One member of staff told us they had received more training recently and the moving and handling training "was excellent".

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

- People were supported to maintain a healthy diet and fluid intake. The guidance we saw in people's care plans about the support they needed was followed by staff. Where people needed support with eating this was provided in a dignified way with staff taking time to support people at their pace. The cook told us they were kept informed of any changes to people's dietary needs to allow them to provide an appropriate diet for people.

- People told us the food was good. One person went on to say "They [staff] are flexible if I fancy something different." During our visit we saw people were offered regular drinks to keep them hydrated, these were accompanied by snacks including biscuits, crisps and different types of fruit.

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

- Where people required support to maintain their health, staff worked to ensure this was provided for them. This included regular monitoring of their weight to ensure they maintained a healthy weight. If people needed referrals to external health professionals such as the Speech and Language therapy (SALT) team this was undertaken and any guidance given was followed.

- The manager told us they worked closely with people's G.P and community nurses to ensure people received effective care. Relatives were happy with the way their family members health needs were managed. Staff also told us the deputy manager and manager were quick to deal with any concerns they reported about people's health. A senior carer gave an example of discussing a concern with the deputy manager who they said, "was already on it!" The deputy had called the G.P and was updating the person's care record so the person received prompt treatment.

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

- People lived in an environment which met their needs. The provider had a continuous improvement program of refurbishment in place to ensure the environment met people's needs.

- Those people who lived permanently at the service had personalised their rooms. There was good signage to support people to find their way around the service.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by a staff and management team who were caring and respectful towards them. One person said, "I receive the best possible care here. I trust the manager and carers." Relatives we spoke with were all positive about the attitude and behaviour of staff towards them and their family members. One family member said, "I am very satisfied with the service at Roman Wharf. My [family member] is happy and content which I confirm on my regular visits. I have no complaints at all."
- Staff told us they were happy with the way their colleagues supported people. One member of staff said, "[I am] happy with staff attitude towards people, [it's] good to see when residents are happy and to see staff when they come on duty." Our observations during our visit supported these comments. We saw positive engagement with people from all staff working at the service.

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

- There was evidence in people's care records of their involvement in the decisions about their care. People and their relatives told us how they had been involved with developing and refreshing their care plans. Where people needed support from relatives or advocates to express their views this had been factored into their care. Advocates are independent individuals who offer independent support to those who feel they are not being heard and to ensure they are taken seriously and that their rights are respected.

Respecting and promoting people's privacy, dignity, and independence

- People were happy with the way staff supported them to promote their privacy and dignity. Staff were able to give good examples of how they did this; by offering choice to people, giving them time to make those choices, ensuring curtains and doors were closed when providing personal care. One person told us, "It's lovely here, it could not be better."
- Throughout our visit we saw numerous examples of how staff supported people to maintain their dignity. When staff were helping people with different activities such as meals or their mobility, staff actions were led by the person they were supporting.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People's care needs were clearly documented in the care records in a personalised way. The manager was in the process of reviewing all care plans with each person and where needed gained support and information from relatives, friends and the staff who supported people. One member of staff told us the manager had spent a lot of time talking to people and this was reflected in the clear personalised information about people's care needs.
- People and relatives we spoke with, felt the staff team knew people well and ensured their care was given in line with their preferences. For example, 1 person told us they were able to manage their personal care but staff checked with them to ensure they had the support they needed.
- During our visit we saw good examples of people's needs being met. One person who on occasions became anxious when they were surrounded by too many people, had this information clearly identified in their care plan. Staff were aware and they had strategies in place to help calm the person. Such as keeping the number of people around the person to a minimum and when providing support for the person discussing topics they were interested in. This had a positive effect on the person's well-being.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Where people had specific communication issues there were strategies in place to support them. This included hearing aids, spectacles and for 1 person the use of a wipeable white board to allow them to read information and respond.

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 to take part in a number of different social activities at the service. They enjoyed Karaoke, art and crafts, visits from local children's schools and trips out to local entertainment amenities. Where people followed a religious faith, staff ensured this was supported with visits from a local cultural leader and television programmes that supported people's faith.
- People were enthusiastic about the social activities on offer to them. One person said, "I like all of them and take part in most, especially the singing." Another person said, "I enjoy all the activities including playing cards." There was a clear activities programme in place and we saw all staff supported the activities co-

ordinator. People who spent time in their rooms told us staff still came to ask them if they wanted to join in, and also spent time with them in their rooms.

#### Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy and people knew who to raise concerns to if they needed to. People and relatives we spoke with told us they had no complaints about the service. One relative said, "Good confidence in the management of the home. The manager is very nice. I have no concerns or complaints about the service."

#### End of life care and support

- People received end of life care in the way they wanted, their wishes were recorded in their care plans. Where people had not wanted detailed discussions this was respected. Staff told us they had support from the local Macmillan nurses and worked well with them to provide a pain free and dignified death for the people in their care.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership has a history of inconsistency. Further work is needed to ensure any improvements made at this inspection are sustained.

At our last inspection systems to manage safety and monitor the quality of the service were either not in place or not effective. This placed people at risk of harm. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found there had been improvements in the quality monitoring systems and the provider was no longer in breach of this regulation. However, at our previous 3 inspections, the provider had either been rated as requires improvement or inadequate in the well led section of their report, due either to quality monitoring systems not being in place or not being effective. Presently there are only 18 people living in a service registered for 50 people. Consequently, we would need to see the improvement in quality monitoring processes seen at this inspection, sustained over a longer period of time, to be assured good outcomes for people would be maintained.

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

- The manager had been in post for approximately 4 months. During this time, they had worked to improve the quality monitoring processes at the service. This improvement was evident in the management of medicines reported on in the safe section of this report. They had worked to improve care plans by auditing the information to ensure it was reflective and up to date.
- The manager had worked on other areas of quality. Undertaking mealtime audits, environmental audits, and kitchen audits. They worked with staff to take ownership of quality monitoring systems. Examples of how this positively affected the quality of care people received, was shown through the improvements in a number of areas. Daily menus had been produced with plans to introduce picture menus to improve the mealtime experience. The head housekeeper had taken ownership of monitoring mattresses for people to ensure they were fit for purpose.
- The provider had worked with a consultant to support them with their oversight audits. Where areas of improvement had been highlighted, there were actions in place to deal with any issues.

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

- The manager had worked with their deputy to maintain a person-centred culture at the service. Both were visible and open in their approach to people, their relatives, and staff. People told us they were happy with the way the service was being run. One person told us, "I like the current management. They are all knowledgeable and I can't fault them."

- Staff were positive about the management team and their approach to running the service. One member of staff who had been promoted 6 months previously, told us the support for them in their new role had greatly improved with the new management team. They said, "Communication has improved, training and standards improved."

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 manager showed a good understanding of the duty of candour and when things went wrong was open with people about events and how they would work to improve.
- The manager notified the Care Quality Commission of events at the service and how these had been managed. This is their legal responsibility and part of their registration conditions.

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

- People, their relatives and staff told us the manager and deputy manager worked to engage with them and listen to their views on the running of the service.
- People and relatives told us meetings took place on different days including the weekend, to accommodate relatives who may have struggled to attend meetings during the week. Topics included people's views on the food they were served and taster days had been organised so the menu reflected the likes and dislikes of people. Following the meetings the manager had put "you said we did" information out in response to topics raised.
- People's views had also been sought via a questionnaire and the manager was collating the results at the time of our visit.
- Staff told us there were regular staff meetings and they were supported with supervisions. One member of staff said, "I can go and ask for support if needed. I am confident in the management team, they do support us." They went on to say their views had been listened to at team meetings and a suggestion they had raised around booking staff annual leave had been implemented.

Continuous learning and improving care; Working in partnership with others

- The manager worked to ensure they kept up to date with current changes in adult social care. They attended the local care providers networking meetings. They hoped to work more closely with the provider's sister home to share good practice in the future.
- The manager and their staff had good working relations with external health professionals. We spoke with one health professional during our visit who told us the team used their guidance and raised concerns about people to them to improve their care. The management team had introduced a virtual "ward round" with their GP practice so everyone's needs were discussed and any support they needed could be highlighted early.