

Romney House Limited

Romney House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Romney House is a residential care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection, 16 people were living at the home and one person staying temporarily on respite. Romney House is a modern building set on the outskirts of Trowbridge in Wiltshire. Bedrooms are located on the ground and first floor with access via a lift. There is a large, enclosed garden with conservatories.

This inspection took place on the 22 November 2017 and was unannounced. At the last inspection on 15 April 2015, we found that the provider was meeting all of the essential standards. At this inspection, we found improvements were needed.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission 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.

People told us they felt safe living at Romney House. We observed staff had developed caring relationships with people and their relatives.

Medicines were not always stored safely and there were inadequate systems in place to receive medicines into the home in the absence of management. People's topical medicines were not recorded accurately and there was a lack of guidance for care workers to inform them what creams to apply to which areas.

There were ineffective quality assurance systems in place to monitor the care and support people received. Accidents and incidents were not routinely analysed to identify causes, patterns or trends. Risks associated with the premises had not always been identified, assessed or managed.

Care and support plans did not contain enough detail to make sure that people's needs were being met. People were not involved in their care planning and review of care.

People did not have the opportunity to record their end of life wishes, as these discussions had not always taken place.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service do not support this practice.

There were sufficient numbers of staff to support people's needs.

The provider had safe systems in place to recruit workers.

People we spoke to were complimentary about the staff and the service in general.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back 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?

Requires Improvement 

The service is not always safe.

Medicines were not always being stored safely.

People did not always have the necessary risk assessments in place to make sure the care they received kept them safe.

The environmental risks were not always identified, managed or reviewed to keep people safe from harm.

Care staff demonstrated a good understanding of their roles and responsibilities in safeguarding adults at risk.

Is the service effective?

Requires Improvement 

The service is not always effective.

Staff were not being supported with adequate supervision and training.

There were no mental capacity assessments completed to support people who may lack capacity to make certain decisions. Where people lacked capacity, consent had not been obtained from people with the legal right to act on their behalf.

People had access to appropriate healthcare from visiting healthcare professionals.

People were complimentary about the food and were supported to have meals of their choice.

Is the service caring?

Good 

The service remains caring.

Staff had developed positive relationships with people and their family members.

Social engagement was positive and built on mutual respect.

Staff adapted their approach to support people with dementia.

There were no restrictions on visiting at the service so relatives and friends could visit at any time.

Is the service responsive?

The service was not always responsive.

People had not been given the opportunity to record their end of life wishes in advanced care plans.

People's care plans did not contain specific clear guidance to staff about how people required their care. Improvements were needed to make sure staff were able to meet people's changing needs.

The service had no sight of the Accessible Information Standard making sure people's communication needs were flagged and met.

People had access to a range of activities that met their needs, wishes and interests.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

There were ineffective quality assurance systems in place to monitor the quality and safety of the service. Accidents and incidents were not routinely analysed to identify causes, patterns or trends.

Improvements were needed to the overall governance of the service to ensure all necessary records were in place and that they were up to date and reviewed when required.

Requires Improvement ●

Romney 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 checked 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.

The inspection took place on 22 November 2017 and was unannounced. The inspection team consisted of two inspectors and one inspection manager. Before the inspection, we reviewed all of the information we held about the service. This included information we received from statutory notifications since the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service.

We spoke with eight people using the service and two family members. We spent time in communal areas and observed how staff interacted with people.

During the inspection, we spoke with the registered manager and 10 members of staff in roles such as cook, maintenance, housekeeping, activities worker, deputy manager, senior carer and care workers.

During the inspection, we reviewed a range of records. This included seven people's care records, and medicines records. We also looked at four staff files and records relating to the management of the home. Following the inspection the registered manager provided us with a variety of policies and procedures developed by the provider however, they did not provide us with requested safety certificates.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

Risks associated with the environment had not always been adequately assessed and plans put in place to minimise those risks. There was no legionella risk assessment. Whilst the service was checking water temperatures and sampling water to detect the presence of legionella there were no comprehensive records for weekly flushing of water outlets. Taps that are not in regular use should be flushed regularly to reduce the risk of legionella. We found there was no documentation to support this practice for empty rooms. The risk assessment for the laundry area stated the laundry door should remain closed at all times, this was not happening. There were no personal emergency evacuation plans (PEEPS) in place. This document informs staff and the emergency services what people's needs are to evacuate them from the building in the event of an emergency. The environmental risk assessments that were in place had not been reviewed within the provider's stated timescales.

Chemicals were being stored in a locked storage area to meet Control of Substances Hazardous to Health Regulations (COSHH). However, there were no COSHH risk assessments for any chemicals and there were no safety data sheets available for all chemicals in stores. This meant that staff did not have the guidance needed to use and store these chemicals safely. The safety data sheets also give staff guidance on what to do in the event of a chemical spillage or incident.

Some people did not have the necessary risk assessments needed to reduce the risk of developing pressure ulcers, to prevent choking or reduce the risk of malnutrition. One person required a thickener agent in their drinks to reduce the risk of them choking. This was not documented in their care plan. There were no guidelines to inform staff on what consistency the fluid should be or how to support this person safely when drinking fluids. Whilst staff on duty were aware this person required thickener, there was no information in the person's care plan so that the provider can be confident all staff were aware of the need. People's risk of developing pressure ulcers had not been assessed which meant we could not be sure all the safety measures needed were in place. We saw that one person had dressings applied to skin tears and had recently lost weight. These factors contribute to the risk of developing pressure ulcers but had not been considered in the assessment of risk.

Medicines were not always being stored safely. We found a box of medicines in an unlocked office. The box was full and contained tablets, liquid medicines and eye drops, which should have been stored in a fridge. There were medicines piled in different places in this unlocked office. The office door was partially glass so people walking passed could easily view these medicines. We spoke with the registered manager about this. They explained the medicines were stored in the office the day before as the management team had not been there to check them in. Systems and processes were not in place to ensure that medicines arriving in the building at any time were stored safely in the absence of the management team. People's topical medicines were not recorded accurately. Creams documented in the medicines administration records (MAR) did not reflect the prescribed creams found in people's rooms. People did not have topical medicines guidance for staff to follow. There were no instructions to support staff to apply creams to affected areas.

The above areas are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.

The premises were clean in all areas with no odours noted. The provider did not keep cleaning records for the service. This meant there were no clear individual responsibilities for cleaning, no policies on how to clean all areas of the environment, fixtures and fittings and no guidance for domestic staff to know what products to use for which tasks. Whilst the domestic staff had developed their own informal methods of sharing with each other, what had been cleaned this was not robust. There were no records to demonstrate the service had been cleaned.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

People told us they felt safe. One person told us, "I feel safe, there's lots of people around you", another person told us, "I don't need to use my call bell there are always staff around to help." We spoke to a relative who told us they had, "No worries about mum's safety, staff are always visible."

Staff understood safeguarding and their role and responsibility to keep people safe from harm. Staff were confident that the registered manager would respond appropriately to any concerns raised. Staff knew about the process of whistleblowing and how to do this.

Where people had episodes of distress there were behaviour support plans to give staff guidance on what to do to offer support. The plans were based on practice that had been tried and found to work. This meant that staff had clear strategies in place on how to support people who were experiencing episodes of distress.

There were sufficient numbers of care workers on duty. The registered manager told us they organised the staffing rota to what they thought the service should have. The registered manager told us they had the flexibility to adjust the staffing levels according to needs of people at the time; however, there was no formal dependency tool to calculate staffing numbers.

We reviewed four staff files for workers that had been recently recruited by the service. We found all of the required recruitment checks had been completed.

The service had notified us of safeguarding incidents in 2017. As part of the notification process the registered manager informed us, they would address certain practice with staff. There was no record of this being completed. The management team told us they discussed the incident with staff and measures to prevent reoccurrence but they did not record these discussions.

Is the service effective?

Our findings

We reviewed care and support plans and found they did not contain the information needed to ensure people's needs would be met. We saw that in one person's daily notes it was recorded that their skin was, 'sore and peeling on their bottom.' There was no tissue viability care plan and guidance for staff to ensure the appropriate care was being delivered. We observed in another person's record that they were having medi-honey applied to their sacrum area. There was no guidance for staff on how to support this treatment. We observed in the notes that this person had dressings on their elbows. One record stated the person had dressings on their left elbow and another stated right elbow. We were not clear about what this person's needs were. The registered manager told us they have the district nursing notes to use as a reference. This is not robust as the district nurses can remove their records at any time. The staff on duty knew people living at the service well. As there was a stable staff team and minimal use of agency, the improvements required are to record keeping not the care delivery.

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. We found the service was not working within the principles of the MCA. Where people did lack capacity, some relatives had made decisions in the person's best interest. The service had not established that the relative had Lasting power of attorney for Health and Welfare, which would give them the legal right to act in the persons best interests. Mental capacity assessments had not been completed for people where they were needed.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for Consent.

People can only be deprived of their liberty so that they receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We found there was one person with a DoLS authorisation in place. The service had met the conditions attached to this authorisation.

People had access to healthcare professionals when needed. Referrals to the district nursing service and the GP were made without delay. A relative told us, "They let me know straight away when mum had a chest infection, they were brilliant. They called the doctor straight away and then rang me to tell me." Another said, "Mum has had a lot of trouble with urine infections, the staff are good at recognising the signs and send a sample to the surgery." "If anyone has a fall they check them over first and then call the paramedic to make sure."

We looked at staff supervision and training records. Staff had not had regular supervision. We found one care worker had one supervision in the past two years. The registered manager told us that all staff had an annual appraisal. This process records their development plan for the year ahead identifying any training

needs. We saw records for two staff. There was no date on either of the appraisals and no recording of their development plan for the year ahead.

We looked at the training records available. We found that staff did not have training required for their role. Some care workers had not received MCA training, safeguarding or tissue viability training. The provider kept a training matrix but this did not identify when the training required an update or refresher course. The training matrix did not correspond to the certificates of training we saw in staff individual files. Due to this we were not able to determine which care workers were up to date with all their training and who required updates. When we spoke to the deputy manager she was also unable to confirm what training staff required.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

On the day of our visit, we observed a new member of care staff shadowing a more experienced member of the care team. They were supernumerary and not counted in the staffing levels for that day. They told us they were enjoying their new job and felt their induction was going well.

People had food that they liked to eat and staff supported them to have a balanced diet. One person told us, "The food is good", "I sometimes have something different to eat, they are very good I just have to ask." Another person told us, "The food is very nice I have no complaints." We observed staff talking with people about the menu and choices. A relative told us, "If mum doesn't want something on the menu they will make something else for her." We observed at lunch time one person did not want what was on the menu. A staff member offered her an alternative, which was accepted by the person. The registered manager told us they often had 'Fish and chip Fridays'. The service collected fish and chips from the local chip shop, which people really enjoyed. We saw that cold drinks and snacks were freely available in the communal areas and in jugs in people's rooms.

The registered manager told us that where there had been recent re decoration of communal areas people had been involved in this process. People had chosen colour schemes, new chairs, carpets and curtains. There were spacious communal areas and smaller lounge spaces. There were two conservatories and a dining area. The décor in all areas was in good repair.

Is the service caring?

Our findings

The service continued to be caring. People told us they found the staff to be kind and caring and they felt comfortable with the support they were given. One person told us, "It's great, you can't fault it and the staff are wonderful." Another person told us, "I miss my home and my husband, it's not like home but it's the next best thing."

People told us staff were helpful when they needed support. Their comments included, "The girls knock on the door, I can do most things for myself but they are there if I can't do some things." Staff told us, "I love it, it is such a lovely home, I like the way it feels relaxed."

We observed positive social interactions between people and staff. There was evidence of mutual respect within the relationships that had been developed. Staff demonstrated that they knew the people they were supporting. We observed friendly banter that was led by people and reciprocated by the staff in a respectful way. Staff told us that, "It feels like coming home." They told us, "The residents are like a family." Over the course of our inspection, we observed staff treating people with kindness, taking care of their belongings, checking where they wanted to be and if they were well.

People could have visitors at any time without any restrictions. We observed family members visiting on the day of our visit. We saw staff were friendly and freely engaging with family members. People were offered private space in order to meet with their relatives. A relative told us, "I think they treat all the residents with dignity, their general well-being is very good."

Care documents were stored in cupboards that were locked. Staff were respectful of individual's personal information. When care workers needed to ask people, personal questions this was also done discreetly and respectfully.

One person has a cat living with them. The cat had recently gone missing. The staff team at the service worked hard to find the cat, using social media to alert the local community. The staff recognised that finding the cat was important to this person's well-being. The cat was found safe and returned to its owner thanks to the effort of the team.

A staff member told us that they adapt their approach for people living with dementia. They told us that they use pictures and objects to communicate with some people. There had been some work completed to gain information about people's life story. Staff told us that this information helped them to communicate with people with dementia. We observed staff taking time to find out what people wanted to choose off the lunchtime menu. We saw that they sat at the same level as people, took time to explain choices, listened to people's thoughts without rushing them.

We saw that people's rooms were personalised with their own belongings. People were supported to move about the home and to sit where they wanted and with whom. We observed that people have developed friendships with each other and looked out for each other.

Is the service responsive?

Our findings

People were not always supported to receive care that was responsive to their changing needs. People's care plans contained some information about their care needs but improvements were required to ensure they contained current advice and guidance for staff about how to support people. Staff told us that they did look at the care plans but if there was a change in needs then the, "Managers would update them." Staff told us they attend a handover at the start of every shift, which supported them to know how the people living at the service were and whether anything had changed.

The service had a complaints procedure and had received no complaints.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the registered manager about this standard and they were not aware of it. We found where people had a sensory loss this was not identified in people's records. Intervention was limited to what aid the person needed; for example where people needed a hearing aid this was recorded but no other guidance on how to support the person to communicate. Whilst the staff were using pictures to communicate with some people with dementia, this was not recorded in their care records so that the provider and registered manager could be sure a consistent approach to communication was taken. Important documents such as the complaints procedure or menus were not provided in large print or a pictorial format, which may help people with sight impairment or dementia.

There were a limited number of advanced care plans in place for people at the service. Whilst we saw that there were do not attempt resuscitation (DNAR) forms in place for some people, there was no supporting documentation to record wishes for end of life care and support. There were no advanced care plans in place so people could identify how they wanted their end of life care delivered, where they wanted to be and who they wanted present. These conversations with people had not taken place.

For one person who was nearing the end of their life we saw that equipment needed had been sourced. The relatives told us they were very happy with the care being provided by the service at this time. Healthcare professionals were involved and consulted however, these actions were not reflected in the care plan. A member of staff told us they make sure the music of a particular artist is playing for this person, as it was a favourite; this was not documented in the care records. Whilst the staff were aware of people's needs records had not been updated to reflect the changes in people's needs.

People were supported to participate in activities they enjoyed. We observed people being involved in crafts, puzzles and the organising of future activities. There was a dedicated activity worker who planned appropriate activities for people based on individual likes, wishes and preferences.

The activity worker told us that they tried to find out what motivated people and what they liked to take part in. They told us when they started they used an atlas to find out where people came from, where their family live and where significant events took place. This supported them to provide activities and opportunities for

people based on what they knew about the person's life.

A relative told us, "They have different people in all the time singing, playing tambourine. On mums birthday they brought in a special violinist." "There is a summer fayre and a Christmas fayre, they invite all the relatives." Staff told us, "In the afternoons we get some time to sit and have a chat and get to know the residents." "Staff play bingo and cards; there is a lot of interaction between us all." One person told us, "I can go out whenever I want to, usually when my daughter comes we go out into the garden."

Is the service well-led?

Our findings

Prior to the inspection visit, we reviewed how the provider was displaying their rating. We found the rating was not being displayed on their website but was displayed at the service. We informed the registered manager the rating was not being displayed on their website. The provider had not updated their website to add the rating.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Requirement as to display of performance assessments.

People told us, "The manager is here often; she comes in and sits down for a chat." Another person told us, "They are all very reasonable and approachable." We spoke with a relative who told us, "I come in at all times of the day and week and it is always very welcoming, the office door is always open, they (the management) are lovely." Staff told us the management at the service was, "Visible and approachable."

There was a lack of leadership and governance at Romney House. The provider and registered manager demonstrated a lack of knowledge of the regulatory framework for a residential care home. There was no programme of quality monitoring at the service. We were only able to view one quality audit for the service over the past 12 months. This was a food survey. There were no other quality monitoring records or audits to review. Having systems and processes to assess and monitor the quality and safety of the service is a legal requirement. It also ensures that the service can monitor the care delivery and identify concerns, make improvements and operate safely. The registered manager told us they involved people in planning at the service and sought their feedback but could not provide records or evidence to demonstrate this.

People's care records were not comprehensive and up to date. We found people with specific health conditions such as diabetes and angina did not have recorded interventions available for care workers to be confident they were delivering the right care and support. The topical medicines records were not completed thoroughly, protocols for 'as and when required' medicines were not always available. There was a lack of consideration given to reflect people's diversity in their care plans. When we asked the registered manager how they promoted equality and diversity the only consideration given was for people's religious needs and this was not always recorded. How people wished to express their sexuality, spirituality or any cultural considerations were not identified or recorded.

Accidents and incidents had not been audited to identify patterns, trends and possible causes. There had been no analysis of safety incidents such as falls or incidents of distress. This meant the provider and the registered manager had no oversight of incidents, which affect safety and well-being, therefore they could not be confident all measures needed to reduce the risks were in place.

We were not able to view the safety records for the home at the time of our inspection. This included premise safety certificates for electric and gas, portable appliance testing (PAT) certificates and equipment servicing records. The registered manager informed us they would send them to us following the inspection. This had not been completed. We found that the care delivery at this service was good but the governance

demonstrated by the provider and registered manager required improvement. Records relating to the management of the service were not comprehensive and robust, readily available, up to date and in good order.

All of this is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

The registered manager notified the Care Quality Commission of any significant events that affected people or the service. They also submitted notifications for events that did not require a statutory notification. We discussed this with the registered manager who felt that keeping up to date with changes in legislation and requirements was difficult due to the service being managed by a smaller provider. They told us that at times they did feel isolated. The provider needs to keep up to date with changes in legislation, regulatory processes and changes and updates to best practice. These changes need to be shared with the staff team so they are delivering care that is evidence based and in line with current regulatory requirements.

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 11 HSCA RA Regulations 2014 Need for consent Where people did not have capacity consent for treatment was not always documented in line with legislation and guidance.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that risks to people were identified, assessed or managed thoroughly. Medicines were not always stored safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to have effective systems in place to ensure compliance with the Regulations and to assess, monitor and improve the quality of care provided. There were no comprehensive records for the management of infection prevention and control of the environment. The provider had failed to have comprehensive records of care in place that reflected people's needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance

assessments

The provider did not have their rating displayed on their website.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff did not receive the appropriate supervision or training for them to carry out their duties.