

Scope

# Roman House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 16th and 17th January 2018. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

At the comprehensive inspection of this service on 16th and 17th January 2018 we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with a requirement notice for three breaches. This was because records of medicines management were not always completed correctly, staff had not received the necessary supervision and training to enable them to carry out their duties and the provider had not always ensured that effective systems were in place to assess and monitor the quality of the service provided and ensure appropriate action was taken to improve the quality and safety of the care people received.

We undertook an unannounced focused inspection of Roman House on 6 April 2018 to check that the provider had followed their plan and to confirm that they now met legal requirements. We inspected the service against three of the five questions we ask about services: is the service safe, effective and well led. This is because the service was not meeting some legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Roman House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Roman House is a service which provides residential care for up to 26 adults with a range of needs including younger and older adults with mild to moderate learning disabilities. Care is provided to people who also live with additional health conditions such as diabetes, epilepsy, sensory loss and cerebral palsy. Roman House comprises two four bedroomed bungalows and a larger building which has additional accommodation with communal areas such as a sensory room, dining room and a lounge area. The bungalows and the main building have gardens to enable people to enjoy the outside space. The home is in a residential area of Basingstoke. At the time of the inspection 17 people were using the service.

Roman House had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Roman House was last inspected in January 2018 and was rated as requires improvement. We found breaches of three regulations of the Health and Social Care Act 2008 (Regulated Activities). Regulations 2014 related to safe care and treatment, good governance and staffing. Following the last inspection, we asked the provider to complete an action plan to show what they would do to become compliant with the regulations. We received the action plan on 16 March 2018. The provider stated that they would meet the relevant legal requirements by 30 April 2018. Due to a change in registration CQC decided to inspect this service before the provider's proposed deadline so that we could explore compliance issues relevant to that

change in registration. We needed to confirm that the provider would be able to meet the regulatory requirements prior to the change in registration. This was discussed with the provider prior to the inspection commencing.

At this inspection we found that the provider had met the requirements for safe care and treatment, staffing and good governance.

People who lived at the home said that they felt safe. Staff showed a good understanding of safeguarding procedures and actions to take to protect people from the risk of avoidable harm or abuse. People's safety was promoted as care plans contained specific guidance for staff about how to manage health risks for people.

Staff sought consent to care and treatment whilst supporting people. The provider had complied with the requirements of the Mental Capacity Act 2005.

We observed people living in the home being treated with dignity and respect. People felt that they received care from staff who were kind and compassionate. We observed staff talking to people in a friendly and personable manner during the inspection.

People were supported to eat and drink enough to maintain a balanced diet. Staff supported people's individual food and drink preferences. People's dietary needs were catered for.

People received support from healthcare professionals in order to help them lead healthier lives. There was evidence in people's care plans that they had received visits from professionals such as district nurses and speech and language therapists. Since the last inspection the provider had made improvements to records in people's care plans. Consistent records were available for those people who had received visits from healthcare professionals.

The building had been adapted to meet the needs of people living in the home. Since the last inspection required repairs had been completed to make the environment more suitable for people. The communal areas had also been redecorated.

The service worked in partnership with other agencies such as the local authority.

At this inspection we rated the home as Requires Improvement.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Risk assessments that related to people's health and safety ensured that all risks were effectively assessed. Action had been taken to reduce risks to ensure people's safety.

Medicines were managed safely

People were safeguarded from the risk of abuse. Staff displayed a good understanding of how to safeguard people from avoidable harm.

People were supported by adequate numbers of staff to meet their needs.

### Is the service effective?

Good ●

The service was effective.

People's needs and choices were assessed and documented and there was evidence to show that people were involved in planning their own healthcare.

People were supported by staff who had the right training, skills and knowledge. Mandatory training and supervision was up to date for all staff.

People were supported to access support from healthcare professionals to lead healthier lives.

The premises had been adapted to meet the needs of the people living there.

Staff gained consent before commencing care for people.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider had improved quality assurance systems to monitor the safety and effectiveness of service delivery. However

not all actions identified in the service improvement plan had not been completed by the proposed deadlines. The provider acknowledged the need to take further action in this area.

People who used the service, staff and relatives were not always effectively engaged. The provider had planned consistent methods for gaining feedback about the service, however it was acknowledge that further work was required in this area. this was still a work in progress

The registered manager aimed to promote an empowering, person centred and inclusive culture, however further work was required to embed this in practice.

# Roman House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We undertook an unannounced focused inspection of Roman House on 6 April 2018. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our inspection on 16 and 17 January 2018 had been made. One inspector inspected the service against three of the five key questions we ask about services: is the service safe, effective and well led. This is because the service was not meeting some of the regulatory requirements in these areas.

No risks, concerns or significant improvement were identified in the remaining key questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in respect of this inspection

The inspection took place on 6th April 2018 and was unannounced. The inspection was completed by one adult social care inspector.

During the inspection we spoke with four people who lived in the service, three permanent staff and two agency staff. We also spoke with the registered manager, quality manager and the director of services.

Before our inspection we reviewed the information we held about the home, this included weekly updates the provider had sent us and any notifications received. Notifications are information about specific important events the service is legally required to send to us.

We also reviewed a number of records relating to people's care and support. This included four care plans and associated records, six medicines administration records, and four 'snapshot' dietary needs documents. We also reviewed records including staff meeting minutes, service user meeting minutes, the staff training matrix, staff personal development profiles, the service improvement plan, action plans and medicines

audits.

# Is the service safe?

## Our findings

At our last comprehensive inspection in January 2018 we found that the provider had not taken appropriate action to ensure that risks to the health and safety of people had been appropriately documented, providing staff with the guidance to manage people's health conditions. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection, we found that the provider had implemented improvements to ensure appropriate guidance was in place for staff to safely manage risks associated with people's health and medical conditions. People's care plans contained risk assessments which had been regularly reviewed. Staff were asked to sign that they had read and understood this guidance. This helped to ensure they were familiar with people's needs. Clear and specific guidance had been included in people's care plans to support staff in managing the risk of choking. Speech and language therapy referrals had been completed for those people identified as being at risk of choking. This helped to ensure that guidance was in line with recommendations from healthcare professionals.

Guidance from a speech and language therapist included suitable types of food for people with swallowing difficulties. A choking screen and risk assessment had been completed for each person. The provider had produced additional 'snapshot' assessments to instruct staff on people's dietary needs and suitable food types to prevent the risk of choking. These were easily accessible to all staff. All staff had also undertaken first aid training to help them take effective action in the event a person was choking. The improvements made to guidance for staff meant that people were now better protected from the risk of unsafe or ineffective care.

The provider had ensured that risks relating to the safety and welfare of people using the service were assessed and managed. This meant they had complied with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in January 2018 we found that the provider had not always ensured that medicines were stored, managed and administered in accordance with best practice and following prescriber's guidance. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements to the storage, management and administration of medicines had been made. Procedures were in place to ensure that unused medicines were disposed of promptly. Medicines were given by staff, who were trained and competent to do so. Senior staff had completed direct observations of staff giving medicines to ensure that practice was safe and learning needs were quickly identified and supported.

Medicines were managed safely. Some medicines require refrigerated storage to maintain their effectiveness. Medicine fridge temperature records showed that medicines were stored within the range specified by the manufacturers. There was an up to date record of fridge temperature recordings which had



been checked daily. An air conditioning unit had been purchased to ensure consistent temperatures were maintained. This helped to ensure that medicines were stored appropriately. .

Medicines administration records (MARs) were completed accurately. Audits were used effectively to identify and address any gaps in MAR charts. Handwritten MARs had clear dosing instructions and were dated and signed. People's medicines allergies were recorded. MAR charts were used by competent staff to record the application of creams and ointments. This helped to ensure that accurate records of the medicines people took were in place.

Staff had additional guidance for some medicines prescribed to be taken as PRN when required. The provider had implemented specific guidance on how to give PRN medicines and these were documented in each person's medicine records. The provider had sent a request to the GP to review each person's guidance. This helped to ensure that guidance reflected people's most current needs.

At the last inspection we saw that some people were receiving medicines mixed with food or drink to make them more palatable. This was being done at their request, but staff had not checked with a pharmacist to make sure this was safe and that the medicines would continue to be effective. At this inspection we found evidence in people's medicines records that pharmacists had been consulted for advice to ensure that medicines were being administered safely when given with food. Staff had been complying with the pharmacist's instructions when giving medicines.

Staff completed weekly audits which had been used to identify gaps in medicines records. These audits were effective. In a recent audit, it was identified that a record had not been signed when staff were giving medicines. This was identified in the audit and an action plan was put in place to ensure that all MAR charts would be signed.

The provider had ensured the proper and safe management of medicines. This meant that they had now complied with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found people were not always protected from the risk of infection. We observed that the clinical waste and household waste bins in the outside area were unlocked. The bin area was dirty and untidy which posed a potential risk of infection. After the inspection, the registered manager provided evidence that the bin area had been cleaned and all bins had been locked. At this inspection we confirmed that bin areas were clean and bins were locked. This meant that people were better protected from the risk of infection.

The home had an infection control policy in place and a nominated infection control lead. Personal protective equipment (PPE) was used by staff and disposed of correctly. The provider had interviewed applicants for the vacant housekeeping position. Staff were still performing regular cleaning tasks as well as giving care and preparing meals for people. We did not see that this was having any clear negative impact on the delivery of care.

People we spoke with said that they felt safe in the home. Staff we spoke with had good knowledge of safeguarding processes and were able to identify actions they would take if they suspected abuse. All staff were up to date with their safeguarding training. The home's safeguarding policy was accessible to staff and included guidance on raising concerns and whistleblowing. The registered manager and team leaders were the designated safeguarding advisors for the home.

Robust systems were in place in the home for recording incidents and accidents. The provider told us that

safeguarding concerns were recorded securely by the registered manager on an electronic system. Team meeting minutes and staff handover records showed that accidents and incidents were discussed with to help staff apply preventative measures to protect people from further incidents. The provider showed us records of safeguarding concerns had been recorded and investigated.

There were robust recruitment arrangements in place for staff. Staff files contained evidence of employment history, references and a Disclosure and Barring Service check (DBS) having been obtained. The DBS helps employers to make safer recruitment decisions by ensuring that only staff suitable to work in a care setting are employed. An induction checklist and orientation process was in place for agency staff. Agency staff also completed 'shadow' shifts as part of their orientation. The provider had also requested a one page profile for agency staff which included personal details and evidence of a Disclosure and Barring service check (DBS). This ensured that people only received support from staff suitable to work in a care setting.

# Is the service effective?

## Our findings

At the last comprehensive inspection in January 2018 we found that people received care and support from staff who had not always received the appropriate guidance and support. The provider had not ensured that staff received the induction, training and support required to enable them to provide person centred care which met people's individual needs and preferences. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found that the provider had effectively used the service improvement plan to identify training needs for staff. All of the staff had completed their mandatory training.

Most staff had received training on how to support people with specific needs. The provider had reviewed staff training needs such as epilepsy management and diabetes care. Courses had been booked for those staff who had not received training. Three people living in the home were identified as being at risk of choking due to a swallowing difficulty called dysphagia. Since the last inspection records showed that the provider had arranged dysphagia training for staff. Additional training days had been arranged to ensure that all staff would have received dysphagia training by the end of April. Guidance and support on how to manage swallowing difficulties had been provided by a speech and language therapist. The provider used the service improvement plan to monitor staff training needs. Actions included ensuring that staff development reviews were completed regularly and that all staff received training that was specific to people's needs. Arrangements had been made to ensure that all staff received training specific to people's needs. The improvements in training meant that staff were better equipped to provide effective care and manage health risks for people.

At the last inspection we found evidence that appraisals had not been completed for all staff. At this inspection the provider was able to evidence that all staff had received appraisals. We reviewed personal development profiles which identified staff's strengths and areas for development. This confirmed that staff were being supported in their roles through receiving regular, purposeful supervisions.

Since the last inspection the provider had developed five page, person centred profiles which were included in people's care plans. These provided a brief overview of the care needs and preferences of each person to assist new staff members and agency staff to provide appropriate care for people. New staff and agency staff were supported through an induction and orientation process which included completing 'shadow' shifts with experienced staff members. This meant that people received care from staff who had been appropriately trained to support their needs.

The provider had ensured that staff received adequate training and supervision in their role. This meant that they had complied with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to maintain a healthy diet. People's dietary needs and preferences were recorded in the 'snapshot' nutrition document.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had made the appropriate applications. Deprivation of Liberty Safeguards applications were recorded in people's care plans; these had not all been approved. The registered manager told us this was due to the backlog of applications being processed by the local authority. The registered manager told us that they had made links with a local advocacy service to support this process. The provider maintained a record of the applications which were due to be approved. Care plans also contained records of best interest decisions made on behalf of people for consent to treatments and to share information with health professionals. Since the last inspection these had been updated and contained evidence of the appropriate people having been involved in the decision making process.

Staff we spoke with demonstrated that they understood the principles of the MCA and how to apply them in their daily practice. We observed staff seeking consent from people and supporting them to make informed choices. Training records showed that all staff had been trained in the MCA.

Following the last inspection the provider had reviewed people's care and support plans. People's care plans contained evidence that their needs had been assessed and that regular reviews had taken place. Records showed that regular key worker reviews had taken place and that people had been involved in the decision making process. This demonstrated that people were receiving care specific to their needs and choices. Care plans had been updated and contained health action plans. A health action plan is a document which contains information about a person's health needs. It is written in an easy read format so that people who have a learning need can be involved in making decisions about their health. These had been completed for each person. Hospital passports had also been included in each person's care plan. Hospital passports include personal details about people and their healthcare needs. We saw evidence that information had been regularly updated so that the document could be taken to hospital or healthcare appointments to explain to healthcare professionals how they liked to be looked after. This meant that health risks for people unable to fully communicate their needs would be managed and that they would receive individualised care.

At the last inspection we found care plans did not consistently contain all of the information required to enable staff to support people appropriately. Specific guidance was not always provided to staff about how to manage people's individual health conditions. One person's care plan contained information about how to manage their percutaneous endoscopic gastrostomy (PEG), which is a tube passed through a person's stomach as a way of providing nutrition and medicines if they are unable to take these orally. In the person's care plan it was stated that the PEG site should be inspected and cleaned daily but there was no guidance of how this should be managed or undertaken and there was no record of this having been completed. This exposed the person to a risk of their care being neglected or unsafe.

At this inspection we found clear and specific guidance for staff had been included in the person's care plan about cleaning and managing the PEG site. Instructions about cleaning and checking the PEG site were consistent and clear and there was a daily record of the PEG site having been inspected and cleaned which

was accurately completed.

In another person's care plan there was clear, detailed guidance about how to identify and manage epileptic seizures. Types of seizures were described and a clear risk assessment was in place to instruct staff on actions to take in the event of an emergency.

The improvements made to the guidance in people's care plans meant that staff were more able to provide safe and effective care through managing specific health risks.

## Is the service well-led?

### Our findings

At our last inspection in January 2018 we found the provider had not always ensured that effective systems were always in place and operated effectively to assess, monitor the quality of the service provided and ensure appropriate action was taken to improve the quality and safety of the care people received. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had taken sufficient actions to meet the requirements of this regulation. However, further work was required to fully embed systems for monitoring training needs and other developments identified in the service improvement plan. Not enough time had passed to demonstrate that changes which had been implemented were being sustained.

The provider monitored the quality of service provision by completing monthly compliance auditing tools. These monitored areas such as health and safety, infection control and moving and handling. Information was collated to identify trends which would trigger alerts for the quality assurance team. This helped identify if additional support was required from senior managers. Action plans were then completed with dates for review.

At the last inspection we found that these audits were not effective as they had failed to identify shortfalls related to safe care and treatment, staffing and good governance. At this inspection, we found that the provider had used audits and service visits from the quality management team to effectively review progress against these requirements. Actions identified through quality assurance tools were included in the service improvement plan which was reviewed weekly. In addition the provider sent regular updates to the Care Quality Commission (CQC) to keep us informed of their progress. This demonstrated that the provider had used systems to effectively monitor and improve the quality of service provision.

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service. The registered manager was supported by a team leader as well as the provider's quality assurance team, area manager and director of services. The service improvement plan had been updated to address the continued breaches identified at the last inspection as well as additional improvements required to improve quality and safety within the service. The registered manager held overall responsibility for daily operational aspects of the plan such as staff recruitment. At the time of the inspection, weekly meetings were being held to review any unmet actions.

Since the last inspection the service improvement plan had been reviewed and showed that several of the unmet actions had been completed. These included mandatory training for all staff, a review of the rota system, and a new induction for all staff. However, not all of the actions had been met by the proposed deadlines including full reviews of all care plans and the appointment of a housekeeper. Additional work was required to ensure that necessary improvements were completed.

The provider produced evidence of how they used a number of methods to engage people who lived in the home to be involved in decisions about the support they received as well as changes to the home. These included resident's meetings. During a recent meeting, the provider completed a 'you said we did' exercise to identify that people wished to engage in more activities outside the home. The provider then used this information to inform discussions in key worker meetings as a way of meeting people's preferences for outside activities. Although the provider had engaged people in discussions about their preferences, at the time of the inspection additional activities had not yet been planned for people.

The provider told us they had recognised that additional work was needed to increase people's engagement with activities and decisions made about the service. The provider had devised a customer engagement plan which included person centred reviews, telephone interviews with relatives, opportunities for people to meet with quality managers during quality assurance visits and customer satisfaction surveys. Some of the actions in the engagement plan had been completed such as the telephone interviews, whilst others including the delivery of customer satisfaction surveys, were not yet completed. The provider was in the process of collating the feedback gathered to date as a means of driving service improvements. Additional work was needed in this area to ensure that people's opinions were sought and acted upon to improve service delivery.

Staff we spoke with stated that the culture within the home had improved since the last inspection. One person told us; "There's been a lot of changes which is good." Staff had worked collaboratively to promote an inclusive, person centred culture and encourage people to take an active role in making decision about the home through inviting them to give feedback and make suggestions for improvements. We saw evidence of this in meetings held with people who lived in the service. The provider had an 'open door' policy for people and staff and a comments box had been placed in a communal area. People we spoke with said that they felt comfortable approaching the registered manager with any concerns. The provider had maintained a record of people's concerns or complaints and there was evidence that actions had been taken to address them.

At the last inspection the provider did not have an effective system in place to monitor the quality of peoples' care and support records to ensure that they were current and accurate. At this inspection peoples' care and support records contained sufficient information to protect them from the risk of unsafe care. Risk assessments had been reviewed and updated so that people's needs were met safely and consistently. Quality assurance systems had been improved to identify and correct recording errors and to analyse concerns. People's allergies had been recorded accurately on their medicines records. Due to the improvements in the governance system people were better protected from the risk of unsafe care or treatment.

The provider had improved governance systems to ensure the safety and quality of service provision. This meant that the provider had complied with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, additional work was needed to fully embed improvements in practice.