

Longhurst Group Limited

Romsey / Winchester Ave

Inspection report

46 Romsey Avenue
Weddington
Nuneaton
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Tel: 02476354175

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24 April 2023

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17 May 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Romsey / Winchester Ave is a care home providing personal care and accommodation for up to 13 adults with mental health needs. The care home is made up of 7 properties, including 3 flats, 1 bungalow, 2 shared houses and a communal office building. At the time of our inspection visit there were 13 people being supported by the service.

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

Overall, the providers systems and processes had identified where improvement was needed. This meant failures to meet regulatory requirements identified at our last inspection had been addressed. However, some audits were not sufficiently robust to identify the concerns we identified during our inspection. This included safe medicine practices.

Improvements had been made and risks to peoples physical and mental health had now been identified and assessed. However, further improvements were needed to ensure known risks were managed well.

Some improvements had been made to the management of environmental risks. Fire doors were now compliant and appropriate window restrictors had been fitted to mitigate the risk of falls from heights. However, action was needed to ensure risks associated with smoking cigarettes were mitigated. This action was taken during our inspection.

Accidents and incidents were recorded but it was not clear what action had been taken to mitigate the risk of these accidents and incidents happening again.

Systems and processes were not always effective. Checks of records had not identified some risks in people's care. Improvement was needed in the managerial oversight of important records. The provider was responsive to our feedback and took immediate action to rectify some areas of concern.

Despite this, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt safe and protected from the risk of abuse. There were enough suitably skilled staff to provide safe and effective support.

People and relatives were positive about the support people received at the home and of the management and leadership of the service and told us people achieved good outcomes and lived the life they wanted.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 31 December 2021). 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.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 17 November 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do, and by when, to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Romsey / Winchester Ave on our website at www.cqc.org.uk.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Romsey / Winchester Ave

Detailed findings

Background to this inspection

The inspection

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

Two inspectors and an Expert by Experience completed this inspection. 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

Romsey / Winchester Ave 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. Romsey / Winchester Ave 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 24 April 2023 and ended on 26 April 2023. We visited the location on 24 April 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, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the Inspection

During the inspection we observed how staff interacted with people and spoke with 8 people who lived at home and 4 of their friends or relatives about their experience of the care provided. We spoke with 5 members of staff including the business manager, an assistant team leader and 3 support workers. We spoke with an external healthcare professional to gather feedback on their engagement with the service. We reviewed 3 people's care records and 2 people's medicines records. We also reviewed records relating to training, recruitment, and quality assurance.

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 requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to ensure that all risks to people's health and safety had been assessed and mitigated. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, further improvements were still required.

- At our last inspection, risk assessments were not sufficiently detailed to provide guidance to staff about how to support people safely. Improvements had been made and risks to people's physical and mental health had now been identified and assessed, and overall, risk assessments were detailed enough to guide staff on how to support people safely.
- However, we did identify some isolated areas in records where further improvements were needed. For example, 1 person had diabetes. Records did not guide staff on what action they should take if the person had consistently high blood glucose readings. We brought this to the assistant team leader's attention and who took immediate action to contact a healthcare professional for advice during our visit.
- Some people living at Romsey / Winchester Ave had complex mental health conditions. Records did not always contain enough detail to enable staff to support people to manage these needs safely. For example, 1 person showed signs of deterioration in their mental health 6 weeks prior to our inspection. Whilst we were satisfied action was being taken to review this person's mental health needs with external professionals, risk assessments and care plans had not always been updated to ensure staff had up to date guidance on how to respond to these changing needs.
- Improvements had been made to the management of environmental risks. Fire doors were now compliant and appropriate window restrictors had been fitted to mitigate the risk of falls from heights. However, 1 person smoked cigarettes and although this risk had been identified, further action was needed to ensure this risk was managed safely. During our inspection a new risk assessment was completed, which included the purchase of a new fire-resistant cigarette bin.
- At our last inspection, medicines were not always managed safely. Further improvements were still required. Some medicines needed to be stored below 25 degrees to ensure their effectiveness. Staff did not record the temperature of the excess medicine stock cupboard, where some medicines were stored when they first came into the home. The assistant team leader started to record these temperatures during our visit.
- Records to ensure safe medicines practices also required improvements. For example, some people

needed medicines on an 'as required' (PRN) basis to treat short term conditions such as pain or anxiety. Records did not always contain accurate information to ensure these medicines were given consistently. One person was being given 2 of their PRN medicines together without an appropriate rationale. The assistant team leader called the consultant for advice during our inspection who confirmed these medicines were safe to be administered together.

- Despite this, other areas of medicines management were managed well. For example, staff recognised when people were able to manage their own medicines and monitored this safely by working with other professionals when necessary and appropriate. One relative commented, "I feel [person's] medication is managed well, and this has contributed to how well they are."
- People also had their medicines reviewed regularly and staff recognised when changes might be necessary. One healthcare professional told us, "They know people really well and pick up on early warning signs of deterioration in people's mental health."

Learning lessons when things go wrong

- Accidents and incidents were recorded but it was not clear what action had been taken to mitigate the risk of these accidents and incidents happening again. Although, we were assured action had been taken, this was not always reflected in records.
- There was limited oversight to ensure any patterns or trends were identified quickly.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse because the provider had effective systems and processes in place to keep people safe.
- People told us they felt safe, and relatives did not raise any concerns about people's safety. Comments included, "I bless the day [person] went there. I cannot praise them enough. Staff are so kind" and, "It is a little community area here. If I am ever worried, I just pull the cord. I have no worries about my safety here. The staff are very caring."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People were empowered to make their own decisions. A healthcare professional told us, "They allow people to speak for themselves. The staff do not take over or speak on their behalf."

Staffing and recruitment

- There were enough suitably skilled and trained staff to provide safe and effective care. People's comments included, "I think there are enough staff. They are in here regularly and we can get support when we need it, but they also allow us to live independently" and, "Sometimes my illness overwhelms me and staff support me when feeling anxious."
- There was a flexible staff rota in place which ensured people received support when they needed it. One

staff member told us, "I feel there are enough staff to meet people's needs, with a focus on supporting independence."

- The recruitment process ensured staff were suitable for their roles by conducting relevant preemployment checks. This included Disclosure and Barring Service (DBS) checks which provided information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 have visits from relatives and friends when they wished.

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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvements were still required.

- Systems and processes were in place to audit the quality of the service provided. Where audits identified improvements were needed, these had been incorporated into a service improvement plan.
- Overall, audits had identified where improvement was needed. This meant failures to meet regulatory requirements identified at our last inspection had been addressed.
- However, some audits were not sufficiently robust to identify the concerns we identified during our inspection. For example, medicine audits had not always identified issues with safe medicines practices or that actions had been taken to mitigate re-occurrence of accidents and incidents.
- Improvement was needed in the managerial oversight of important records. Checks of records had not identified some risks in peoples care.
- The provider was responsive to our feedback and took immediate action to rectify some areas of concern such as installing a fire-resistant cigarette bin and updated their action plan with any issues that could not be resolved immediately.
- The provider welcome external checks from stakeholders. A recent fire safety inspection had assessed the home as fully complaint.

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

- Since our last inspection, there had been a change of registered manager. People and relatives were positive about the management and leadership of the service.
- Staff felt respected in their roles and told us the registered manager was available when they needed them. One staff member told us, "[Registered Manager] is great. If you have any concerns, you can go to her."
- There was a person-centred culture which promoted people's individual rights and support preferences.

For example, 1 person was seeking medical support for a health condition which met healthy eating choices should be promoted. Staff encouraged this very sensitively whilst respecting the persons right to make unwise decisions at times.

- One person described how they enjoyed living at Romsey / Winchester Ave because they could live their own life in the knowledge staff were there, usually based in the communal area of one of the buildings, if they needed anything.

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 provider understood their legal responsibility to be open and honest with people when things went wrong.

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

- People had regular opportunities to speak to staff and management about anything concerning them. Formal tenants' meetings were held where a variety of topics such as fire safety were discussed.
- Relatives had regular opportunities to give feedback. Questionnaires had been sent to relatives shortly before our inspection but these had not yet been returned. Relatives we spoke with felt able to raise concerns and said the registered manager was responsive.

Working in partnership with others

- The provider communicated effectively and worked in partnership with other healthcare professionals
- The registered manager had worked in partnership with the local authority and recently completed their service improvement plan.
- The provider had recently decided to de-register from providing care at this location and was working with commissioners to source a new provider. People and relatives had been informed.