

Runwood Homes Limited

Rowena 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 22 October 2018. The inspection was to follow up to see whether improvements had been made from the previous inspection in November 2017.

Rowena House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. Rowena House is a care home situated in Conisborough, Doncaster and is registered to accommodate up to 40 people. The service is provided by Runwood Homes Limited. Accommodation is provided on both the ground and first floor. The service had several communal and dining areas and easily accessible secure gardens. On the day of inspection 33 people were living at Rowena House.

At the last inspection, on 14 November 2017, the service was rated requires improvement overall and in safe, effective, responsive and well led, and good in caring. Breaches of regulations 12, safe care and treatment and 17, good governance were found. This was because risks associated with people's care were identified but not always managed and systems in place to monitor the service delivery were not always effective.

At this inspection we found the service had made sufficient improvements to satisfy the previous breaches, although further improvements are required which require embedding into everyday practice.

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.

Staff understood their responsibility to report any concerns and were aware of the action to take if they suspected abuse had occurred. People were supported to manage their risks by staff who were aware of the need to protect people from avoidable harm. There were sufficient numbers of staff available to meet people's care and support needs. The provider recruited staff safely.

Most people received their medicines as prescribed. Medicine stocks did not always tally with those determined by the medication administration record. The environment was maintained, generally clean but some areas were in need of redecoration. Systems were in place to monitor infection control.

There were enough staff to ensure people were safe and had their needs met in a timely way. Staff had the skills and knowledge to carry out their roles and were supported by a system of induction, relevant training, one-to-one supervision and appraisals.

Staff understood their responsibilities under MCA, people's capacity had been assessed and when required best interest's meetings had been held and recorded.

People told us that they enjoyed the food. People had a choice of meals and were supported to maintain a healthy diet in line with their choices, preferences and any healthcare needs. People's health was assessed and monitored. Staff took prompt action when they noticed any changes or decline in health. Staff worked closely with health professionals and followed guidance given to them to ensure people received safe and effective care.

People's dignity and privacy was maintained by staff. People told us staff were kind and caring. Staff maintained people's dignity and encouraged choice and independence. Staff supported people to maintain friendships and relationships. People's friends and family could visit when they wanted and without restriction.

There were some activities available for people to enjoy, although the home did not have a dedicated activities staff member. Care records were personalised and detailed how people wished to be supported. Most provided clear information to enable staff to provide appropriate and effective care and support. Risks were clearly identified and included guidance for staff on the actions they should take to minimise any risk of harm.

Information about how to complain was displayed in the service. People and relatives knew how to complain and were confident that any concerns they had would be listened to and acted on. People and their relatives were asked their opinions of the service and these were acted on. Staff meetings were held regularly and their feedback valued. Staff told us that they felt supported by the registered manager and that the service was a good place to work.

Audits were in place to monitor the quality of the service people received, although, they were not frequent enough to be effective. The registered manager reviewed the recorded accident and incidents. These were analysed to identify any patterns or trends and plans were put in place to reduce the risk of them happening again in the future.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People's prescribed medication was not always recorded appropriately.

Staff understood their roles and responsibilities in safeguarding people.

Risks to people were assessed and managed by staff. Accidents and incidents were recorded and appropriate action was taken and communicated to staff to reduce the risk of recurrence.

There were enough staff to meet people's needs in a timely manner.

Is the service effective?

Good ●

The service was effective.

People were well cared for by staff that had regular training to develop their knowledge and skills.

Staff demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to access healthcare services. Staff sought and followed professional advice appropriately.

People were positive about the choices and quality of food offered.

Is the service caring?

Good ●

The service was caring.

People received care from staff who developed positive, caring and compassionate relationships with them.

Staff were affectionate towards people and knew what mattered to them.

Staff protected people's privacy and dignity and supported them sensitively with their personal care needs.

Staff promoted people's independence and supported them to express their views and be involved in decision making.

Is the service responsive?

Good ●

The service was responsive.

People received care which met their individual needs.

Most care records were person centred and had detailed information for staff about people's physical and mental health needs.

People had access to activities and were supported to socialise.

People knew how to raise concerns and complaints and any concerns were positively responded to.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Quality assurance systems were in place which reviewed the quality and safety of people's care, although, not always frequent enough to be fully effective.

There was an open and transparent culture. People, relatives and staff were asked their views on the service provided.

The registered manager was well regarded by people, relatives and staff.

Notifications had been submitted to the Care Quality Commission in line with guidance.

Rowena 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.

This inspection took place on 22 October 2018 and was unannounced. The inspection was undertaken by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law. We also reviewed information and feedback about the service received from relatives and the local authority.

We spoke with a range of people about the service; this included five people who lived at Rowena House. During the inspection we spoke with five staff members, the registered manager, one visitor and a visiting nurse.

We looked at care records of five people who lived at the service and training and recruitment records of three staff members. We also looked at records relating to the management of the service. In addition, we checked the building to ensure it was clean, hygienic and a safe place for people to live.

During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our previous comprehensive inspection on 14 November 2017, we found shortfalls in the provision of good and safe care. The registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach related to safe care and treatment of people and the management of risks relating to people. We rated this key question as 'requires improvement'. At this inspection, we found that some improvements had been made and the provider is no longer in breach of this regulation. However, some aspects of this domain remain in need of improvement.

People, staff and visitors told us they felt the service was safe. One person told us, "I feel safe and secure living here." Another person said, "Yes, I feel very safe." A relative commented, "If I didn't believe this was a safe environment [relative] would not be here."

With minor exceptions most people's risks were assessed and these were managed and updated to reduce the level of risk where possible. This included people's risks of falling, food and fluids and developing pressure areas. One person told us, "They [staff] always help me when I need them to." People who were identified as being at risk of skin breakdown or falls had documentation in place to guide staff in supporting them to manage this. Staff we spoke with had in depth knowledge about the details of these risks, and what they needed to do when providing support to people.

Staff had an understanding of risks to people and took actions to reduce these, for example ensuring people had access to walking aids when required. The service used a records system to input information about the care people needed. We saw this information was updated regularly, and reviews took place following an incident or a change in a person's needs. Significant incidents such as a fall, or an injury were entered onto a monitoring system by the registered manager. This helped them to identify whether trends or patterns were emerging. Actions were taken to mitigate these when identified. This meant that we were confident that there were systems in place to manage people's risks.

We saw that risks associated with the premises were managed. There were fire and personal emergency evacuation plans in place for each person living in the service to make sure they were assisted safely whenever there was a need to evacuate the premises. Records of fire safety checks, water temperatures, refrigerator and food temperature checks had been completed. This helped ensure that the service was a safe place to live, visit and work in.

People and their relatives did not express any concerns about the cleanliness of the home. We saw personal protective equipment (PPE) was available throughout the home and we observed staff using it. During the inspection cleaning was being completed of people's rooms and communal areas. We were invited into some people's bedrooms and we observed these were tidy, clean and fresh. Control processes were in place for soiled laundry and we observed staff following these to reduce the risk of infection. Although we did find some fresh foods which were refrigerated without an 'opened on' date or were uncovered. We also saw some staff in breach of the registered provider's uniform policy due to having painted or false fingernails. The registered manager assured us this would be addressed at team meetings and individual supervision.

Visitors described areas of the home as, "tired" and "in need of a lick of paint."

The provider had put measures in place to protect people from the risk of avoidable harm and abuse. Staff had undertaken adult safeguarding training within the last year and understood the correct safeguarding procedures to take should they suspect abuse. A member of staff told us, "I would report any suspected abuse immediately." The home held a safeguarding policy as well as current company policies on safeguarding adults. We saw advice and contact numbers for safeguarding agencies were advertised within the home.

People were protected from being cared for by unsuitable staff because there were robust recruitment processes in place. Staff confirmed that they were asked to complete an application form which recorded their employment and training history. Records included a recent photograph, written references and a Disclosure and Barring (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with adults at risk. Staff confirmed they were not allowed to commence employment until satisfactory criminal record checks and references had been obtained. People were also cared for by a sufficient number of suitable staff. One person told us, "Staff are always there when I need them." A relative said, "The staff are busy but there are usually enough in my experience." We spoke to staff, some of whom had been there for a number of years. They told us, "We have a great team who work well together, I believe we have enough staff."

People were happy with the way they received their medicines. One person said, "Staff are good, I get my tablets on time." We looked at Medicine Administration Records (MAR) for seven people. Whilst we found most were completed with no signature omissions, the medicine stocks did not always tally with the MAR. For example, one person's 'as needed' (PRN) paracetamol MAR indicated there should be 44 tablets in stock, however there were 56. Another person should have had 29 tablets in stock for similar medication, yet had 32. One person's topical MAR for cream to be applied twice daily had omissions. Whilst these occasional issues did not have a negative impact on people, they had not been identified by staff or quality assurance processes.

Medicines were stored securely, although some temperatures taken for the medication room had exceeded 25 degrees Celsius, which was in excess of the manufacturers storage guidance and one occasion we found the keys for the medication trolley unattended. There were suitable arrangements for storing and recording medicines that required extra security.

Is the service effective?

Our findings

At our previous inspection in November 2017 we rated this key question as, requires improvement. We found people had been referred to healthcare professionals when required but their advice was not always followed and people were not always offered a meal which was suitable to meet their assessed needs. At this inspection we found improvements had been made and have rated this key question as, Good.

People told us they enjoyed the meals provided. One person said, "The food is very good." A relative told us, "The food is always nice and if people do not like the food on offer the cook finds an alternative to what's on the menu." The chef and staff were knowledgeable about people's dietary needs and food preferences. For example, where people required softened meals or a normal diet. Records were kept in the kitchen for all staff to refer to. Staff we spoke with demonstrated they understood people's additional needs in relation to eating and drinking. We saw them providing support when required to ensure people's nutritional needs were met, for example, people were given food fortified with extra calories if that was needed. Throughout the day we saw people were offered a variety of drinks and snacks such as fruit or a biscuit.

People had access to external healthcare services such as a GP, dentist or chiropodist. The registered manager and staff team worked in partnership with these external healthcare services to promote people's well-being. One person told us, "Staff arrange for me to see a GP if I don't feel well." The staff told us they worked well as a team to deliver effective care to people. They also worked well with other healthcare professionals when required. Records showed they followed healthcare professional's guidance when given. A visiting nurse said, "I never have any issues here. Any instructions given regarding patients are always carried out effectively."

Staff on commencing employment with the service all underwent a thorough induction, this included being enrolled to gain their Care Certificate. They undertook a range of training topics, delivered face-to-face by a trainer or via e-learning on the computer. They then shadowed more experienced staff until they felt confident and had had their competency assessed by the senior staff to work on their own. All staff spoken with said they had received training appropriate to their roles.

Staff were receiving regular supervisions and appraisals. During supervisions staff had the opportunity to sit down in a one to one session with their line manager to talk about their job role and discuss any issues they had. These sessions were also used as an opportunity for the manager to check staff's knowledge and identify any gaps and training needs.

We looked at how people's needs were assessed prior to being admitted into the home. People and their relatives we spoke with confirmed they had been involved in the pre- assessment process and said information was sought about their care and support needs. Pre-admission records we looked at contained information about people's care needs such as their health, risks and medicines and detailed how people wished their care to be provided. Staff we spoke with had a good understanding of people's needs and how people liked to receive their care.

People did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age. The registered manager told us that staff undertook training in recognising diversity and that the services assessment process identified where people had protected characteristics under the Equality Act.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

All staff we spoke with demonstrated they understood the MCA and worked within its' principles when providing people with care. They could describe to us how people's capacity was assessed, and the process for making decisions in people's best interests where they lacked the capacity to do so. We noted that where required, people had a decision specific mental capacity assessment and where any issues had been identified a best interests meeting had been held. This was to ensure that any decisions made about a person's care, was done so by the appropriate people, and was to the benefit of the person. The registered manager understood when an application for a DoLS authorisation should be made and how to submit one. This ensured that people were not unlawfully restricted.

People living at the service told us that staff asked them for permission before providing them with support. Our observations confirmed this. For example, when people needed support to eat a meal, staff checked with them first if they were happy to be supported by them. Staff confirmed they asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before acting. This demonstrated staff understood the need for people to agree to the support they were offered.

The design and layout of the service met people's individual needs. Toilets and bathrooms were clearly marked to encourage independent use and to help people who might have difficulties orientating around the premises. However, some corridor walls were noticeably marked and in need of redecorating. Some of the woodwork on door frames was gouged and chipped leaving exposed wood. This was also in need of decoration. Some of the furniture we saw was stained and frayed. We spoke to the registered manager about this who told us that 25 new chairs had been ordered and were awaiting delivery.

Is the service caring?

Our findings

At our previous inspection in November 2017 we rated this key question as, Good. At this inspection we have continued to rate this key question as, Good.

People and their relatives told us staff were kind, friendly and caring. One person said, "The staff are lovely, they look after me well." Relatives we spoke with all complimented the staff and said they were kind and caring. One relative told us, "The staff do a great job." Staff asked people how they could help in a polite respectful manner and reassured them that nothing was too much trouble. We observed that staff approached people in a warm and friendly manner, greeting people and asking them how they were.

We saw people had developed positive relationships with staff members and did not hesitate to approach them often enjoying conversations and jokes with them. Staff interacted well with people and we saw staff supporting and comforting people in a caring manner throughout the inspection. Staff responded to people in a calm and reassuring manner. People told us that they felt comfortable asking for support because staff always responded to them so positively. We saw that people's requests for support were quickly responded to. One person told us, "Staff always ask if I'm okay, they are very, very nice." Another person said, "If I pull the cord, someone comes quickly."

People's dignity and privacy was promoted and maintained by the staff supporting them. Staff knocked on the door of people's rooms before entering them and personal care was carried out behind closed doors. One person said, "[Staff] always knock and ask if it is alright to come in. They always call out saying who they are." Another person told us, "[Staff] always keep me covered as much as possible." This demonstrated to us that staff were aware that they needed to maintain and promote people's privacy and dignity at all times.

People and their relatives told us that they were encouraged to express their views and were involved in the decisions about the care received. One person told us, "The [registered] manager and staff are always there to talk and ask how things are." Another relative said, "I am here almost every day so I know first-hand how much my opinion and feelings are requested and valued."

Meetings were held to engage people and their relatives with updates about the service provided. These meetings were also a place where people could make any suggestions or raise any concerns they may have had. A relative said, "The meetings are frequent and useful but we have access to the staff and manager at any time."

Staff could tell us how they supported people to maintain their independence and knew about people's individual preferences. One person said, "The staff only help me when I need them to, I like to do most things myself." We observed during the lunchtime meal that staff encouraged people to be independent with gentle prompts and reminders. Throughout the inspection we observed staff actively involving people in making decisions about their care.

People were able to see their visitors when they liked. One person told us, "There is always a warm welcome

from everyone here when visitors come." A relative said, "There is no restriction on when we can come. The staff and manager are always welcoming."

Is the service responsive?

Our findings

At our previous inspection in November 2017 we rated this key question as, requires improvement. We found care plans were not always person centred and staff were, at times, task focussed. At this inspection we found improvements had been made and have rated this key question as, Good.

People received care and support that was responsive to their needs. One person told us, "Staff always come quickly when you need them." People told us staff provided care in a way that they preferred and said their views and wishes were respected. People's care records reflected what people told us. We saw people's preferences about how they wished their care to be delivered and information regarding social and religious needs along with the type of interests they enjoyed were clearly recorded for staff to refer to.

Information about people's communication needs was recorded to ensure people had access to any information in a way they could understand. People and their relatives told us their care records were reviewed with them and we saw information was up to date and reflective of people's needs. For example, we saw any changes in a person's physical or mental health needs were addressed quickly with input from other health professionals such as district nurses or opticians.

The care records we viewed were, in the main, sufficiently detailed to instruct staff and contained person-centred information. 'Person centred' means care which is based around the needs of the individual. Examples included assistance with mobility, personal care, day and night time routines, nutrition and pressure area care. Care plans included information about people's preferences, including how they wanted to be addressed and what was important to them. Also included was the person's family history, life history and medical history. This helped staff to get to know the person and provide individualised care which was responsive to the person's needs. We did however find some care plans with conflicting information or omissions. For example, one person's file indicated they had agreed and consented to all aspects of care, however, they were assessed as not having capacity. One section of another person's file identified them as being in need of a frame to mobilise, although a different section stated they mobilised independently and without aid. We spoke to the registered manager about this. They told us these were recording errors which would be immediately resolved and that the person was able to consent to some aspect of their care but had been assessed as lacking capacity in others.

Staff said they had access to people's care records and when care or support needs changed it was discussed at each shift handover to ensure people continued to receive the correct care. One member of staff commented, "Our hand overs are very informative and any changes to a person's needs or care are well communicated." Staff we spoke with were knowledgeable about people's individual needs and preferences and were able to tell us how they supported them.

People and their relatives said they took part in activities, although they were limited at times as the home did not have a dedicated activities co-ordinator. Whilst some external entertainers and trips were arranged, the day to day activities were done by care staff or visiting relatives doing such things as, music, singing, arts and crafts. One person told us, "I like to do the crafts and make things." Another person told us, "I like it

when I get my nails done but at times I wish there was a bit more to do."

People and their relatives told us they knew how to complain. The complaints policy was displayed on the notice board, and a copy of this was given to people in their welcome pack. The policy included timescales and the response they should expect. For example, it described how their complaint would be acknowledged and what would happen next. People and relatives we spoke with told us they had confidence the registered manager and staff at the service would deal with any concerns raised to their satisfaction.

People could be assured that at the end of their lives they would receive care and support in accordance with their wishes. Where people had been prepared to discuss their future wishes in the event of deteriorating health staff had clearly identified these in people's care plans. The information included how and where they wished to be cared for and any arrangements to be made following their death. We saw that Do Not Attempt Resuscitation (DNAR) forms were in place for people who had chosen not to be resuscitated. This helped to make sure staff knew about people's wishes in advance.

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'requires improvement'. We found there were weaknesses in the systems and processes for assessing and monitoring the quality of the service. This was a breach of Regulation 17 (Good governance). At this inspection, although we found some improvements had been made to satisfy the previous breach, further improvements are required. We have rated this key question as requires improvement.

The service had a registered manager. 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.

Audits covered a number of areas including medication, health and safety, environment, and care plans. Whilst the audit system was robust, the frequency of the audits was not conducive to identifying issues in a swift manner. For example, care plan reviews consisted of one care plan audit per month. This meant that issues may go un-noticed for some time before identification or action. This was evident with the issues we raised regarding medication and care plans. The registered provider's representative completed a monthly compliance visit, observing all areas of the service and care provided. The last visit recorded was in July 2018 which identified old and worn furniture and areas of the home which were in need of decoration. A return visit was planned for August 2018. The registered manager confirmed there had not been a subsequent provider audit since July 2018.

People who used the service and their relatives told us they thought the service was well managed. They said communication was good and they felt well-informed. One person told us, "The manager is lovely and always has a chat." People and their relatives all described the management of the service as open and approachable. One relative said, "Communication with the manager is good, they are always available."

Staff told us the registered manager was supportive and approachable. Staff also said that morale was good and they worked well as a team. The registered manager had an 'open door' policy, and staff were comfortable to go to the office and talk about anything that was of concern to them.

The registered manager understood their responsibilities as a 'registered person' and submitted notifications of events to CQC. These provide us with information about how the service managed these events. We asked the provider to complete a PIR this was completed and returned to us within the timescales given. All organisations registered with CQC are required to display the rating awarded to the service. The registered manager had ensured this was clearly on display.

Staff recorded accidents and incidents within the service. Each event had been analysed and measures were in place to reduce the risk of re-occurrence, this helped to ensure the wellbeing of each person. The registered manager reviewed this information to look for any trends or patterns, for example, what time of day the event happened or if it took place in a particular location. We saw that incidents and accidents had

been recorded and followed up with appropriate agencies or individuals, for example the falls team. If required, the registered manager had notified the CQC.

Regular staff meetings were held to give staff an opportunity to raise any issues with the service. Staff told us that the registered manager listened and acted on what they said. Records showed that all aspects of the service were discussed at the meetings. Staff told us that communication was good at all levels and they worked well as a team to ensure that people received the care they needed. Our observations and discussions with people, staff, and relatives, showed that there was an open and positive culture between people, staff and the registered manager.

Staff told us they had been provided with information about whistleblowing. Whistleblowing is a way in which staff can raise any concerns to the management or recognised bodies, such as the CQC. All the staff we spoke with were confident if they raised a concern it would be investigated appropriately by the manager in line with the provider's procedure.

People were consulted and involved in day to day decisions about the running of the home through regular meetings. For example, people were consulted about the recent redecoration of a communal room including deciding on the décor and room lay out.