Runwood Homes Limited

# Rowena House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

The inspection took place on 28 and 29 November 2016 and was unannounced on the first day. The home was previously inspected in January 2016. It was overall rated good but had one breach of regulation. Regulation 12 Safe care and treatment.

The service has a registered manager who had been registered with the Care Quality Commission since September 2013. 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.

Rowena House is a care home situated in Conisborough, Doncaster which is registered to accommodate up to 36 people. The service is provided by Runwood Homes Limited. At the time of this inspection there were 35 people living at the home. Accommodation was provided on both the ground and first floor. The service had several communal and dining areas and easily accessible secure gardens. The home was close to local amenities of shops and healthcare facilities.

At the previous inspection we found medication was not always administered as required by the prescriber. Gaps in the medication records meant some medications may have been missed. Some medication protocols were inaccurate which meant people may not have received 'as and when required' (PRN) properly. At this inspection we found improvements had been made and the registered manager had introduced weekly medication audits and PRN protocols had been put in place to direct staff when 'as required' medication was to be given. However we found some recently admitted people still required protocols to be put in place. These were in place before the inspection was concluded.

The requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

People's physical health was monitored as required. This included the monitoring of people's health

conditions and symptoms so appropriate referrals to health professionals could be made.

There were sufficient staff with the right skills and competencies employed to meet the assessed needs of people living in the home. Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink. People we spoke with told us they enjoyed the meals and there was always something on the menu they liked.

People had limited access to activities. Staff were expected to include activities as part of their working routines. We observed an outside entertainer performing songs that were age appropriate on the first day of the inspection and the hairdresser was on site on the second day of the inspection.

We found the service had a friendly relaxed atmosphere which felt homely. Staff approached people in a kind and caring way which encouraged people to express how and when they needed support. Everyone we spoke with told us that they felt that the staff knew them and their likes and dislikes. One person said, "I like it here the staff are kind and friendly." Relatives also confirmed to us that they thought the staff supported people appropriately and encouraged people to be involved in their care.

Formal supervision's were not taking place at the frequency required by the provider. This had been highlighted by the regional care director at a recent audit. The registered manager was aware of this and was looking at ways to improve frequency. Five staff that we spoke with told us they had not recently received supervision and they told us that they felt the provider did not listen to their concerns over work pressures. You can see what action we told the provider to take at the back of the full version of the report.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the provider. The reports included any actions required and these were checked each month to determine progress.

## 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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the homes procedures in place to safeguard vulnerable people from abuse.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had also been assessed and identified as part of the support and care planning process.

There were enough qualified, skilled and experienced staff employed to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines were to be taken and when.

### Is the service effective?

Requires Improvement

The service was not always effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely, to a good standard. However, the frequency of formal supervisions required some improvements so that staff could discuss their concerns about work practice.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. We also found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. We observed people being given choices of what to eat at each meal.

## Is the service caring?

Good

The service was caring.

Staff had a good approach to their work. People told us that staff were very caring and respected their privacy and dignity.

People were supported to maintain important relationships. Relatives told us there were no restrictions in place when visiting the service and they were always made to feel welcome.

The service had a strong commitment to supporting people and their relatives to manage end of life care in a compassionate way.

## Is the service responsive?

Good

The service was responsive.

People had their care and support needs kept under review. Staff responded quickly when people's needs changed, which ensured their individual needs were met.

People had limited access to activities. There was an activities programme but this often did not take place as personal care was a priority to staff.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

## Is the service well-led?

Requires Improvement

The service was not always well led.

There was a registered manager in post who worked to the values of the organisation.

Improvements were needed to ensure staff were supported in their roles.

There was a strong commitment to promoting and sustaining the improvements already made at the service.

Systems were in place for recording and managing complaints, safeguarding concerns and incidents and accidents. Documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

# 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 was planned to check whether the provider was 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 28 and 29 November 2016 and was unannounced on the first day. The inspection team consisted of an adult social care inspector. At the time of our inspection there were 35 people using the service. We spoke with the registered manager, two care team managers and five care staff. We also spoke with 4 people who used the service and 3 visiting relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We spent time observing care throughout the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Prior to the inspection we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We spoke with the local council quality assurance officer who also undertakes periodic visits to the home.

Before our inspection we reviewed all the information we held about the service. We did not request that the provider complete a provider information return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at two people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at the

quality assurance systems to check if they were robust and identified areas for improvement.

Good

# Our findings

At our previous inspection we found the management of medicines was not safe. We asked the provider to send us a report detailing what improvements they would be implementing to address the breach and by when. The provider sent us an action plan stating they would meet the regulations by 23 February 2016.

At this comprehensive inspection we looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for three people. We also checked several MAR's for people who were prescribed pain relief 'as and when required' (PRN) to asses if the service had detailed protocols for when the medication was to be administered.

We found improvements had been made and the registered manager had introduced weekly medication audits and PRN protocols had been put in place to direct staff when 'as required' medication was to be given. However, we found some recently admitted people still required PRN protocols to be put in place. These were in place before the inspection was concluded.

We observed staff administering medication to people who used the service. They did this in a safe way that reflected good practice guidance, such as signing for medicines only when they had been taken by the person. One of the care team managers described the system for ordering and managing medicines going in and out of the home. This included a safe way of disposing of medication refused or no longer needed. We checked if the system had been followed correctly and found it had.

Where controlled drugs were in use we saw there was specific storage available which met legal guidance. The service also had a controlled drugs register which provided the details for each person receiving a controlled medicine. We checked the controlled drugs in the cabinet and found they tallied with the entries in the register.

There was a system in place to make sure staff had followed the home's medication procedure. For example, we saw regular checks had been carried out to make sure that medicines were given and recorded correctly, and remaining medication tallied with the stock held. We also saw the dispensing pharmacy periodically audited the medication system in place and at their last visit they found no concerns. The audits on medication showed that where errors had occurred they were picked up and resolved immediately.

The temperature of room where medication was stored had been checked and recorded regularly in November 2016. However, we found that the records showed a number of days in the previous month where the temperature was not recorded. We discussed this with the registered manager who told us that improvements had been identified by the audit and staff were reminded to ensure daily records were maintained.

Staff who were responsible for administering medication had received training to update their knowledge and skills. We also found periodic competency checks were carried out to make sure staff were working to expected standards.

Care and support was delivered in a way that promoted people's safety and welfare. Care files checked showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. For example the risks associated with falls were managed by making referrals to the falls team when required. This demonstrated the service worked closely with other health professionals where a particular risk was identified. Staff also obtained equipment such as falls mats to alert staff if the person got up out of bed in order to reduce the risk of the person falling.

Systems were in place to make sure that managers and staff learnt from events such as accidents and incidents, complaints and concerns. This reduced the risks to people and helped the service to continually improve.

Each person also had a personal evacuation plan in case of fire. The registered manager told us that these were easily accessible if required in the event of an emergency. We saw systems were in place for events such as a fire and regular checks were undertaken to ensure staff and people who used the service understood those arrangements.

We observed staff helping people to move around the home, with and without the use of aids. In each case they assisted people in a safe way. The relatives we spoke with felt the home was a safe place for their family member to live. One relative said, "My [family member] was having lots of falls at home and we were really worried about their safety. Since my [family member] has been in the home we feel reassured that they are safer and if they did fall staff would be there to give assistance."

We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported.

Staff were aware of the safeguarding policies and procedures and would refer to them for guidance if needed. They said they would report anything straight away to the care team manager on duty or the registered manager. Staff had a good understanding about the services whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

Overall the people we spoke with felt there was enough staff available to meet their needs. One person told us, "There always seems to be enough staff on duty. If I need a carer I can always find one within a few minutes." However, a relative said they thought additional staff would be beneficial at key times, such as mealtimes and when people want to get up or go to bed.

We looked at the number of staff that were on duty and checked the staff rosters to confirm the number were correct. The registered manager told us they used a dependency tool to assist with the calculation of

staff needed to deliver care safely to people. From our observations during the inspection we found staff were able to spend a limited amount of time with individuals, and we found the interactions when they did take place to be positive and meaningful.

At the previous inspection we found the recruitment of staff was robust and thorough. Application forms had been completed, two written references had been obtained and formal interviews arranged. All new staff completed a full induction programme that, when completed, was signed off by their line manager. The registered manager told us that the recruitment procedures remained the same. She told us that no new staff had been employed since the last inspection although some interviews had taken place during the inspection to fill vacant care positions.

We checked around the home to see if it was clean and tidy. There were no obvious trip hazards and communal areas were clean. We did not notice any unpleasant odours or badly stained furniture and bedding. We saw staff followed good hand hygiene procedures and protective equipment such as aprons and gloves were available throughout the building.

Requires Improvement

# Our findings

Systems to support and develop staff were in place and we were shown a training matrix which demonstrated that most staff had completed training expected of them by the provider. We looked at the supervision matrix provided to us by the registered manager. This showed most of the staff had not received formal supervision. The registered manager told us that she recognised that care team managers were finding it difficult to fit in supervisions alongside their normal daily routines. She told us that she had started to address this and was looking to reconfigure the supervision groups. The regional care director had identified this shortfall in their last quality monitoring report and had set an action for care team managers to prioritise supervisions until these were brought up to date. The registered manager told us that she had completed about ten yearly appraisals. These are meeting with staff to give them an opportunity to reflect on the work performance and to identify and training needs.

We spoke with five care staff and two care team managers about the support they received. They confirmed they had not had any formal supervision but had attended staff meetings. They said they did not feel supported by the provider and felt that their concerns were not always listened to. They told us that the plan to register four more beds at the service without any additional staff was causing them concerns. They said they felt stretched to meet the needs of the current people and had tried to raise their concerns. We discussed this with the registered manager and the regional care director who gave assurances that staffing levels and the deployment of staff would be kept under review.

The above was a breach of Regulation 18 (2)(a) Staffing; of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us all staff would complete a comprehensive induction which included, care principles, service specific training such as, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent.

The registered manager was aware that all new staff employed would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff told us that they attended a handover at the start of each shift which informed them of any concerns in

relation to people's health. One staff member said, "I find the handover essential as I only work part-time. The information we receive gives us an overview of the health and wellbeing of people we support."

We found the service worked well with other health care agencies to ensure they followed best practice guidance. The care team manager gave us examples of working closely with the doctors and district nurses who visited people at the home regularly.

People were supported to have their assessed needs, preferences and choices met by staff that had the right skills and competencies. People who used the service and relatives we spoke with told us they thought the care staff were competent and well trained to meet their or their family member's individual needs. One relative said, "The staff are very good, they know how to support my [family member] so that they don't hurt her. She has really bad arthritis and has painful joints, but staff understands her needs." A person who used the service told us that the carers were kind and considerate they said, "They always ask me if I want to get up and if I need assistance. They are respectful and talk to me like I am an individual."

We joined a group of people eating their meals. We carried out a SOFI during lunch on the first day of this inspection. We observed lunch being served in the two main dining areas. We saw staff showing people the two main choices for lunch giving them an opportunity to choose what they wanted to eat. Staff showed patience when one person struggled to make their choice.

The dining rooms had a relaxed atmosphere with appropriate music playing softly in the background. We saw tables were nicely set with tablecloths, serviettes, cutlery and condiments, and people were offered protection for their clothes on an individual basis. Staff offered support where needed and they made sure the person was at the centre of conversations during the meal. People told us they enjoyed the food served at the home and there was always plenty of choice.

People's care records highlighted any special diets or nutritional needs people required and we saw this information had also been shared with the kitchen staff. Staff ensured people received the diets they needed. People who required additional supplements to enrich their calorie intake was also provided.

We saw people had accessed healthcare professionals such as GPs, dieticians and physiotherapist when additional support was required. People who were at risk of poor nutrition or dehydration had a nutritional screening tool in place which indicated the level of risk and care plans told staff how this would be managed. We also saw records had been maintained to monitor people's food and fluid intake, as well as their weight.

We looked at the care records for two people who used the service and there was evidence that people were consulted about how they wanted to receive their care. Consent was gained for things related to their care. For example we saw people had consented to the use of photographs on care plans and medical records. People were also consulted about their continuing involvement in care plan reviews. We saw care records were evaluated monthly.

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 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. Staff were aware of the Mental Capacity Act and the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own. At the time of the inspection the registered manager told us there was one person who had a DoLS authorisation. They had also made several applications to the supervisory body. We looked at the care plan for the person who were subject to DoLS and found appropriate measures had been taken to ensure the person's care was given in the least restrictive way. The remaining applications which had been submitted were still awaiting decisions.

Good

# Our findings

People told us they were happy with the care and support they received. We saw staff had a warm rapport with the people they cared for. People were treated with respect and their dignity was maintained throughout. We observed numerous kind and caring interactions throughout the day. It was clear that staff knew people well and was able to tell us about individual people and their life histories. People's needs and preferences were recorded in their care files.

We observed staff interacting positively with people who used the service throughout our inspection. They gave each person appropriate care and respect while taking into account what they wanted. We saw staff enabled them to be as independent as possible while providing support and assistance where required.

The relatives we spoke with said their family member was given choice about where and how they spent their time, as well as the meals they wanted and what activities they preferred to join in. We saw people getting up at different times, with some people returning to their bedroom to rest after meals. The people we spoke with described the staff as caring and responsive to people's needs. One relative described the staff as, "Capable and professional" which they said gave them reassurance that their family member was safe and well looked after.

We saw people's rooms were personalised to meet their needs and preferences. This included family photos, mementos and small items of furniture. People we spoke with told us that they liked their bedroom where they could spend time with their family and friends.

The service had a stable staff team, the majority of whom had worked at the service for a long time and knew the needs of the people well. The continuity of staff had led to people developing meaningful relationships with staff. Staff on duty on the first day of the inspection told us they worked as a bank staff but they felt they knew people's needs and understood their roles and responsibilities.

People told us that staff were caring and respected their privacy and dignity. Our observation during the inspection confirmed this; staff were respectful when talking with people calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs. A relative told us, "We were worried about mum coming into care, but staff welcomed us and they are friendly and helpful. My [family member] has decided to stay which is comforting for us."

Relatives told us staff were good at keeping them informed of changes in their family member's condition. One relative said, "The staff always call me if they are worried about my [family member]."

The service had a strong commitment to supporting people and their relatives, before and after death. Some people had end of life care plans in place, we saw that next of kin and significant others had been involved as appropriate. These plans clearly stated how they wanted to be supported during the end stages of their life. Do Not Attempt Resuscitation (DNAR) forms were included and were reviewed as and when required by the person's doctor. The registered manager showed us thank you cards received from the relatives of people who had sadly passed away.

Good

# Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of two people's assessments and care plans. They gave a clear picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and leisure activities.

Relatives and the people we spoke with who used the service confirmed they had been involved in planning and reviewing care plans. One relative said, "We were involved in the assessment process and the registered manager spoke to us about what we could expect from the placement." Another relative told us that they had looked at other homes before choosing Rowena House. They said they had made the right choice.

Daily handovers ensured new information was passed at the start of each shift. This meant staff knew how people were presenting each day. We observed the hand over which was informative and staff asked questions for clarity.

We were told that staff were expected to facilitate activities as part of their daily routines. However from the records we saw we found gaps in the recording of activities. Some people had only taken part in a few activities during a two month period. The registered manager told us that there was an activity planner but this was a guide and clearly was not taking place. Staff told us that they found it difficult to fit in activities as most of their time was spent supporting people with personal care.

We observed people taking part in an afternoon of entertainment on the first day of the inspection. This was an outside entertainer who had been used at the service previously. People enjoyed joining in singing to songs that were age appropriate. The hairdresser was present during the second day of the inspection.

One person who used the service told us that they particularly liked to join in quizzes as they had appeared on television in a popular game show. The registered manager told us that they also tried to involve the local community who came in a played bingo. Plans were also underway to celebrate Christmas.

The relatives we spoke with told us that the home is welcoming and that here are no restrictions on visiting. One relative told us, "I can come whenever I want. I visit my [family member] most days." They went onto to say, "I would like more opportunities for my [family member] to join in activities. Sometimes when I come people are sat around sleeping with no stimulation from staff."

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and we saw these were displayed on the notice board in the entrance. The registered manager told us that they met regularly with staff and people who used the service to learn from any concerns raised to ensure they delivered a good quality service. The people we spoke with said they had not raised any complaints but knew who to speak with if any concerns arose.

Requires Improvement

# Our findings

The service was well led by a manager who has been registered with the Care Quality Commission at this location since September 2015. She was previously registered with the Commission in September 2013.

People we spoke with were complimentary about the registered manager. They said she was approachable and always willing to listen to them and act on anything they spoke to her about. One relative told us, "She [the registered manager] is visible, understanding, responsive and approachable."

When we asked the people if there was anything they felt could be improved most people could not think of anything. One person said, "It's not home but I am settled." Another person said, "I would like more things to do as I get bored." A relative said, "The home is well run, however sometimes in the evening when I visit there seems less staff available. Sometimes there are no staff visible in the lounge areas. I know this is because they are busy putting people back to bed."

Staff told us that the registered manager and deputy manager wanted the best for the home. They said that the service was well organised and that the management team were approachable. However, they said the organisation were not as supportive and felt they did not listened to their concerns. They gave an example by telling us that they found it difficult to fit in activities and felt people "were missing out." Staff also told us that they were concerned about the planned increase in the number of people living at the home but they had been told that the number of staff on duty would not increase.

Supervisions and appraisals were not completed in a timely way so the staff could discuss concerns about their work practice. Appraisals give staff an opportunity to reflect of the training and development.

We saw the manager engaged with people who used the service, staff and relatives by holding regular meetings. We looked at the minutes of several meetings which covered areas for development and future events planned for the home.

We looked at a number of documents which confirmed the provider managed risks to people who used the service. For example, we looked at accidents and incidents which were analysed by the registered manager. She had responsibility for ensuring action was taken to reduce the risk of accidents/incidents re-occurring.

The registered manager continually sought feedback about the service through surveys, formal meetings, such as individual service reviews with relatives and other professional's and joint resident and relative

meetings. Because the surveys were an integral part of the care planning process we could not see how concerns and trends were evaluated and responded to. We discussed this with the registered manager and the regional care director and they confirmed this was an area that required further improvements.

Staff surveys were sent out periodically by the organisation although the registered manager was unable to confirm to us if surveys had been sent to staff recently or if the results showed that staff did not feel supported.

A number of audits or checks were completed on all aspects of the service provided. These included administration of medicines, health and safety, infection control, care plans and the environmental standards of the building. These audits and checks highlighted any improvements that needed to be made to improve the standard of care provided throughout the home. We saw evidence to show the improvements required were put into place.

# 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 18 HSCA RA Regulations 2014 Staffing<br><br>Staff should receive appropriate support and on-going or periodic supervision and appraisals in their role to make sure competence is maintained.<br><br>Regulation 18 (2)(a) |