

Housing & Care 21

Housing & Care 21 - Rowan Croft

Inspection report

Rowan Croft Extra Care Court
Goodwood, East Bailey, Killingworth
Newcastle Upon Tyne
NE12 6HT

Tel: 03701924027

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24 May 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We last inspected the service on 7 and 9 September 2015 when we found the provider was not meeting Regulations 12, 17 and 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014 and related to safe care and treatment, good governance and staffing.

Following our inspection in September 2015, the provider sent us an action plan to show us how they would address our concerns.

We undertook this focused inspection on 24 May 2016 to check that they had followed their plan and to confirm they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for [Housing & Care 21 – Rowan Croft](#) on our website at www.cqc.org.uk

We could not improve the rating for safe, effective or well led from requires improvement because to do so requires consistent good practice over time. We will check these again during our next planned comprehensive inspection.

Housing & Care 21 – Rowan Croft is an extra care service consisting of 45 individual apartments within the building. There is an office base and care staff provide people with a range of services including; personal care, medicines management, shopping and cleaning services. Not everyone in the building receives services from the provider and not all services are regulated by the CQC. At the time of the inspection 33 people lived independently and received care and support from the provider.

The service had a registered manager 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.

Medicines were now being managed in a safe way and following best practice guidelines. Staff had received suitable training in the administration of medicines and received competency checks from their line managers.

People felt safe receiving support from the service. Staff were able to demonstrate a working knowledge of both safeguarding and whistleblowing procedures.

Accidents and incidents were recorded and reported to the registered manager. They were then monitored for any trends forming and if that was the case, referrals to healthcare professionals were made.

Risk assessments were fully completed for individuals where a risk had been identified. For example, those at risk of falling or those with a poor diet. The provider also minimised the risk in the working environment

for staff with risk assessments completed for example, lone working, ironing and around pension collection.

People, staff and relatives did not raise any concerns with staffing levels although they stated more staff would be helpful. We observed staff carried out their duties in a calm unhurried manner. We found safe recruitment procedures were followed.

The principles of the Mental Capacity Act 2005 (MCA 2005) were followed and staff understood the meaning of obtaining consent.

Staff appraisals, supervisions and training were up to date. There were sufficient staff to provide care which met people's needs. Appropriate recruitment procedures were followed to ensure that suitably qualified and experienced staff were employed.

Where staff supported people to eat and drink, this was done effectively and where people required additional support with healthcare professionals, for example GPs appointments or hospital visits; care staff helped them to arrange these.

The registered manager had implemented a range of audits within the service to help them to monitor the quality of the service provided to people; these included checks on care plans and on medicines administered to people. The registered manager was aware these procedures needed to be maintained.

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 ●

We found action had been taken to improve safety.

The procedures for the safe management of medicines needed to be improved.

There was a range of risk assessments in place to protect people who lived at the service and the staff who supported them. Accidents and incidents were recorded and dealt with appropriately.

Staff understood their safeguarding responsibilities and were aware of procedures.

Is the service effective?

Requires Improvement ●

We found action had been taken to improve the effectiveness of the service.

Staff appraisals, supervisions and training were up to date.

The provider respected people's rights to consent to treatment and supported people in line with the Mental Capacity Act 2005.

People received support to meet their dietary needs.

People were able to access healthcare professionals with the support of staff if needed.

Is the service well-led?

Requires Improvement ●

We found action had been taken to improve this area.

Accidents and incidents were monitored by the registered manager to check for trends forming.

Quality checks and audits were in place and needed to be maintained.

Housing & Care 21 - Rowan Croft

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 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 unannounced inspection took place on 24 May 2016 and was carried out by one inspector. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our 5 and 9 September 2015 inspection had been made. The team inspected the service against three of the five questions we ask about services: is the service safe, is the service effective and is the service well-led.

As this was a focussed inspection to follow up previous breaches of regulations we did not request 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. Before the inspection we reviewed the information we held about the home and the action plan sent to us by the provider. We spoke with the local authority safeguarding and commissioning teams and used their comments to help plan the inspection.

We spoke with six people who used the service and four family members. We also spoke with the registered manager, the head of extra care, a regional extra care manager, deputy manager and three members of care staff. We made observations around the service and looked at a range of records, including care and medicines records for five people and six staff personnel files. We also looked at other documents related to the management of the service, particularly in connection with audits.

During the inspection we also spoke with two community nurses who were visiting and supporting people who lived at 'Rowan Croft'.

Is the service safe?

Our findings

At the last inspection the provider did not have proper and safe management of medicines procedures in place. That meant people were in danger of not receiving their medicines at all, or at the incorrect time or at the incorrect dosage.

The provider's medicines policy had been updated to reflect current guidance. Staff had received medicines training and senior staff had completed care staff competencies to ensure they followed safe working practices while administering people with their medicines.

Medicines were listed and staff signed them off individually as they were administered to people they supported. 'As required' medicines were recorded correctly and full details were available for staff to follow. 'As required' medicines are medicines used by people when the need arises; for example tablets for pain relief used for headaches. Medicines risk assessments were also completed for people where a need had been identified. We were now satisfied safe practices were followed in the management of medicines.

People told us they felt safe living at the service and that they were comfortable with the staff that worked there, however one person raised some issues with us that the registered manager was aware of and was currently dealing with. One person told us, "The staff are angels, they do such a wonderful job." Another person told us, "You could not get any better. They [staff] are always there with a smile for you. It's just so nice." A relative we spoke with told us, "I am so pleased [person] lives here. They have the best of everything. Independent, but have company if they want and someone looking in on them all the time. Puts my mind at rest."

Staff understood what their safeguarding commitments were and they had all been recently trained to ensure their knowledge was up to date. We were confident any concerns would be reported to the appropriate authorities. There were safeguarding and whistleblowing policies and procedures in place and all staff had full access to them. Safeguarding records and information were stored securely.

Do not attempt cardio pulmonary resuscitation (DNACPR) forms were now in a prominent position in people's files with the original kept with the person in their home. This meant staff had important detailed information at hand in case an emergency situation arose and would know how to respond appropriately.

Risk assessments had been fully completed, including those for individuals at a particular risk and for general risks around the service. People who were vulnerable to the risk of falls had full and detailed falls risk assessments completed. Risk assessments also included, those in connection with medicines, malnutrition and moving and handling. Risk assessments and action plans detailed what the hazard was, what measures were already in place and information for staff to follow to support them in protecting the person and themselves. This meant the provider had improved their procedures to minimise (as much as possible) the risks to people they supported and their staff.

Accidents were fully recorded and monitored for any trends forming. We noted one accident had occurred

which involved a minor injury to one person. This had been addressed to ensure all corrective measures were taken to minimise the risk of it occurring again and the person had been referred for treatment to a healthcare professional.

The service had secure doors to gain entry into the living accommodation. We noted one relative had previously raised concerns about visitors being able to access the building unseen or unchecked. We observed this 'entry' area for two hours at the busiest time of the day. Everyone that came to the building was either checked by staff or pressed the buzzer to the apartment they wished to contact, and the person let them in. Nobody gained access without permission, however it was noted the door remained open after people had passed through, for a longer period than was needed. We asked a staff member about this and they told us, that was to allow people with mobility issues longer to get through.

The provider followed safe recruitment practices. Checks on staff suitability to work with vulnerable people were completed, references were in place and job descriptions were found.

People told us they felt there were enough staff on duty to address their needs, although staff told us they were busy and more care staff would be helpful. One person told us, "I cannot begin to tell you what having the girls [care staff] check on me means. They call when they say they will and help me to get organised. God sent they are." Another person told us, "Generally they [care staff] come on time, but an odd time can run a bit late. It's no bother though, as I understand you cannot be exact with these things." We saw staff visit people in their homes to carry out care and support work in an unhurried manner and one staff member showed us their work rota, which allowed them regular breaks during their allocated calls.

Is the service effective?

Our findings

At the last inspection we found the provider had not given staff appropriate or sufficient training, supervision or appraisal. This meant staff had not been given the opportunity to further develop their skills and receive suitable support to enable them to fully carry out the duties they were employed to perform.

The registered manager showed us new procedures she had put in place to ensure staff were up to date with their training. The records showed, and information in staff personnel files confirmed, that the majority of staff were up to date with training; including nutrition and wellbeing, moving and handling, safe handling of medicines, safeguarding adults and fire safety awareness. Some of which we had found had been cancelled at the last inspection. We saw that where some training had been completed, no certificates were produced by the training agent. The registered manager was looking into this.

All staff now received appropriate support and had participated in supervision or appraisal sessions with their line manager. We asked one member of care staff about this and they confirmed they had met with their line manager recently and said, "We don't have to wait until set dates to speak with the managers, we can go to them at any time for help if we need it, it's much better now." Care staff were monitored through observations carried out by senior managers. Observations included checks to ensure staff uniforms were tidy, if staff were following correct moving and handling procedures, if staff communication was appropriate and whether staff were able to meet people's nutritional needs. These observations were recorded and included details of whether the staff member had met the provider's criteria to pass the competency check or not. Staff competencies had all been fully met by the staff involved.

People's consent was recorded on their records and where there was any doubt over a person's capacity, best interests meetings had taken place. The manager was aware of the need to refer to the court of protection for this type of service. The Court of Protection helps people who are mentally incapable of making their own decisions. It does this by making decisions for them about their money, property, health or welfare.

The building had a café area where people could visit to have a hot meal if they so wished. This was outside of the scope of the inspection because it was run by an external organisation. A number of people who used the service were seen to attend here or have staff bring them meals from the café. Care staff also supported people in their own homes with their nutritional needs and where this was the case, people's needs were fully documented and reviewed regularly. Staff supported people to prepare meals and refreshments and also consume the meal if that was required as part of their care package. This meant people's dietary needs were being met.

People had access to healthcare professionals as they required. The nurses we spoke with during the inspection said communication with the staff at the service was "very good." One said, "They [staff] have always been very helpful to us when we visit. Sometimes that is not always the case in some places, but here, we have had no problems."

Is the service well-led?

Our findings

At the last inspection we found the provider did not have robust quality assurance systems in place, including monitoring of accidents and incidents and regular audits. This meant that the provider did not have suitable systems and processes in place to ensure that people received a safe and quality service.

There was a registered manager in post who started to work at the service in May 2015. They had worked extremely hard to put in place corrective measures to ensure the service met with registration requirements.

The registered manager confirmed she had received some support from another manager from the organisation to help her get up to date with outstanding work and also commented on the help she had received from her deputy manager.

A monthly accident and incident log had been implemented to record and monitor any trends forming, particularly with regard to fall. We looked at the corresponding accident and incident records to ensure it had been completed fully and correctly, which it had. We noted the registered manager also kept separate details of hospital admissions which was useful to monitor reasons for admissions and how long people remained under NHS care.

We were told a full review of every person's care record had taken place and from the records we checked we were able to confirm that this was the case. Audits were in place to ensure the care records were maintained and reviewed as appropriate.

The registered manager had completed a range of checks and audits, including checks on staff absences, medicines, compliments and complaints, customer monthly audits and finance audits. The registered manager was aware these checks needed to be maintained. We noted the provider had visited the service and checked various processes, including, if people were happy with the service they had received. Overall, audits and checks, including those by the manager and the provider, were now in place.

The registered manager had an open door policy. People and staff were seen throughout the inspection calling into the main office to talk with the staff, including the registered manager and deputy manager who were based in this office. We spoke with one person who had come into the building from a shopping trip out. They told us, "Lovely lasses [registered and deputy managers] them two." The two community nurses we spoke with said the registered manager was very approachable and keen to support them when they visited people. One said, "Any problems with care and they [registered manager and care staff] are straight on the phone."

Inspection report details were on display at the service and the provider had full details of the last inspection on their website.