HF Trust Limited

Rowde

Inspection report

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Rowde
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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

Rowde is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to provide personal care and accommodation for up to 37 people with learning disabilities and associated health needs.

People who use the service live in five bungalows and attached self-contained flats on a central site. The service is run by HF Trust Limited, a national charity providing services for people with learning disabilities.

At the last comprehensive inspection in July 2018, the service was rated Inadequate overall and was placed into 'Special measures' by CQC. The purpose of special measures is to:

• Ensure that providers found to be providing inadequate care significantly improve.
• Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

Enforcement action was taken and a Notice of Decision was served against this location to impose urgent conditions. The provider is not allowed to admit any future people to this service without the prior agreement of the Care Quality Commission. Further to this, the provider must submit a monthly report detailing how they ensure the service people receive is safe. This includes information on risks, incidents and quality monitoring.

A further Notice of Decision was served to cancel the provider's registration for this location. The provider submitted representations to tribunal. This inspection took place to check if the provider had made sufficient improvements, in order for the Care Quality Commission to withdraw the Notice of Decision. Although there are still areas of improvement, enough progress had been made to withdraw our Notice of Decision. The provider will continue to provide monthly reports to The Care Quality Commission for ongoing monitoring and new admissions will not be admitted at this time. The service is no longer in special measures.

The service did not have a registered manager at the time this inspection took place. Two temporary managers were in place and a new manager who planned to register had been recruited. 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.

The care service has not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. This model of care at Rowde would not be registered if an application were to

be received at this moment in time. The majority of people living at Rowde were from out of county Local Authorities. This meant that some people were living long distances from their relatives. A lot of people living at Rowde had moved to this site when another large residential home in Devon run by the previous provider had closed.

We saw that agency staffing was used in every bungalow which impacted the consistency and experience of care for people. For example, staff spoke about how people's behaviour could change when they knew agency staff would be on shift. During our inspection we witnessed an incident by which an agency member of staff did not turn up for their shift. The management of this was not effective.

At this inspection we saw the provider had taken the required action to keep people safe from abuse and had ensured that staff had increased understanding about their role and responsibilities relating to safeguarding.

Risks had been identified and assessed. The risk assessments had improved since our last inspection and contained more detail and guidance for staff on how to safely manage identified risks.

Positive behaviour support plans were in place where people might experience distress. There were step by step guidelines for staff to follow to support people in a personalised way. We saw that further training and understanding was needed around the information that staff recorded on behaviour incident charts.

We reviewed some of the recorded incidents and accidents across the bungalows. We found there was improved recording on what had happened and the action taken in seeking medical advice. However, there was not always detail documented on preventative measures that were considered to reduce the risk from happening again, or if there were any lessons learnt from each incident.

Mental capacity assessments had now been completed where people lacked the capacity to make a decision about their care. The service had assessed people's capacity to consent to support with their finances and consent to their care plan. Staff demonstrated an improved knowledge around understanding when people lacked capacity and how to support them.

People appeared comfortable and relaxed around the staff. Positive social interactions were observed between people and staff. Regular staff demonstrated that they knew people well and spoke easily about their life histories and preferences.

Staff were encouraged to promote an inclusive culture and received equality and diversity training. Staff spoke about the importance and increased opportunities people had now to access events and activities in the wider community and increase their networks.

Overall, we found the service to have made progress in starting to embed change and making improvements to the concerns identified. The provider had strengthened the quality monitoring process at this service ensuring that the necessary senior management level checks were being completed

The staff morale was an area that still needed work. Staff were open and honest about how they felt and this would only improve as the service continued to make the necessary changes and became stable and settled.

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

This service was not always safe.

Staffing levels continued to be maintained by the use of agency staff. This did not always have a positive impact on the people living at Rowde.

At this inspection we saw the provider had taken the required action to keep people safe from abuse and staff understood their responsibilities relating to safeguarding.

Risks had been identified and assessed and contained more detail and guidance for staff on how to safely manage identified risks.

The recording of people's behaviour incidents was not always completed correctly.

We found that overall people's medicines were being managed safely, however there were still areas where improvements could be made.

Is the service effective?

Good

This service was effective.

The service had appropriately assessed people's capacity to consent to care and support.

Staff had not always had the opportunity to receive regular supervisions with a line manager, but this was now being addressed.

Staff had access to a number of other courses and could ask for training in any area. Staff spoke positively about their training opportunities.

People's health needs were supported by staff who made referrals where needed. People had health action plans which recorded details and action taken.

Is the service caring?

Good

This service was caring.

People spoke positively about living at Rowde and appeared comfortable and relaxed around the staff.

Staff spoke respectfully to people and gave them time to think about conversations. Staff checked people's understanding and if needed tried different ways to communicate.

Positive social interactions were observed between people and staff. Regular staff demonstrated that they knew people well.

Staff spoke about the importance and increased opportunities people had now to access events and activities in the wider community and increase their networks.

Is the service responsive?

Good

This service was responsive.

People's care plans were person centred and contained the necessary information to meet people's needs.

People had communication profiles which highlighted people's needs and how best to communicate with the person

Staff felt there had been a big improvement in the activities that people could attend and demonstrated understanding for the positive impact this had on people.

An easy read complaints procedure was available in each bungalow and in people's support plans.

Is the service well-led?

Requires Improvement

This service was not always well-led.

There was not a registered manager in place. Two temporary managers were overseeing the service and supporting staff.

Staff morale was an area that still needed work. Staff were open and honest about how they felt and this would only improve as the service continued to make the necessary changes and became stable and settled.

Not all areas noted at this inspection had been identified prior to this inspection. For example, the issues relating to medicines oversight.

The provider had strengthened the quality monitoring process at this service ensuring that the necessary senior management level checks were being completed.	

Rowde

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 inspection took place on the 21 and 22 January 2019 and was unannounced. This was a planned inspection to follow up on the concerns identified at our last inspection in July 2018, which led to the service being placed into special measures.

The inspection team consisted of two inspectors, a medicines inspector from our medicines team and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spent time speaking with and observing people who were using this service. We spoke with the two temporary managers, the acting deputy divisional director and the operations manager. We also spoke with 14 members of staff and received feedback following our inspection from nine health and social care professionals. We looked at the care records of 12 people and other records relating to aspects of the service including care, training and quality assurance.

Requires Improvement

Is the service safe?

Our findings

Staffing levels continued to be maintained by the use of agency staff. Staffing levels varied across the bungalows depending on people's needs. Some days there were additional staff available to support people with one to one hours. For example, one person attended a day service off site and one member of staff went with them to support.

The level of agency staff being used across site to maintain staffing levels continued to be high. For example, in December 2018 and January 2019 one bungalow totalled an agency amount of 1707 hours. Another bungalow had a total of 811 agency hours. We saw that agency staffing was used in every bungalow which impacted the consistency and experience of care for people. For example, staff spoke about how people's behaviour could change when they knew agency staff would be on shift. One staff commented, "There is too much agency everywhere. They don't know people as well as we do. We have asked one agency staff not to return. People get agitated and worried if it's agency, we can see their behaviour change when they know." Another staff said we do have to have agency and some are good but people want regular staff. People we support don't have the normal relationship with agency that we have with them."

We were made aware of an incident when only two staff on site were regular staff and the rest were agency. This put increased pressure on the regular staff who cancelled a person's activity off site, due to feeling like they should not leave the site without regular staffing. Staff told us they had raised this internally but senior management confirmed they were previously unaware of this incident. Another staff member spoke about the problem of drivers not always being available to take people to their chosen activities commenting, "There are not always drivers and two people we can't take on the bus. We have raised this." This concern had been previously raised for people living across this site.

During our inspection we witnessed an incident by which an agency member of staff did not turn up for their shift. One member of staff stayed over their shift waiting and repeated calls were made to management during this time. We observed the unsettled impact this had on people with some people continually getting up to check out of the windows and discussing the concern with staff. One staff commented "We have a lot of agency staff most days. A lot of staff have left." An hour later we returned to see if the agency staff had arrived but they had not. Staff told us they now had a member of staff from another bungalow. We went to the other bungalow to see if they were staffed appropriately and found they were not. There was meant to be three staff but there was two and would only be one staff member between 6pm and 9pm. A new staff member was present, but they were on their first shift and only shadowing. The other staff member had not worked many shifts in this bungalow due to the new rota changes.

We spoke with the temporary manager who was overseeing this bungalow who told us it had been sorted. We informed them that we had checked this and found it not to be the case. The manager asked us if we wanted them to go over to the bungalow. It had to be explained it was not our responsibility to make this decision for them but it was not safe to be left this way. We did not have confidence this was managed appropriately and further raised our concerns the next day with senior management who said it would be investigated.

The service had taken the step to introduce new staffing rotas to the service. These had been implemented shortly before our inspection. Not all people using the service were happy with the changes to the staff that normally supported them. One person told us "I don't like the changes, the staff have changed, I get used to people and they go, I don't like changes." Staff told us one person had been very upset and considered making a complaint, but this is now being changed back. Health and social care professionals had also noticed the impacts commenting "It seems that support hours for some people have been reduced without consultation with the funding authority which has impacted on the persons involved" and "Changes made to key workers without meaningful consultation. One person said that they felt they had no one who would listen to them again now."

This was a breach of Regulation 9 (1) (a) (b) (c) Person centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The majority of staff we spoke with were not in favour of this change or the way it had been put into place. Staff strongly disagreed that there had been a consultation process, instead saying they were told this would be happening with little choice or control. Staff comments included "The change of rotas has been really tough, it wasn't right over Christmas changing them I don't know why they were changed, there was not a consultation process they were given to us. There are so many staff changes and so many staff have left, staff are still considering if they will stay", "The rotas have not gone swimmingly. I know there has to be changes but they changed them so dramatically. Someone did the rotas and then we were shown, there was not a consultation as such. And then I see agency covering my old shifts" and "It's been tough and stressful, we aren't happy about it, they should have come to us, there is a lot more we need to change, it's still not right it's been difficult."

The service had made these changes to the rota for reasons including people previously not receiving their allocated funded hours and to give people more flexibility over the activities they attended. One staff told us "The rota at first was a shock but I understand why this is happening now for people to have support later at night and time for paperwork." Another staff said, "With the new rotas we have been informed that people have one to one funded hours so we are now aware of this whereas before it was shared support." Senior management commented "The new rotas to support people is a definite improvement. The rotas are more person centred and the one to one hours are clearly identified. [staff name] went around to every bungalow to speak with people and staff and ran consultations through to December." There was a plan to review these rotas at the end of the month. The provider had also increased the staff hourly rate of pay which was hoped would impact positively on recruitment and retention.

At our last inspection in July 2018 the home had been in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people had not been protected against the risks of potential and alleged abuse in the service. There had been a significant failing in how to manage situations of abuse. Following this inspection, we imposed conditions on the provider's registration so new people could not be admitted to the service and requested monthly monitoring reports to be sent.

At this inspection we saw the provider had taken the required action to keep people safe and had ensured that staff had increased understanding about their role and responsibilities relating to safeguarding. Staff we spoke with had received further safeguarding training and understood the different types of abuse and when to report any concerns. People told us they felt safe and no concerns were raised to us at this inspection. One person said, "I feel safe because there's lots of people here, they look after me." Another person said "I feel safe here. I'm very happy, everybody's nice."

Staff we spoke with were now confident that the appropriate action would be taken. Staff told us "I would go

straight to management or in the evening use the on-call. I would record on our [electronic system], if I felt they didn't listen I would go to CQC, or the local authority. We have had a lot of training in November and October and feel more confident to report things now" and "I am confident action would be taken if I reported anything. We don't always hear what has happened though. It would be nice to know what action had been taken. I would like to know." One senior manager told us "There has been lots of work around safeguarding and the importance of reporting. It's more part of the general discussions now. The two temporary managers are working closely with staff."

At our last inspection in July 2018 the home had been in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risk assessments did not contain all the necessary information staff required, there was no systematic approach in reporting and managing incidents and medicines were not always safely managed. Following that inspection, we served a Notice of Decision to vary a condition of this providers registration. At this inspection although there were still areas of improvement to be made, we saw the provider had made enough progress to no longer be in breach of this regulation.

Risks had been identified and assessed. Risk assessments were in place for a range of areas such as keeping safe in the community, keeping safe in the person's own home and eating and drinking. Risk assessments seen had been reviewed in December 2018. The risk assessments had improved since our last inspection and contained more detail and guidance for staff on how to safely manage identified risks. The risk assessments reviewed were specific to the individual concerned. Staff had visual reminders of the importance of ensuring any safeguarding concerns or risk assessment reviews were correctly raised and recorded. At the bottom of the daily log page there was a checklist to prompt staff in completing this. One senior manager told us "When looking at risk assessments, it's not about preventing, but talking to people and working out how we can support them and maximise their independence."

Where a risk to a person required additional monitoring, this was not always completed. One person had a bowel chart in place where staff had to record all bowel movements. Records demonstrated that there was a gap on their record between the 18 December 2018 and 23 December 2018. There was also a gap between the 27 December 2018 and 1 January 2019. In the communication book for this bungalow staff had asked if they still needed to record bowel movements (entry on the 11 January 2019). The manager had recorded that yes it was important for staff to record all bowel movements. This had not been followed appropriately to ensure any concerns for this person were picked up in a timely manner.

Staff were supported by lone working safety measures. Whilst the location had a number of services on one site staff could be working alone within a bungalow. The provider had made sure that line managers had completed a lone working checklist with staff. We saw that the staff contact sheets in the essential house information folder needed to be updated, as four of the six contacts had left the service.

A quality assurance and improvement auditor had taken on the role of assessing and improving the health and safety checks across Rowde. We spoke with them during our inspection and reviewed the actions plan they had put in place from their review of each bungalow. We saw that previously checks had not always been undertaken or recorded. From this an action plan had been developed and gaps in the monitoring and checking identified for completion. The auditor had worked with staff to ensure they understood what needed to be checked and the frequency of these checks and the importance. Theses checks included fire testing, emergency lighting, people's personalised technology and water temperature testing. Where some bungalows had outstanding maintenance actions these were checked and progressed and quotes were being obtained for the work.

We saw that positive behaviour support plans were in place where people might experience distress. There were step by step guidelines for staff to follow to support people in a personalised way. This included situations that may trigger a distressed reaction. Staff were now documenting events correctly on an Antecedent-Behaviour-Consequence chart (ABC), (ABC chart records information about a particular behaviour and aids understanding about what the behaviour is communicating). We saw that further training and understanding was needed around the information that staff recorded on these ABC charts. On one person's ABC we saw that the consequence had not been recorded for a particular incident. Under the part about what assisted the person to calm down, there was one statement recorded that the person went to their room. There was often little if any information recorded about what support had been offered, or if known distress techniques had been tried and proven successful.

Another person had an ABC in place for episodes of incontinence, but there was no explanation on the impacts of this behaviour or consideration to the analysis of this. One person's ABC for an event where they had been distressed and shouting out stated that "interventions" were offered, but not what these were. This person also had another ABC that focused on other people's reactions to their behaviour, rather than exploring the process and support given for this person. This meant that because these charts were not correctly completed, it would be hard to review these adequately in order to ensure staff responses were appropriate, effective and consistent. We raised this with the senior management and were told the internal positive behaviour team could address this area and work with staff.

During our inspection we observed staff responding to one person in a positive way when they became withdrawn. Two staff offered reassurance and comfort and were able to share jokes with the people they were supporting, which soon had everyone laughing again and joining in. One health and social care professional told us "Significant progress has been made in HFT using their own behaviour specialists who are providing on site positive behaviour support for the staff and the commencement of writing effective detailed positive behaviour support plans. New observation charts have been introduced however it's unclear as to how well they have been received or completed."

We reviewed some of the recorded incidents and accidents across the bungalows. We found there was improved recording on what had happened and the action taken in seeking medical advice. There was not always detail documented on preventative measures that were considered to reduce the risk from happening again, or if there were any lessons learnt from each incident. For example, one incident where a person had fallen and injured their face recorded what action had been taken to support the injury, but not the actions that would be taken to prevent a reoccurrence. Another person had been involved in a medicine error whereby they had not been given their medicine by staff. The incident form recorded that this person did not receive their medication, but there was no more information about the incident. We raised this with the senior management who told us they had also picked this up yesterday and had reviewed with the staff that much more information needed to be received.

At this inspection staff were clear on the procedures to take when a person was involved in an incident or accident. Staff explained "We complete an incident report on [electronic system], go to the manager, call for medical help if needed and monitor the person" and "Incidents and accidents go on [electronic system], I am confident in reporting things."

The individual communication books for people had been stopped and there was only one communication book for each bungalow. This now contained an actions column and we saw where required, follow up actions were recorded. Managers had also signed these books to document they had reviewed the entries. One health and social care professional told us "I believe their knowledge of people is improved. One of the key concerns was that senior management weren't aware of people's or service needs, as incidents weren't

being reported or audited, this has improved."

We found that overall people's medicines were being managed safely, however there were still areas where improvements could be made. Medicine records and associated care plans for 29 people were reviewed. Staff administering medicines had received training and been assessed as competent to carry out the task. There were signature sheets to confirm this within each person's medicine administration record. Some of these sheets for 2019 were incomplete. A post-it note had been attached to remind staff to sign in the 2019 column but this had not been completed for most of the sheets seen. The note was not dated, and no timescale for completion had been set.

We found that the service had "emergency grab sheets" available with information that could be taken with a person if they needed to be admitted to hospital. We found that the information contained on the grab sheets for three people was not consistent with other information held for them. This meant that there was a potential risk that incorrect information about allergies and other health issues could be given to others providing care. We raised our concerns with staff who then addressed this. For one person we saw that they had given consent for staff members to support them with a particular medicine. We saw that on the consent form the medicine brand had been changed, but there was no record that the person had been consulted around if they still wished staff to support them with the new medicine brand provided.

Where people were prescribed topical medicines, there were body maps present to show care staff where these should be applied. Most of these we viewed were clear. We found that people were supported to manage their own medicines where they wished to and were able to do this. Medicines were stored securely in people's individual medicines cupboards or within a central medicines cupboard. We saw that the temperature of these individual cupboards or the central cupboard was monitored daily.

Staff felt the systems in place to manage medicines had improved since the temporary managers had been in post. One staff told us "The medicine folders are improved, [manager] has been a really good asset, she's updating things and we can give her input." One of the temporary managers explained "My main focus when I got here was medication, the changing of blister packs was one area, we introduced colour changing packs to reduce errors, relooked at the medicine policy and updated medicine risk assessments."

Recruitment files reviewed demonstrated the provider had followed safe recruitment practice. Recruitment was managed by a central HR team who supported the service to obtain full employment histories, two references and a disclosure and barring service (DBS) check. A DBS check allows employers to make safer recruitment decisions and prevent unsuitable staff from working with people. We identified one staff member's DBS number did not correspond with what was recorded on the system. This had not previously been picked up. The provider informed us it may be due to the staff member not having registered their DBS within the timeframe. Staff were interviewed using a variety of methods which included a telephone interview and a face to face assessment interview.

The service used a number of agency staff. Profiles were obtained of staff working at the service. The profiles included a photo, DBS check number and training records. Agency staff had also completed an induction and signed to say they understood and had been shown important systems such as fire and safeguarding.

Staff were able to explain how standards of cleanliness were maintained and cleaning schedules were in place to record which areas of the home were being cleaned. We found the bungalows to be clean and tidy. People were encouraged to clean their rooms and shared living areas independently, or with staff support.

Good

Is the service effective?

Our findings

At our last inspection in July 2018 the home had been in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's rights were not protected in accordance with the Mental Capacity Act 2005 (MCA). Following the inspection, we made a requirement notice in relation to this breach of Regulation. At this inspection we saw the provider had taken the required action to no longer be in breach.

Mental capacity assessments had now been completed where people lacked the capacity to make a decision about their care. The service had assessed people's capacity to consent to support with their finances and consent to their care plan. Where a person was believed to be being deprived of their liberty, we saw that applications had now been made to the appropriate supervisory body for authorisation.

We saw that the capacity assessments recorded a statement that if the person could not make the decision for themselves and the decision cannot be delayed the decision maker would be a listed member of HFT staff. We raised this with the senior management who said this was more referring to a staff member acting as a contact point and not a decision maker and would ensure this was amended. We saw at times records around people's capacity needed updating when there had been a change. For example, one person's management of finances had moved from HFT overseeing them to a relative. On other people's records we saw that the contact details of a previous manager were still recorded. One senior manager told us "It has been a process to get capacity assessments in place and now it is about reviewing and how we can work to see if people can make more decisions."

Staff demonstrated an improved knowledge around understanding when people lacked capacity and how to support them. Staff told us "We have been doing more capacity assessments for people and acting on this" and "We have noticed they have carried out a lot more assessments for people, I have been involved in some of these. We are all asked to read and sign these." We saw that the mental capacity assessments contained detail around how information was presented to people in order to help them make a decision.

New staff completed a three-day induction which was classroom based. Once this initial training had been completed staff were paired up with more experienced staff to shadow them. They were also expected to complete the Care Certificate (The Care Certificate is a set of 15 standards that care workers are expected to complete to make sure they can demonstrate the right skills, values, knowledge and behaviours to provide quality care).

Staff had not always had the opportunity to receive regular supervisions with a line manager. One staff told us "I have only had two supervisions in all the time I have been here." The management were now starting to address this area to ensure that all staff would have regular supervisions going forward. We saw that the staff files we reviewed showed staff had an agenda with areas to cover in supervisions that included performance, development and wellbeing. One staff commented "I have had two supervisions in the last six months. It was supportive. If I needed more I would ask, I am not afraid to ask for anything."

The provider had an online record of all training. This was reviewed monthly by senior central management and local management. The online system showed that training had been allocated to staff and was in progress. Other staff were new and in the process of completing the training as part of their induction. We saw some gaps in the training record but this was being addressed. One person's medicine training had expired in October 2018. We raised this with senior management who gave assurances this would be completed without delay.

Staff had access to a number of other courses and could ask for training in any area. Staff spoke positively about their training opportunities commenting "The training is very good here" and "I have been completing the care certificate and my diploma. I have done a lot of training. It has been really interesting." One senior manager told us "When new staff come in we are looking at ways to support them and not overwhelming them with all they need to learn." The service had been working closely with The Community Team for People with Learning Disabilities (CTPLD) who were going to run some knowledge sessions for the staff team. Senior management commented CTPLD have been hugely supportive, if we are worried about anyone, they are on it."

People were supported to have and prepare meals of their choosing. There was no fixed routine, meal times varied depending on what people were doing. We observed that mealtimes were relaxed and unhurried and staff would often sit and join people to eat. People were given clear guidance from staff and positive encouragement to help them use their cooking skills. In one bungalow a person was chopping vegetables alongside a staff member and at another time two people were washing and drying up together. One staff told us "We don't menu plan in this bungalow, they just choose what they want."
People's health needs were supported by staff who made referrals where needed. People had health action plans which recorded details and action taken. Records demonstrated that people had been supported to visit the dentist, optician, GP appointments and community nurse visits. People had a hospital passport which could be given to medical staff in the event of a transfer to hospital. This had key information about the person such as how they communicated.

Health and social care professionals told us that previously some information about people had not always been passed on to other relevant professionals, but the service on the whole communicated well. Comments included "HFT management have been meeting with [professionals name] to discuss areas of health and wellbeing and have always followed up on what was agreed" and "HFT are responsive to phone and email, are professional, deal effectively with queries and concerns."

Good

Is the service caring?

Our findings

People spoke positively about living at Rowde and appeared comfortable and relaxed around the staff. One person told us "It's lovely here, I have friends in this bungalow and others on site and a friend in a town nearby. Staff are very nice and chatty, I know them well, and feel safe." Another person said "I have lots of friends here, [person's name] is my favourite person, we are very good friends. All of those staff are nice, they help us with lots of things."

Staff spoke respectfully to people and gave them time to think about conversations. Staff checked people's understanding and if needed tried different ways to communicate. For example, one member of staff showed a person a range of options so they could choose. People were given verbal encouragement and positive feedback to encourage them to carry out daily living activities such as cooking and washing up. One staff told us "I support one person who is 'non-verbal'. They smiled at me the other day, that made me feel really special." One health and social care professional said "People have lived in these services for a long time. Many of the staff group have worked for the organisation for a long time. Staff appear to have a good knowledge of people's support needs."

Positive social interactions were observed between people and staff. Regular staff demonstrated that they knew people well and spoke easily about their life histories and preferences. Staff told us "We are having time with people to spend chatting. Had the usual agency staff so it's been good. There is more continuity than there previously was" and "I like working here, I like the people I support. They have made me feel really welcome."

Staff showed genuine enjoyment for the role they played in supporting people and included people in their conversations and encouraged them to speak about their achievements. One staff told us "All the staff really care about being here. Everyone is so enthusiastic and I caught the bug of it and never left." Another staff said "It's so nice coming to work and people are so excited to see you, it's lovely. Our team help each other. We make sure people are happy. They are all happy together, they all get on together. "

The provider was able to monitor the care people received by now having two temporary managers who spent time across the five bungalows. One staff told us "We always ask people if they are happy." We spoke with health and social care professionals about the service being person centred and were told "I think this is still a work in progress, they have recently undertaken a staff consultation rota change and part of this was to ensure people got their 1:1 hours to use in the way they wanted to. It is too early to say if this has enabled support to be more person-centred.

People's independence was promoted by staff who knew them and their abilities. People were encouraged to look after their own rooms and homes and where possible and appropriate access their local community. We observed one person had a bus pass so they could go into town independently and do their own shopping. One person told us "I love it here, the independence, the freeness and all the kindness of the staff especially [staff name]." One staff told us they supported one person by mirroring actions that the person would then carry out independently.

Staff obtained consent before supporting people with any activity. We observed a workman needed access to a person's room. Staff asked the person first if it was ok for the workman to access their room. This person then gave their consent.

Staff were encouraged to promote an inclusive culture and received equality and diversity training. Staff spoke about the importance and increased opportunities people had now to access events and activities in the wider community and increase their networks.

One senior manager said the provider took account of any protected characteristics people or staff had and a lesbian, gay, bisexual, and transgender (LGBT) group was now in place that staff could access. Work had gone in to recognising staff's different learning styles and software was available to enhance this learning experience if required, including a dyslexia toolkit.

Good

Is the service responsive?

Our findings

The provider had spent time updating people's care plans. We saw improvements had been made around ensuring these were person centred and contained the necessary information to meet people's needs. One senior manager told us "The support plans are a live document, we are encouraging staff to think all the time about making sure things are person centred, not waiting for the yearly review to update things and looking at positive risk taking. We are working to increase understanding."

Assessments were detailed and included a one-page summary of needs. This gave staff at a glance an overall view of people's needs. For one person we saw their needs in relation to eating and drinking had been cross referenced to all of their records. This was important as they were at risk of choking and staff needed to know how to support them. People's individual routines were recorded giving staff a step by step guide on how to provide support at key times such as morning and evening. We saw that for the care plans we looked at people's end of life care wishes had been discussed and were now in place.

Staff told us they were now able to use the care plans as a working document and the changes made were vastly improved. Comments included "The care plans new format looks better and people can read it better and they have a lot of more input in these. They look more professional", "Care plans are clearer now" and "The temporary managers have made good changes to care plans and medicines. They know their job and it's been nice to have someone help, as we chased our tails to find someone before, now that's all improved." Health and social care professionals felt the quality of the care plans was much improved and told us "Strides have been taken to improve the quality of the care plans, which are now being shared."

We saw that each person had a dated review sheet at the front of their care plan to record when it was updated and what part had been changed. This however was not always completed correctly and often conflicted with when an assessment or care plan had been changed. For example, one care plan stated it should be reviewed every three months but the monitoring sheet had last been ticked July 2018. We raised this with the provider to address.

Daily notes were written on HFT documentation. The recordings were basic but had information to demonstrate what care and support had been provided. For example, they contained detail on when people had got up, had their meals, gone out and any personal care mostly. We observed that the level of information recorded was dependent on which member of staff was completing these, rather than it being a standard practice.

The service had not consistently explored and recorded people's yearly goals with them. This again depended on which bungalow or staff the person was supported by. We saw that some people had goals set for the year and had conversations about what they would like to achieve, but other people had not set goals since 2017 and 2018. One manager told us "We do need to record and work through this better."

People had communication profiles which highlighted people's needs and how best to communicate with the person. For one person we saw all their sayings and frequently used words were listed with their

meanings. Another person had information recorded on how they would show if they did not like something or became upset so staff could be mindful of the signs.

The service had a staff information folder in place. This contained relevant information about what should be checked on each shift, handover information and important information relating to people's needs and each bungalow. Staff told us this was useful for agency staff to use as a reference when they were working in each bungalow.

People could follow their own interests and access services they enjoyed such as local clubs and day services. We observed that people accessed day services off and on site. The provider ran their own day service at the location where people could attend and engage in activities such as gardening and cooking. We also observed people were supported to attend a local riding for the disabled group, to access local shops and to visit their family. One person told us "I like cooking and reading, I go with staff to town and work." Another person said "I like going to town and having a cup of tea. I go for a walk to the village shop, I like the fresh air. I go by myself."

The service had a large garden area to the rear of the properties with an orchard, greenhouses, raised flower beds, vegetables and animals including chickens and rabbits. A Grow and Sow workshop worked in partnership with the provider which gave person centred training and education and life experience through horticulture and agriculture. We observed this was enjoyed and well attended by people. The gardener stated "We grow apples in the orchard and sell them to a local cider maker. After careful consideration we're getting sheep in the summer. We sell all the produce locally, it brings money back to the project."

Staff felt there had been a big improvement in the activities that people could attend and demonstrated understanding for the positive impact this had on people. Comments included "It's not as stressed now, people go out a lot more now they get their allocated hours. They are more confident to ask to go out which is great", "People get involved a lot more, we have had Person centred training and are involving people in small tasks. We go out a lot more than we used to" and "There are activities most of the time and car availability permitting we can go out. There are two people that can't get the bus."

People were encouraged to carry out light domestic tasks if they wished. One person's care plan recorded they liked to hoover and do some dusting. There was guidance for staff on how best to support this person to carry out this activity. We saw one person vacuuming and they told us they like to do this each week. Another person said "Staff always sit and talk to me, they give me jobs, I like jobs, I've been recycling today. In the summer we do the garden."

People were supported to maintain relationships that were important to them. Records demonstrated the staff had recorded in people's care plans guidance for people to 'maintain friendships and relationships'. People referred to having relationships or special friendships during our conversations with them saying "[person's name] is my girlfriend, she lives in [bungalow name] and comes here to see me" and "I've got a boyfriend called [person's name]. He lives in [bungalow name]. One staff told us "There are good friendships between people on site. We support relationships and people have tea together or go out, its encouraged."

An easy read complaints procedure was available in each bungalow and in people's support plans. These were simple procedures which also had pictures to help people understand what to do if they were not happy with anything. We saw that from a recent feedback survey a number of people had said they were unsure how to make a complaint. This had been actioned and the new form was a lot clearer. One person said, "If I worry or am sad, I can talk to staff and they try and sort it." Any compliments received were also recorded on the provider's electronic system.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in July 2018 the home had been in breach of Regulation 18 Notification of other incidents of the Care Quality Commission (Registration) Regulations 2009. This was because the provider had failed to notify us of five alleged abuse incidents and two injuries requiring medical intervention. Following this inspection, we made a requirement notice in relation to this breach of Regulation. At this inspection we saw the provider had taken the required action to no longer be in breach and the appropriate notifications were now being made.

At our last inspection in July 2018 the home had been in breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider's quality assurance systems in place had failed to identify the significant concerns in the service in order to keep people safe. There had been a lack of effective oversight within the service. Following this inspection, we served a Notice of Decision to vary a condition of this providers registration. At this inspection, although there were still areas of improvement to be made, we saw the provider had made enough progress to no longer be in breach of this regulation.

At the time of this inspection there was not a registered manager in place. Since our last inspection the provider had based two temporary managers at Rowde in the absence of a registered manager to oversee the service and support staff. A new manager had been successfully appointed and would be starting shortly at the service. This manager would then be applying to be the registered manager. Positive comments from people and staff were received about having the two temporary managers in place. One person said "I know one of the new managers, she's nice. The old manager has left." Staff told us these managers had made a difference to the support they now felt commenting, "The temporary managers have been good, [manager name] is supportive. That's hasn't always been the case", "The temporary managers are listening to us now", "The temporary manager has been wonderful, it [the service] was falling to pieces, we didn't know who to go to or who to approach for things. [manager name] is very approachable" and "Now I feel supported, the temporary managers are so good, there is more support now, there was support before but people were so busy."

Overall, we found the service to have made progress in starting to embed change and making improvements to the concerns identified. The management were realistic about the work the service still needed to do and that this would take time to achieve. One manager told us "Since I have been here I have seen good progress made, however nothing happens overnight." Another manager said "I have been here for a short time but I have seen a difference. Staff are better informed as to who they can talk to and have more awareness."

Health and social care professionals also told us they had seen this progress, but there was still further work to be done. Comments included "We have found managers to be very approachable, however sometimes we have had to chase for them to evidence that actions have been completed. This does not mean that the actions have not been completed, just that they do not always evidence it in a timely way" and "We do have some further assurances to make around the work they have done; however, I am assured overall that

progress has been made towards improving the service at Rowde. Current concerns relate to the length of time it has taken to recruit to permanent managers – a strong leadership team is required to maintain and further progress the improvements and they have been very much relying on interim or other support coming over to Rowde."

The staff morale was an area that still needed work. Staff were open and honest about how they felt and this would only improve, as the service continued to make the necessary changes and became stable and settled. Staff told us "Staff leaving has calmed down, it's not been nice coming in and hearing someone else is leaving, it affects the team", "The morale is still not there, it takes time adjusting", "It's been manic, but it feels that we are doing things right since CQC last came. The support has been better from management, they come and check things now", "It's too early to say if there is an improvement. We are desperately hanging on to staff" and "There are some positive changes, we have had a lot of people visit but they are sorting us out. It's a bit upsetting that previous managers are not here."

Staff meetings within the individual bungalows were not all consistently happening. Some bungalows were able to show minutes of recent meetings and other bungalows had gaps where meetings had lapsed. The managers told us these meetings should happen every other month, totalling six meetings a year. We saw that one staff bungalow meeting had been held in November 2018, but before that the last one was in 2017. One staff said, "We haven't had a meeting for quite some time, I am going to speak to [manager name] about this as we want one but it's been hectic."

Health and social care professionals did raise some concerns to us around the communication to people in one bungalow. This was around using one room in the bungalow as a staff member's office and storing a safe for other people's finances across the site. This had meant that other staff would frequently come to this bungalow to access this office. One person living there had expressed distress at this, stating that they were very unhappy and no longer saw it as their home. This person said they had not been initially asked how they felt about this before it happened. We have had a previous discussion with the provider about this arrangement, who realized this did not work and were moving the office back into the main building.

We saw that work had been undertaken to gather people's feedback about the support and care they experienced at Rowde. This had been collated and a document produced of 'You said, we did' which explained the action the service had and was taking to address any issues people had raised. A family and friends survey had also been distributed and we saw that mostly positive responses were received about the service and the care that people received. The two areas of concern raised were around poor communication and inconsistencies with staffing, but families were happy with their relative living at Rowde. One health and social care professional commented "People also have had more of a chance to have a voice in how their service is delivered and they are responding to this. Our team has observed some more positive interactions between staff and residents."

Not all areas noted at this inspection had been identified prior to this inspection. For example, the issues relating to medicines oversight. However, the processes were being worked on to improve and tighten up the monitoring in order to identify concerns early and take any necessary action.

The provider had strengthened the quality monitoring process at this service ensuring that the necessary senior management level checks were being completed. The two temporary managers had completed quality compliance inspections in December 2018 and January 2019 and told us they had seen a difference between these two months in improvement. This was then checked by the regional manager and a senior manager, who told us it was realistic in terms of where the service was at, how it had improved and areas it still needed to address. We saw the action plan assigned actions to individual staff to complete and had

timeframes for this work to be done.

Monthly cluster meetings were carried out by the senior management which allowed them to sample areas of the service provision and spend time gathering feedback from people. Weekly check lists were the responsibility of the seniors but this was now followed up by the temporary managers. Where there was not a senior in place the manager would take responsibility for completing this. One senior manager told us "I can see progress when I am checking, I can see that things are happening. Things are picked up and the process is tighter, we can raise questions to the managers and see that things have been actioned." The service had been meeting the requirement to send monthly action plans to CQC, in line with the conditions on their registration following our last inspection.

Senior management told us they continued to be committed to making the changes and improving the service for the people living at Rowde. One manager said, "I think the place is a bit calmer, the staff that are still here, are in it for the long haul, there is potential, staff are happier, and there are more managers around." Health and social care professionals that had been involved with the service's improvement journey told us changes for the better were being made commenting "As a service it has much improved, there has been significant external support to help and with hindsight it feels that HFT as an organisation had neglected this service. Resources have now been made available and it feels like the organisation is fully committed to the service but there is still some way to go."

This section is primarily information for the provider

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 9 HSCA RA Regulations 2014 Person-centred care The staffing levels continued to be maintained by the use of agency staff, which impacted the consistency and experience of care for people. Staff spoke about how people's behaviour could change when they knew agency staff would be on shift. Regulation 9 (1) (a) (b) (c).