

# Runwood Homes Limited

# Rowena House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Rowena House is a residential care home providing personal and nursing care to 36 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

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

The provider had a system in place to ensure people were safeguarded from the risk of abuse. Lessons were learned when things went wrong. Risks associated with people's care were identified and actions taken to minimise them occurring. Actions were taken when things went wrong, and lessons were learned to prevent issues reoccurring. Medicines were managed in a safe way; however topical MAR sheets could be more detailed and completed more accurately.

People's needs were assessed, and care was planned in a way which met people's individual needs. Staff felt supported by the management team and received supervision sessions on a regular basis. People received a balanced diet which met their needs. People were offered choices of what they preferred to eat. We spoke with two healthcare professionals who felt the service referred people appropriately and took on board their advice.

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

We observed staff interacting with people and found they were caring. An emphasis on dignity featured throughout the home and in the way, staff approached care.

Care plans we looked at were person-centred and people and their relatives were involved in reviewing them. The provider employed a wellbeing lead who facilitated a varied program of activities. The provider had a complaints procedure and dealt with complaints in accordance with company policy. The provider had an end of life care policy and a lead in this area.

The registered manager was supported by an operations director. The service was well managed and monitored to ensure the service met the standard of the organisation. Relatives, residents and staff felt the registered manager was approachable and responsive. The home had a development plan in place which detailed actions to improve the service. People were given opportunities to feedback about the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection - The last rating for this service was requires improvement (published 30 November 2018).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

# Rowena House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Rowena House 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the operations director, registered manager, senior care worker, care workers, cook and well being led. We 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.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a system in place to safeguard people from the risk of abuse
- The registered manager kept a record of safeguarding concerns and recorded the outcome.
- Staff we spoke with confirmed they had received safeguarding training and knew how respond if they felt someone was being abused.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and methods in place minimised the risk occurring.
- Staff we spoke with were knowledgeable about risks and could explain how they kept people safe.
- The registered manager ensured the building and equipment were fit for purpose. Equipment was serviced on a regular basis in line with requirements.

Staffing and recruitment

- The provider had a system in place to ensure staff were recruited safely. New starters were only employed after the provider had completed safe recruitment checks.
- We observed staff interacting with people and found they were supported by enough numbers of staff to meet their needs.
- Some people we spoke with told us there were occasions when staff were very busy. One person said "They (staff) are run off their feet."
- The registered manager showed us a dependency tool which was used to calculate the number of staffs required. We saw staff were allocated in line with this.

Using medicines safely

- At our last inspection we found records did not always tally with the amount of medicines in stock. At this inspection we found improvements in this area.
- The provider had a process in place which ensured medicines were administered as prescribed.
- Staff competencies' were completed to ensure staff administered medicines safely.
- We saw medication administration records (MAR's) were in place to record when medicines had been administered. Records in place for topical medication such as creams and ointments, could have been more detailed.

Preventing and controlling infection

- We conducted a tour of the home with the registered manager. We found the service was tired and worn in

places, but clean and fresh in presentation.

- A monthly infection control audit was completed by the registered manager. This identified areas which required attention and an action plan was in place to address them.

Learning lessons when things go wrong

- The registered manager ensured action was taken when things went wrong.
- The falls audit showed that appropriate actions had been taken when people fell. Crash mats were introduced, and appropriate professionals were referred to.
- Analysis took place to ensure that repeated falls were addressed, and action taken to minimise the risk from re occurring.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and care was delivered in a way which respected people's choices.
- Staff we spoke with were knowledgeable about people's needs and knew people well.
- We observed staff interacting with people and we found they respected people's choices.

Staff support: induction, training, skills and experience

- Staff received training and support which gave them guidance on how to carry out their role.
- All staff were given a 'The RED care guide' (RED stands for, residents every day) this was a guide for staff in relation to things such as signs people are unwell, falls, care plan, last year of life, urgent clinical support, inspections and what is dignity. This gave staff a reference guide.
- Staff told us they felt supported by the registered manager and felt they were approachable.
- The provider had an induction programme which included training, orientation of the building and shadowing experienced staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a healthy and balanced diet.
- We spoke with the catering team who were knowledgeable about people's different dietary needs.
- We observed lunch and found the environment was pleasant and people were supported to choose what they would like to eat.
- People were served drinks and snacks in-between meals which included milky drinks to support people who required enriched diets.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked with other professionals to ensure people were supported appropriately.
- We spoke with healthcare professionals who felt appropriate referrals were made and the staff followed their recommendations and advise.

Adapting service, design, decoration to meet people's needs

- The service was designed and decorated to meet the needs of people who used the service. However, some areas were tired and in need of redecoration.
- People had access to outside space and garden areas were well maintained.
- The service would benefit from some additional signage and tactile pictures to assist people who were

living with dementia.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We found the provider was supporting people in line with the MCA. Where people lacked capacity, decisions were made in their best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff interacting with people and found they treated people well and supported them in line with their needs.
- We spoke with people who used the service and they told us the staff were kind and caring. One person said, "The staff are lovely." One relative said, "Staff are very caring, they do their best to help my relative."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care. We saw people's views were sought and respected.
- We observed staff interacting with people and found they offered choices and respected people's decisions.

Respecting and promoting people's privacy, dignity and independence

- We observed staff respecting people's dignity by knocking on bedroom and bathroom doors prior to entering.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well and were able to ensure they received person centred care which met their needs.
- We looked at a sample of care plans and found they reflected the care and support people required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider worked within the guidance of AIS. Information was accessible to people and in a format which people understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider employed a well-being lead who was responsible for organising events and activities and leading the staff team in providing social support to people.
- The well-being lead explained how they spoke with people and observed what they were interested in. Social activities were then provided based on what people preferred to do.
- We saw there were many events planned for the festive season.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed throughout the home.
- The registered manager kept a record of complaints received. This showed appropriate actions had been taken.
- We spoke with people and their relatives and they felt comfortable to raise concerns with the registered manager.

End of life care and support

- The well-being champion was involved in end of life care and offered support to people and their families.
- The service had an end of life policy which was a considered approach to end of life care. This looked at oral hygiene, pressure care, known preferences including religious, local or cultural customs which may need to be observed.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a mission statement to provide high quality care that promoted their choice independence and well-being. The values of the home were to put people at the heart of what they do, to have a holistic approach to care which recognises physical, spiritual, emotional and social needs.
- The registered manager provided person centred care. The registered manager led the staff team in the same way.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the duty of candour and what incidents needed to be reported to bodies such as CQC and safeguarding.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was supported by a deputy manager and a team of care team leaders who were senior staff.
- Staff were clear about their roles and knew when to raise things with their manager. Staff we spoke with told us the registered manager was approachable and were confident they were listened to.

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

- People and their relatives were given opportunities to be involved in the service and to give feedback about their experiences.
- Relatives meetings took place and although not many families took part the meeting still went on as planned. Minutes of the meetings were available for people to read.
- Displayed in the entrance of the home were comments slips and a post box to gather any feedback about the service.
- The registered manager had a suggestions/comments book for relatives to feedback their views.

Continuous learning and improving care

- The registered manager had a range of audits in place to ensure the service met the standards expected by the provider.

- The registered manager completed daily walkarounds of the home. This looked at general management, external grounds, communal areas, kitchen, dining experience, medicines and well-being any concerns were highlighted and actioned by the appropriate staff.
- Care plan audits were included as part of 'resident of the day' which looked at every aspect of the persons care and support. We could see from the documentation that care plans had been audited well and this had been a big improvement since the last inspection.
- There was a home development plan in place which showed what the registered manager was working on issues raised from audits and had prioritised what needed completing first.

#### Working in partnership with others

- The home had contacted with the local community. For example, the service had frequently visited a local school and invited the school to visit them. This had been very successful and engaging.