

HF Trust Limited

Rowde

Inspection report

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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 caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Rowde is a care home for up to 37 people with learning disabilities and/or autism. Accommodation is provided in five bungalows on one site. People had their own rooms, communal areas such as lounges and dining rooms and access to a garden. At the time of the inspection there were 28 people living at the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support

The service was five bungalows in a campus style setting on the outskirts of a village. Most people attended workshops on site in the providers day service. Whilst some people did access the local community for various activities there was a focus to use the facilities on site.

People relied on staff for transport for some activities and health appointments. We observed there were times either transport was not available or there was a shortage of staff who could drive. This meant people had not been able to attend their activity or on one occasion a health appointment was cancelled.

People had their own rooms and lived with friends they had known for many years in some cases. Staff had tried to make the bungalows more homely by involving people in decorating rooms and personalising both bedrooms and communal areas.

Right care

People were supported by staff who were caring and who knew people well. Whilst the provider was taking action to make improvements since the last inspection to embed person-centred care, we observed some care that did not promote people's dignity and privacy.

People who had Makaton recorded as a preferred method of communicating were not always supported to use this as staff had not been trained in Makaton.

Right culture

Since the last inspection the provider and registered managers recognised the culture of the service was not

always person-centred and had taken action to make improvements. Whilst the changes made had improved outcomes for people further improvement was required.

Staff were encouraged to promote people's independence and enable people to be involved in activities of daily living. But we observed some incidents where staff were task focused and not supporting people to work at their own pace.

People could have visitors in their homes. All visitors were expected to complete a Lateral Flow Test prior to being allowed on site which had to show a negative result for COVID-19. People and staff were regularly testing for COVID-19 following the government guidance.

The service was clean and regular cleaning was taking place. Staff had received training on how to use personal protective equipment (PPE) correctly. We observed staff using PPE safely and they had plenty of stock available.

Staff had been recruited safely. Whilst there had been some incidents of staffing shortages during our inspection, we observed there was enough staff available to support people safely. People had their medicines as prescribed and we observed improvements to how medicines were managed.

People had health action plans and were able to see their GP when needed. Improvements had been made to make sure care plans were consistent with information in other records. Risk assessments were in place and staff reviewed management plans regularly.

Staff had been provided with training and had regular supervision to support them in their roles. All the staff told us they very much enjoyed their jobs and talked to us about how supported they felt by the provider and management.

There were registered managers in post who were supported by the provider to identify and carry out improvements needed. People, relatives and staff told us they knew who the managers were and felt able to approach them with any concerns or complaints. There had been no complaints made since the last inspection.

Quality monitoring systems were in place but had not identified and addressed some shortfalls we had found during this inspection. The provider took action during and after the inspection to carry out actions needed for some of the concerns. The provider had put in place additional resources to help the service make the required improvements. For example, quality support teams had visited to carry out audits and a project manager was employed to help review documentation and improve systems.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 14 September 2021) and there were three breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of two regulations.

This service has been in Special Measures since 14 September 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures. However, the service

remains in breach of regulations and this is the sixth consecutive rating of requires improvement or inadequate.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rowde on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person-centred care and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Rowde

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by three inspectors, an assistant inspector 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.

Service and service type

Rowde is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 two managers 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 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 16 people about their experiences of care and support. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with eight members of staff, the registered managers and one professional.

We are improving how we hear people's experiences and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. In this report, we tried using this communication tool with eight people to tell us their experiences.

We reviewed 16 people's care and support records, multiple medication records, meeting minutes, incident and accident forms and health and safety records and quality monitoring records. We also reviewed four staff files in relation to recruitment.

After the inspection

We arranged to speak with five relatives on the telephone for their views of people's experiences of care. We also spoke with a further six members of staff, both registered managers and an acting manager.

We also reviewed further records including staff training data, communication profiles, quality monitoring records and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Whilst we found the provider had made improvements the rating reflects that it will take time to see these improvements embedded into practice and areas of improvement sustained.

Using medicines safely; Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At our last inspection the provider had failed to manage medicines and risks safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection we observed medicines folders were not accurate or consistent. Handwritten entries on people's medicines administration records (MAR) had not been signed by two members of staff to record accuracy checks. We also observed the provider's medicines policy had not been followed to make sure staff were regularly checking medicines stock.
- Since the last inspection action had been taken to improve medicines management. Medicines were administered by trained staff and recorded on people's MAR. The MARs we reviewed showed that people were receiving their medicines as prescribed. When amendments were made to MARs, we saw that they had been signed and double checked by a second member of staff. Stock checks were being completed on medicines after they had been administered.
- Protocols were available to guide staff on when it would be appropriate to administer medicines which were prescribed to be taken 'when required'.
- Staff explained how people's medicines would be managed when they were away from the service. It did not follow recommended practice. The provider told us there was a policy in place for this process which followed recommended practice. The provider told us they would ensure all the bungalows followed their policy.
- Medicines audits were completed weekly. Actions identified were recorded centrally and marked when they have been completed. Medicines incidents were recorded and investigated. We saw that changes were made following on from incidents to prevent them re-occurring.
- At the last inspection people's choking risks were not being managed safely. At this inspection we observed people's risk assessments had been reviewed and suitable safety measures were in place to manage risks.
- Staff had sought advice and guidance from speech and language therapists and had amended risk management plans to include guidance received. Staff spoke to us about people's risks and knew how to keep people safe.

- People had risk management plans in place for other risks such as mobility, safety at home and when out in the community. These had been reviewed by staff and updated when needed.
- Incident forms were completed following any incident and added to the provider's electronic system. Management reviewed incidents to identify any trends and share actions for learning.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people were safe. Comments included, "My relative is safe because I see [them] quite a lot and I sense and feel how [relative] is. The bungalow my relative lives in also feels good to me" and "My relative is safe because there are always staff there including sleeping nights."
- Staff received safeguarding training and updates when needed. Staff told us they knew how to report any concern and would approach the management team at any time.
- We observed safeguarding incidents had been discussed in team meetings. Minutes recorded discussions and any action points so they could be shared with all staff across the site.

Staffing and recruitment

- The service had faced staffing challenges since the last inspection because at times high numbers of staff were needing to isolate due to COVID-19. The provider had notified us of the concern and their management plans to keep people safe.
- At the time of our inspection people were being supported by sufficient numbers of staff. Staffing numbers were boosted by some use of agency staff. These were block booked by the service to make sure people's care was as consistent as possible. One relative told us, "There is continuity of staff and good long-term relationships."
- Staff had been recruited safely. The provider had carried out necessary pre-employment checks which included obtaining references from previous employers and a check with the disclosure and barring service (DBS).

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives were able to visit people at the service as per the government guidance. Whilst booking in advance was not necessary most relatives informed staff when they would be visiting. All visitors were required to complete a Lateral Flow Test prior to their visit and show a negative result.

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

- All staff working at the service had been vaccinated against COVID-19. The provider had asked staff for evidence of their vaccination which gave the provider the dates staff had been vaccinated.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our last inspection the provider had failed to robustly assess and monitor the risks relating to the health and safety and welfare of people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 in this key question.

- At our last inspection, health action plans and care plans were not aligned to give staff consistent guidance. At this inspection we observed staff had reviewed people's care plans and health action plans to make sure guidance was consistent.
- At our last inspection hospital passports had not been updated to record people's current needs. This placed people at risk of harm in the event of them going into hospital. At this inspection we observed this had improved. People's hospital passports contained current guidance for medical staff to know what people's needs were.
- People had an annual health check up with their GP which covered all health needs. We observed any actions needed had been followed up by staff.
- People's oral health needs were recorded in their records with detail about how much support they needed to maintain good oral health.

Staff support: induction, training, skills and experience

- Staff received the providers mandatory training to give them the skills and knowledge for their roles. The provider had a training team who worked with the service to make sure staff had the skills they needed.
- Some training was provided by e learning and some face to face sessions had taken place. Records were kept up to date to reflect all training completed.
- Managers and senior staff completed person-centred supervisions and observations with staff. These were designed to support staff to develop person-centred approaches in their work. One member of staff told us, "We all renewed our person-centred active support training just before Christmas. I think this has really helped with everything; the whole team have grasped it a lot more. It is a better working environment because of it."

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

- People were being supported to eat and drink enough to maintain a balanced diet. People had choices about what they were eating, and staff were aware of people's nutritional needs. One person told us, "The food is good, I enjoy it."
- Where people had additional risks relating to eating and drinking staff had guidance on how to support people effectively. Staff also monitored people's weights to identify any signs of malnutrition.
- People were involved in shopping to buy food for their bungalow and some people were encouraged to help prepare food.
- We observed people making their own meals such as soup and observed mealtimes were an inclusive activity.

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

- People lived in five bungalows on one site in a campus style. Each bungalow was different and reflected the personalisation made by people living there.
- Some bungalows felt more homely than others. Some were very personalised with lots of belongings, pictures and photographs that were important to the people living there. Others were less homely and felt more clinical.
- People showed us their rooms and were very happy with them. One person told us, "I like it [their room] and the lounge."

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 MCA 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.

- People were supported to make their own decisions where able. Where people lacked capacity, staff used the MCA process to help them make decisions. Staff were able to talk about a best interest process using least restrictive options.
- The provider had documentation in place which encouraged staff to work through the MCA process and record all those involved in decision making. This, in addition to training, had helped staff understand the principles of the MCA.
- Applications for DoLS had been sent to the local authority. Many were still waiting for assessments to be completed.

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 our last comprehensive inspection in March 2020 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- We observed some episodes of care which were not person-centred and did not promote people's privacy and dignity. For example, we observed a visiting professional who was treating people's feet. They were treating people in a large hall on site whilst other people were sat in the same room watching. They told us this was how they regularly saw people living at the service.
- No attempt was made by staff to protect privacy or dignity while people received their treatment. The regional director who visited on this day told us they had observed this activity and would make changes to improve outcomes for people.
- People had communication profiles in their care plans which gave staff guidance on how to communicate with people in their preferred way. This varied in quality and detail. Some had good details so it would be clear what people's preferred communication was, but others were not specific.
- For example, we observed staff had recorded people communicated using 'facial expression' or 'body language' without going into detail about what these might look like for the person. In addition, it was not clear how people would understand facial expressions of others when wearing masks.
- Two people we spoke with used Makaton and finger spelling proficiently when talking with us. Whilst for one person we observed their communication profile recorded they used Makaton; staff had not been consistently trained to use this method of communication. We did not observe any staff communicating with them using this method.
- One relative told us, "My relative uses Makaton especially when struggling with their mental health and because of mask wearing. I don't know if staff use Makaton." Another relative said, "The staff occasionally use Makaton and understand my relative well and pick up on [relative] really well."
- We shared our concerns with the provider who told us they would review people's communication needs and upskill staff where needed. They also told us they would look into using the symbol-based communication methods we used on our inspection for some people. People had expressed to staff how much they had enjoyed using them.
- Some people had religious needs which were met by going to church. We observed in people's records and people told us there were times when they were not able to go to church. This was due to staffing constraints or lack of transport. One person told us, "There are times when I can't go [to church] as there are no drivers. I tell myself I can't go, no drivers, you need drivers."
- We raised this with the provider who told us having drivers available had been an issue for one bungalow, but this had improved with more staff being available who could drive. Whilst there may be times staffing issues might affect an activity, we were not able to see any alternatives recorded in people's notes when

they were not able to go to church.

The provider had failed to make sure people received care that was person-centred, met their needs and preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed people were comfortable with staff and approached them when they needed support. Staff knew people well; some had worked at the service for many years. Comments about the staff were positive. They included, "The staff have been brilliant and have supported [relative] well" and "During COVID-19 the staff were amazing and organised outside visits so we could maintain contact. They [staff] are in constant contact."
- People were supported by staff who loved their jobs. Comments from staff included, "I love the job, I love being able to support the people I work with, it is a very rewarding job" and "I really, really enjoy it, I enjoy the feeling of giving back, trying to support people and help their independence."

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

- People had reviews of their care which they were involved in. The provider had started 'circles of support' meetings which included relatives and any professionals where needed. These meetings covered all aspects of the persons care to make sure their needs were being met.
- People had key workers who were staff allocated to develop relationships with specific people. Key workers had monthly meetings with people to talk through their wishes, preferences and goals.
- We observed people interacting with their key worker and saw positive social interactions where staff were encouraging, enabling and promoting independence. Key workers talked to us about the positive work they were doing with people to help them be more independent.

Is the service responsive?

Our findings

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

At our last comprehensive inspection in March 2020 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People had their own care plans which staff reviewed regularly. They contained details on support people needed and covered a wide range of needs.
- There was also a one-page profile for people with a summary of needs all on one page. This would be beneficial to any temporary or agency staff to get to know people quickly if needed.
- Whilst some people had clear goals recorded which demonstrated what they wanted to work to achieve others did not or they were not visible in their care plans. The registered manager told us how goals were recorded was under review.
- There had been difficulties with the electronic system so staff were unclear of how to record people's goals. This meant while a keyworker member of staff might know what people's goals were, other staff might not be clear.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider produced a range of information leaflets and documents in accessible forms. We observed good use of pictorial records to help people understand different information.
- People had their own accessible care plans which were a simplified pictorial version of their care plan. This helped people to understand the information and be included in recording support they needed.

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

- We observed some people were able to do activities they wanted to do such as riding for the disabled and keeping chickens in the garden.
- Some relatives felt that activities were an area that could be improved. Comments included, "The management want to pull out and over the last few years the activities have diminished and then stopped because of COVID-19" and "It is dependent on the staff whether my relative joins in with activities. They [staff] respond to the things I ask them but if I don't ask then I don't know. It has always been like this."
- The COVID-19 pandemic had affected people's abilities to continue with their employment opportunities and activities in the community. Staff had worked hard to keep people engaged on site whilst there were restrictions in place.

- Now restrictions were being lifted activities were being resumed and management told us they were encouraging staff to help people access the community again. One relative told us, "It is absolutely brilliant that things (activities) have started up again. My relative has had a horrible two years and was unhappy. Now my relative has begun horse riding again and loves shopping."
- Most people at the service attended the provider's day service on site to take part in workshops. These workshops were chosen by people from a range of options and rotated every three months. Workshops included baking and cooking, gardening and singing in a choir.
- We observed limited evidence of activities taking place in the evenings. A fortnightly social club had reopened which people enjoyed. This had been held virtually during the pandemic.
- The provider told us they were developing activity provision and goal setting at the service. They were aiming to use their person-centred observations and supervisions to help drive improvement and development of staff. A registered manager told us, "Staff have got used to a certain way of working. A culture shift needs to happen for staff to look outwards, we need a push to get back out in the community."
- People had developed relationships and friendships with others at the service. Some had lived together for over 20 years. One relative told us, "My relative is happy in their home and has friends in the bungalow. They all chip in with cooking, housework, and prepping meals. It's a happy domestic situation. I think my relative could be more stretched and they should push the boundaries a bit."

Improving care quality in response to complaints or concerns

- There had been no complaints received since the last inspection. The provider had a complaints policy and procedure which was also available in an easy read format.
- Relatives told us they knew how to complain and would if needed. One relative said, "I have had no cause to make a complaint. I have an open line of contact with staff day and night."

End of life care and support

- At our last inspection we made a recommendation for the provider to carry out further work to identify people's end of life needs and wishes. Records we reviewed demonstrated the provider had carried out that piece of work.
- People had an end of life plan which was accessible and pictorial. It recorded what people wanted to happen should they near the end of their life and who they wanted to be involved in their care.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider had failed to make sure quality monitoring was effective in identifying and driving improvement required to assess, monitor and improve the quality and safety and mitigate risks to the health, safety and welfare of people. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- At our last inspection we gave the provider feedback about improving people's privacy with regards to record keeping. At this inspection we observed the same shortfalls which the provider had failed to address.
- Quality systems had not addressed shortfalls in how staff were recording in people's daily notes. We observed examples in people's notes where staff had recorded global entries in everyone's notes. For example, we observed in one bungalow staff had recorded 'everyone has had a PCR (COVID-19) test, apart from [person]'. This did not promote the person's privacy as this personal information was recorded in everyone's notes in that bungalow.
- The providers maintenance systems had not prioritised a security concern with a window in one bungalow. Whilst staff had repeatedly reported a broken window, we observed during our site visit it was not secure. This placed people at risk of harm. The regional director took action to get the window secured during the inspection. The provider told us they would address this with maintenance teams.
- During our inspection we observed an incident whereby a person was placed at risk of harm due to a short period of time with reduced staffing numbers. The provider had shared this incident with safeguarding but not submitted a notification to CQC. The provider took action during our inspection to send the required notification to CQC.

Whilst people had not been harmed the provider had failed to make sure quality and safety systems assessed, monitored and improved the quality and safety of the service. This was a repeated breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had put in place additional resources to support staff at the service to carry out improvements seen. The registered managers told us these additional resources had been a help to them

and they valued the support they provided.

- At the last inspection action taken to mitigate risks in response to an incident were not robust. At this inspection the action had been reviewed and the management team were making more out of hours visits to the service. We observed in records and staff told us management were going into the bungalows out of hours to carry out quality monitoring checks. This action mitigated risks of reoccurrence.
- Registered managers told us since the last inspection they were spending much more time in each of the bungalows. They felt they were more of a 'presence' in the services and were able to support the staff more effectively. Staff told us all the management were approachable and accessible.
- Improvements had been noticed by relatives. One relative told us, "Since the last CQC inspection there has been a tightening of processes over the last few months."
- There had been a change of management structure since the last inspection. One of the registered managers had been promoted to operations manager and a senior support worker was acting as a manager. People, relatives and staff told us the management on site were helpful and approachable. One relative told us, "The two managers are good managers and always get back to me when I ring." One member of staff told us, "I have a good manager, I have always found [manager] to be approachable and there when I need them. I feel like I am valued, [manager] always says thank you."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the last inspection we found the provider had failed to provide person-centred care to people. This was a breach of Regulation 9 (Person-centred care) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 9.

- At the last inspection we observed some care that was not person-centred. At this inspection we continued to observe some episodes of care that was not promoting people's dignity or privacy. We have reported on some examples observed in the key question 'caring'.
- We also observed one person enjoying an activity of preparing a meal. Another staff member came and stopped them doing this activity to do their laundry. It was not clear why the laundry task had to be completed at that time. We observed another person ask a staff member for help to do something. The staff member told the person they would get the help when they had their 1-1 hours the next day. It was not clear why there had to be a delay.
- People's daily notes were basic and recorded what people had done and in one bungalow what they had eaten. We discussed this with the provider as staff were recording everything people had eaten without any identified need. On one occasion staff had noticed one person eating and asked them what they were eating so it could be recorded. Staff recorded they assured the person they were not in any trouble. This approach to people's care and support was not person-centred.

Whilst there was no evidence of harm, the provider had failed to make sure people received care that was person-centred, met their needs and preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives were asked for their views about the service using questionnaires. Whilst the provider sought people's views on the service, not everyone saw action taken in response to their feedback. One relative told us, "They [provider] do send me questionnaires but I haven't seen any changes." We asked the

relative what they would like to see improved. They told us, "Better lines of communication. When things are agreed they should be followed up." We shared this with the provider.

- Other relatives felt the service had improved and were happy with the care and support provided. One relative told us, "I would recommend Rowde now. They have learnt a lot in that last two months. All of us [family] cannot think of a better place for our relative to be, they are so happy here. There is a fantastic group of staff."

- At the last inspection we reported on the uncertainty of the future of the service and this had not changed. People, relatives and staff all talked with us about the uncertainty and their wish for it to be resolved. One relative told us, "We need the long-term future to be sorted for my relative and this is at the top of [relative]'s list."

Working in partnership with others

- People's records demonstrated that there were other professionals involved in people's care and support. The local community team for people with learning disabilities were involved in monitoring care and support and advising on specific health conditions such as epilepsy.

- Registered managers kept professionals updated with changes to people's circumstances and needs. This included local authorities from other counties.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to provide person-centred care to people making sure their rights of choice, dignity and inclusion had been promoted.</p> <p>Regulation 9 (1) (3) (b) (d)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to make sure quality monitoring was effective in identifying and driving improvement required to assess, monitor and improve the quality and safety and mitigate risks to the health, safety and welfare of people. This placed them at risk of harm.</p> <p>Regulation 17 (1) (2) (a) (b) (c) (e) (f)</p>

The enforcement action we took:

We served a Notice of Decision to remove the location from the providers registration.