Mr & Mrs M O'Connell

Rowley House Limited

Inspection report

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Ratings

Overall rating for this service	

Is the service safe?	
Is the service effective?	
Is the service caring?	
Is the service responsive?	
Is the service well-led?	

Summary of findings

Overall summary

This inspection took place on 2 March 2017 and was unannounced. At our last inspection in October 2015 we had concerns that the service was not consistently safe, effective, responsive or well led. At this inspection we found that some improvements had been made, however we had concerns that the service was still not consistently safe or well led.

Rowley House provides accommodation and nursing care for up to 36 people. At the time of this inspection there were 30 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's medicines were not always managed safely. The provider could not be sure that people had their medicines as medicine records did not correspond with the balance of stock.

The systems the provider had in place to monitor the management of medicines were not effective. The home's rating from the last inspection was not displayed in a way in which people could see it clearly.

People were safeguarded from the risk of abuse as staff knew what constituted abuse and who to report it to if they suspected abuse. The registered manager referred safeguarding concerns to the local authority for further investigation.

Risks of harm to people were assessed and action was taken to minimise the risk of further harm. Staff knew people's risks and how to keep them safe.

There were sufficient numbers of suitably trained staff to keep people safe. New staff were employed using safe recruitment procedures to ensure they were of good character and fit to work with people.

People were cared for by staff who were supported by the management team and trained to fulfil their roles.

The principles of The MCA 2005 and DoLS were being followed to ensure that people who lacked mental capacity were being supported to consent to their care at the service in their best interests.

People were encouraged to maintain a healthy diet. If people lost weight or they became unwell, professional health care advice was sought in a timely manner.

People were treated with dignity and respect and their right to privacy was upheld. People were able to

make choices about their care and be as independent at they were able to be.

People received personalised care that met their individual needs and preferences. People knew how to complain if they had any concerns about their care.

People, their relatives and the staff liked and respected the registered manager and management team. Some improvements to the quality of the service had been made since the last inspection.

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

The service was not consistently safe.

People's medicines were not always managed safely.

Risks of harm to people were assessed and minimised.

There were sufficient numbers of suitably trained staff to meet people's needs. New staff had been employed using safe recruitment procedures.

People were safeguarded from the risk of abuse as staff and the management knew what to do if they suspected abuse.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were supported and trained to fulfil their roles effectively.

The principles of the MCA 2005 and DoLS were being followed which meant people who lacked mental capacity were being supported to consent to their care by the representatives in their best interests.

People were encouraged to maintain a healthy diet and they had access to health care professionals if they became unwell of their health care needs changed.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People's right to privacy was upheld.

People were offered choices about their care and their choices were respected.

Is the service responsive?

Good

The service was responsive.

People received care that was personalised and met their individual needs and preferences.

People knew how to complain and had confidence that their complaints would be handled appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The quality monitoring systems in place were not always effective in ensuring safe care.

The latest CQC rating was not on display following the previous inspection.

People, their relatives and staff all felt the registered manager was supportive and approachable.

Care Quality Commission

Rowley House Limited

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 2 March 2017 and was unannounced. It was undertaken by two inspectors 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 looked at the information we held about the service. This included notifications the home had sent us and the previous inspection report. A notification is information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 10 people who used the service and two visiting relatives. We spoke with the registered manager, matron, deputy manager, a nurse and four care staff. We did this to gain people's views about the quality of care.

We looked at six people's care records, staff rosters, staff training records, two staff recruitment files and the quality monitoring audits. We did this to check that there were effective systems in place to monitor and improve the quality of service for people.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection we had concerns that there were insufficient staff to keep people safe and people's risk assessments were not always being followed. At this inspection we found that improvements had been made in both these areas. However we had concerns about the safe management of people's medicines.

People told us they had their medicines when they needed it. One person told us: "Yes, they (the staff), give them to me morning and night and ask if I want Paracetamol for any pain". However, we saw several people were prescribed topical creams (topical creams and ointments are applied to the skin to reduce inflammation in conditions such as eczema, dermatitis and allergic skin reactions). At our previous inspection the Matron had told us they had identified that improvements were needed to ensure topical creams were applied and recorded accurately. New documentation was due to be implemented to ensure that creams were being used in line with the prescribing instructions. At this inspection we saw that this had been put in place and there was clear guidance as to where and when to apply the topical creams. However, we were told by the nurses that care staff applied people's prescribed topical creams and the nurses were signing to say they had applied it or had seen it applied and they had not. The nurses were not observing the topical creams being applied by the carers. This meant that the nurse signing for this medication could not be sure that it had been applied as prescribed. This put people at risk of not having their creams applied and at risk of sore skin.

There were no protocols for the administration of people's PRN medicines to offer guidance to the nurses as to when people may require their medicines such as recording what signs and symptoms the person may display when they were in pain. The nurses told us most people would be able to ask for their PRN medicine. However some people lacked the communication skills and mental capacity to be able ask for their PRN medicines and this meant that people may not have had their medicines when they required it.

We found that several people's medicines did not balance. We could not see whether these people had their medication or not as the stock did not correspond with people's medication administration records (MAR). One person was prescribed an 'as required' (PRN) pain relief and they were able to have one or two tablets to help them with pain. There was no PRN protocol for the use of this medicine informing the nurses when this person may require one or two tablets. The amount of medicine administered was not recorded when it was given so this left the person at risk of having too much pain relief or not enough to alleviate the symptoms of pain.

Some people were prescribed pain relief patches. Skin patches are for around-the-clock treatment of moderate to severe chronic pain that is not controlled by other medicines. Pain relief patches should be applied to a different part of the body every time they are applied to ensure they are fully effective. The nurses told us that they changed the position of the patch at every administration however, there were no records showing where the pain patch had last been applied and this meant there was a risk of the patch being applied to the same area.

At our previous inspection we had concerns that there were insufficient staff to meet people's needs in a safe and timely manner. At this inspection people gave us mixed views on whether they thought there were enough staff. One person told us: "Yes, the staff come quickly, I don't have to wait very long and they have time to talk to you". However another person told us: "The staff don't have much time to talk to you, they're very busy". Two other people told us they had to wait quite a while when they used their call bell whilst another person told us they didn't have to wait too long. Staff we spoke with told us that there were enough staff to meet people's needs. One staff member told us: "We are designated certain areas to work in so we know who is doing what, we are a good team and it usually just flows". Many people chose to stay in their bedrooms and this meant that staff were often moving from room to room supporting people. We observed that when people called for support they received that support quite quickly. We heard one person use their call bell to get up and we saw that staff answered the call bell straight away and were able to support the person to get up within 10 minutes of asking. New staff were employed using safe recruitment procedures as checks to ensure staff were of good character and fit to work with people were carried out. These checks included disclosure and barring service (DBS) checks for staff. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant.

At our previous inspection we had concerns that people's risk assessments were not always being followed by staff and this was putting people at further risk of harm. At this inspection we found improvements had been made in relation to the management of risk. One person told us: "I am paralysed and need two people to lift me and move me around, I feel safe when the staff help me, and I have confidence in them". We saw when an accident, incident or near miss had taken place the registered manager investigated and took action to minimise the risk of further incidents. For example one person had almost fallen from the hoist when being supported to move. The registered manager told us that they had investigated and found that the staff had used the wrong size sling to move the person and this had almost caused an accident. The staff involved had received further training and all staff had been reminded to check people's care plans if they were unsure what equipment was necessary. We asked several staff what size sling the person was assessed to use and they were all able to tell us the correct size.

A new tissue viability link nurse role had been implemented solely to provide support and care in relation to pressure areas. They told us they supported the care staff to care for people with pressure areas putting together care plans, checking the wounds and the equipment that was in use. We observed that people had the equipment they had been assessed as requiring such as sensor mats if they were at risk of falling and profiling beds and mattresses for people who were at risk of sore skin. We saw that regular checks were undertaken to ensure that the equipment was safe for use.

People told us they felt safe. One person told us: "Yes, I feel safe here, the staff are all very helpful and kind". Staff we spoke with knew what constituted abuse and what to do if they suspected someone had suffered potential abuse. One staff member told us: "I know what abuse is you see it all the time on the TV. I would report it straight away and report to CQC if nothing was done about it. The registered manager showed us that they had raised safeguarding concerns with the local authority when they had suspected abuse. This meant that people who used the service were being safeguarded from the risk of abuse.

Good

Is the service effective?

Our findings

People were being cared for by staff that felt supported and had received training to be effective in their roles. One person told us: "After a few weeks the new staff are trained and know what they're doing". Another person told us: "Yes, the staff know what they're doing, they know I need two staff to move me". Staff told us they felt supported to fulfil their roles. One staff member told us: "I am completing my diploma in social care; I have an assessor come in and observe me". Another staff member told us: "I worked with a more senior member of staff for a while until I was confident and I have lots of training. The training is very good". We saw that staff regularly met with a senior member of staff to discuss their personal development and there was a programme of regular training which was kept up to date.

The registered manager, matron and staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The 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's mental capacity to consent to their care had been assessed. We saw that people who had the capacity had consented to their care at the service by agreeing to and signing their care plans or on occasions signing to refuse care. For example, one person who had capacity had refused to use the bed rails they had been advised to use. The person had signed a disclaimer stating they did not want to use them. This showed that people's right to consent or refuse to their care, treatment and support was being respected.

People who lacked the mental capacity had been supported to consent to their care by their relatives and representatives. Two people had been referred to the local authority for a DoLS authorisation as the matron and registered manager had recognised that they may be restricting them to maintain their safety. 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. This meant that the principles of the MCA 2005 and DoLS procedures were being followed.

People told us they generally liked the food they were offered. One person told us: "Yes, the food is good, obviously you don't like everything but there is a choice at tea time, I don't like sandwiches so I have a jacket potato or scrambled egg or something". Another person told us: "The foods alright. We have bacon and eggs for breakfast on Saturday and Sunday and cereal and toast in the week". People were supported to eat and drink sufficient amounts and when people were noted to have lost weight action was taken to seek advice and support. We saw one person had lost weight since being admitted into the service over a two week period. A referral had been made to the GP and dietician and we saw that they had been prescribed food supplements. We saw records that confirmed that this person had put weight on since having the supplements. Special diets were catered for such as soft and pureed diets and Percutaneous endoscopic gastrostomy (PEG). PEG is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. We saw the nurses supported people with their PEG feed safely and at the required times.

People told us they had access to a range of health care services when they became unwell or their health care needs changed. One person told us: "The staff get the doctor for me if I'm poorly, they're very, very good". Another person told us: "If I need the doctor, the staff get him. I had to go to hospital last year and the staff came with me in the taxi, they were very good". We saw the nurses and registered manager spoke to people's GP's and requested a visit when people showed signs and symptoms of being unwell. People had access to district nurses, dentists and consultants when they required them. The registered manager showed us they had in consultation with people who used the service subscribed to an optician who would visit the service and assess people individually. The opticians had new and innovative ideas to in prescribing glasses that may prevent people from falling. If people wore glasses for reading and long distance they would be clearly colour coded so staff would be aware if the person had the wrong glasses on and support the person to change them.

Good

Is the service caring?

Our findings

People told us and we saw that they were treated with kindness. One person told us: "The staff are kind, I can't fault any of them". Another person said: "The staff are very friendly, they are good at their jobs". We observed that all staff spoke kindly with people and interacted in a respectful way. Staff were seen to chat with people while supporting them. One staff member said to one person: "You look nice, have you had your hair done today?" whilst supporting them to mobilise with their walking frame. All the staff we spoke with demonstrated a kind and caring value base. One staff member told us: "I Love working here, helping keep people clean and happy. I am passionate about looking after people and seeing them smile".

One person told us: "The staff are respectful and always knock before entering my room, if I am behind the screen having a wash they will say they'll come back later". We saw staff knocked on doors before entering and when having to deliver care in the lounge area we saw a privacy screen was used to protect the person's dignity. Some people who were being cared for in bed had catheters in situ and we saw that the bag which held the urine was discreetly covered with a towel so as not to be on show. This showed that people's right to privacy and dignity was being respected and maintained when people were unable to maintain their own dignity.

People were offered choices about their care. People told us they could get up and got be bed when they liked. One person told us: "I get up around 8am when the staff bring me my breakfast and go to bed between 10pm and 11pm". Many people chose to spend time in their bedrooms and a few used the lounge facility. Only a small number of people used the dining room to eat their meals which meant many people ate in their bedrooms. The registered manager told us that they encouraged the care staff to ask on a daily basis if people would like to use the lounge and dining room as on occasions some people would change their mind and use the facilities. This showed that people's choices were being respected.

People were supported to maintain their personal hygiene. A relative told us: "All the staff are lovely, they keep my relative clean which is really important because he can get sore because he can't move about". People we spoke with told us that they were supported to bathe in accordance with their preferences. One person said: "I requested two showers a week and this was arranged on Tuesdays and Fridays".

People and their relatives told us they could visit at any time and that they were supported to maintain their relationships. One relative told us: "I come every day and the staff are lovely". Another relative told us that they visited two or three times a week and they were provided with a meal at lunchtime so they could eat together. Other people received or made phone calls to their relatives supported by staff. One person told us: "The staff take me to the phone when my relative rings for me", another person told us they had their own mobile phone which they used when they liked to ring their friends and relatives.

Good

Is the service responsive?

Our findings

At our previous inspection we had concerns that people were not always involved in decisions about their care and people's care plans lacked sufficient information for staff to be able to care for them safely. At this inspection we found that improvements had been made. Previously the service had provided short term care for up to six people following a stay in hospital. We had found that the care plans for some of these people lacked information and staff we spoke with had not known their needs. Since the last inspection the provider had stopped the short term care agreement and all the people who used the service were now permanent residents.

People's care plans were in the process of being reviewed and up dated into a new format. On the day of the inspection we observed a member of staff sitting with someone going through their care plan with them. We saw that people who were able to had signed to agree their care plans or had been supported to sign by a representative. We saw a monthly review of the care plans took place to ensure they contained up to date and relevant information within them. The care plans detailed people's individual preferences such as which fragrance they liked or what toiletries they preferred to use.

Staff we spoke with all knew people's individual needs and preferences. They were able to tell us how they supported people and understood how to keep people safe and happy. One staff member told us: "We are handed over information at the beginning of every shift so we know if anything has changed". They went onto say: "We know people's routine, [person's name] for example won't get up until about 10.30am and then will have a bacon sandwich for breakfast". We observed that at 10.30am the person rang the call bell for support to get up and we saw they had their chosen bacon sandwich for breakfast.

People were offered opportunities to engage in hobbies and activities of their choice. However many people told us that they liked to stay in their rooms and either read, listen to the radio or watch TV. Two people told us that the Brownies had come in at Christmas and they'd enjoyed singing carols. One person told us that they didn't like to join in with singing, as they didn't like being around large numbers of people and this choice was respected. Some people told us that they went out with their relatives or that they went into the grounds during the summer to sit outside on the garden benches if the weather was warm enough, which they said they enjoyed. Two people told us that they sometimes went for a walk down the corridor and would talk to the people in the next rooms. During the afternoon we saw a small group of people doing art in the dining room. The member of staff supporting people with this told us: "In addition to art, we do knitting and we have been making woollen pom poms. Also sometimes we play 'giant Snakes & Ladders' or I may visit people in their rooms to play dominoes".

People told us if they had any complaints or concerns they would talk to the registered manager, their relative or staff. One person told us: "I have no problems but if I did I would speak to the registered manager". Another person told us: "I would tell my son who would speak to the registered manager for me". There was a complaints procedure that was visible in reception. The registered manager showed us that they had one complaint in the last twelve months and it had been investigated appropriately

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection we had concerns that not all the audits the registered manager was completing were effective as people's care plans had lacked information to be able to care for people safely and this had not been identified in the care plan audit. At this inspection although the care plans had since been up dated we found that the medication audit the Matron completed had not identified the issues we found in relation to the safe management of people's medicines. We found there were issues with the systems the provider had in place to ensure people had their medicines at the prescribed times and as prescribed. Records did not always confirm how much medicine people had and whether they had actually had their medicines. The registered manager and Matron both recognised that there were issues with the management of people's medicines that needed addressing.

The provider is required to display their rating from their previous inspection so that people using the service or potential new people would be aware of the current rating. We found that the rating was not on display although a copy of the last report in black and white was in a folder on the wall; the rating was not clearly visible. The registered manager informed us that they would arrange to do this the same day.

We saw the registered manager analysed accidents and incidents and learned lessons from them. For example, an incident where someone had almost fallen from the hoist had been investigated, the staff had been spoken to and their training refreshed. This meant that action had been taken to minimise the risk of it happening again.

People who used the service and their relatives spoke well of the registered manager. One person told us: "When I arrived, [manager's name] told me to let her know if there was anything that I needed. The owners here are very good. They make sure the staff are good at their job, otherwise they will move them on." A visitor told us: "The Manager has been very kind and helpful and they had called for the doctor to alter my relative's medication shortly after they moved to the home. The manager is approachable".

People were asked their view on the service they received through annual quality questionnaire and when staff were discussing their care plans with them. We saw a suggestion box in the hall way and the registered manager told us they held regular 'open surgeries' for people or their relatives to attend.

Staff we spoke with told us they felt supported by the management team. They received regular support and there were regular staff meetings where they were able to suggest ideas for improvement. A member of staff told us: "Supervision is helpful, we can say what we think needs doing and we are listened to, for example we wanted some special chairs so certain people could go in the lounge and we got them. This showed that staff were being listened to and their opinions respected.

There was a clear management structure within the service with specific roles identified to meet people's needs. There was the matron, deputy manager and a clinical lead. The registered manager had created a new post for a tissue viability link nurse. They told us: "I had to fight for the funding but the post is so necessary here". We were informed that the clinical lead was due to undertake a review of staff supervisions

to ensure that the objective of helping staff and promote good team work was met.