

HF Trust Limited

Rowde

Inspection report

Furlong Close
Rowde
Devizes
Wiltshire
SN10 2TQ

Tel: 01380725455

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rowde is registered to provide accommodation and personal care for up to 37 people with learning disabilities and associated health needs. People lived in five bungalows and attached self-contained flats on a central site. At the time of our inspection there were 34 people living at the service.

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

The service did not always (consistently) apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

This service had five bungalows all located on one site in a 'campus' style. This model of care would not be registered if an application were to be received now. The provider had not taken steps to ensure this service fitted into the residential area. There were identifying signs that this was a care home. For example, there was a large sign advertising the provider visible from the pavement and road.

Quality monitoring was not robust and did not give an accurate oversight of the service. We found healthcare records for three people were conflicting and did not always have the guidance staff needed. Two people had additional monitoring needs for their health, we found they were not always being carried out.

People were not living in an environment that was thoroughly cleaned. Accidents and incidents had been recorded but we found one incident where staff had not followed the provider policy in seeking medical help. Safety checks were carried out for any equipment or the premises. Risks to people's safety were assessed and recorded.

People were supported by sufficient numbers of staff. There was still reliance on agency staff, but hours needed had reduced. The service tried to use the same agency staff for consistency. Staff were trained and supported by the registered manager. Staff told us they could ask for training on any area they needed. People were encouraged to do their own shopping and mealtimes were inclusive and social occasions.

People had a personalised care plan and a keyworker who helped them be involved in planning their own care. Care plans were reviewed and where needed, the service produced easy read care plans for people. Where people experienced distress reactions, there were clear guidelines in place for staff to know how to support people safely. People's end of life wishes were not always recorded. We have made a recommendation about this.

People and relatives told us staff were kind, caring and professional. Relatives told us they thought the atmosphere in people's bungalows was homely. People could personalise their room and had access to outdoor spaces.

People were treated with respect and their personal information was stored securely. People were able to express their views in 'house meetings' or 'Voices to be heard' meetings. These were held regularly and supported people to have a say in how things were managed. Activities were available and people supported to follow their interests as far as was practical. Some people had employment opportunities in the local community.

People had their medicines as prescribed. Any medicine incidents had been reported and action taken to try and prevent reoccurrence. There were two registered managers in post. Staff told us management was approachable, and the service was well-led.

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 requires improvement (published 20 March 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified one breach in relation to governance. Please see the action we have told the provider to take at the end of this report. This is the fourth consecutive requires improvement or Inadequate rating for this service.

Follow up

We will request an action plan for 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 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 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 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 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 Care Act 2014.

Inspection team

This inspection was carried out by two inspectors, a pharmacy inspector, 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. At the time of our inspection one of the registered managers had been moved to support another service managed by the provider.

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. This included monthly action plans the provider is required to send us. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this

information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff, the registered manager and regional operations manager. We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and medicines incidents data. We contacted five relatives and three healthcare professionals for their feedback about the service.

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 remained the same. This meant some aspects of the service were not always safe and there was a limited assurance about safety.

Preventing and controlling infection

- Some areas of all the bungalows were dirty and had not been cleaned. We saw where fluids had been spilled, they had not been cleaned. Some areas were very dusty and there was dirt visible. One person told us, "I clean my own room. We clean at weekends. We used to have a rota, but we don't use it anymore."
- We told the regional manager what we had seen. They organised for all of the bungalows to be thoroughly cleaned and informed us when this action was completed.
- New cleaning schedules were put into place to help people to keep their homes clean. However, the new schedules were not robust and did not include how all areas of the service were to be cleaned. We raised this with the registered manager who told us they would review the schedules.
- Staff had been trained in infection prevention and control and food hygiene. This provided them with guidance to promote good infection control practice and how to handle food safely.
- Staff had access to personal protective equipment, and we saw they used it appropriately.

Assessing risk, safety monitoring and management

- While risks to people's safety had been assessed we saw one incident where staff had not followed the provider policy and guidance for head injuries produced by National Institute for Health and Care Excellence (NICE). The guidance states that a person showing signs of a head injury should be supported to seek medical advice immediately. Whilst medical advice was sought it was delayed. We raised this with the registered manager who told us this was not the usual standard of the service and would address it with staff.
- People had risk management plans in place to record action staff needed to take to support them safely. This included safety at home and when out in the community.
- Staff carried out safety checks in the premises and external contractors were also deployed to keep premises and equipment safe.
- People who experienced distress reactions had clear positive behaviour support plans in place. These gave staff guidance on how best to minimise distress, or what to do when people's behaviour became a concern. These were written and reviewed by the provider's positive behaviour support team.

Staffing and recruitment

At our last inspection the service was using high levels of agency staff which had impacted on the care and support people received. This was a breach of Regulation 9 (Person centred care) 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 9.

- People were supported by sufficient numbers of staff. The use of agency staff had reduced considerably as the provider had recruited their own permanent staff.
- Where agency staff were being used, the service tried to book them in advance so they could use the same staff. This provided people with continuity of care.
- Staff had been recruited safely. The required pre-employment checks had been carried out which included a check with the disclosure and barring service (DBS). A DBS check helps employers make safer recruiting decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Rowde. Comments included, "I feel safe here. The staff look after me and all the staff help me", "Everything is safe here" and "It's quite nice here, I feel safe."
- Staff received regular safeguarding training and updates when needed. Staff were able to recognise signs of abuse and knew how to report any concerns.
- Staff told us they were confident the management team would take appropriate action to keep people safe.

Using medicines safely

- Medicines were being managed safely. There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- Trained staff administered medicines and recorded this on medicines administration records (MARs). A second check was completed by another member of staff to ensure these were filled in correctly. The MARs we reviewed showed people were receiving their medicines as prescribed.
- Staff explained how they were involved with STOMP (a prescribing initiative which aims to stop the over-medication of people with a learning disability, autism or who display challenging behaviours). This helped to ensure people were not prescribed medicines inappropriately.
- People were supported to manage their own medicines where appropriate. Suitable risk assessments had been completed so people could do this safely.
- Medicine errors were being recorded and the action taken to prevent re-occurrence was documented. The medicine's policy was being updated regularly to ensure staff followed best practice.

Learning lessons when things go wrong

- Accidents and incidents had been recorded. The registered manager showed us how they reviewed incident reports and made sure any safety measures were in place. Incidents were discussed with staff at team meetings to make sure lessons could be learned to prevent reoccurrence.

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 now deteriorated to 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

- Some people's health needs had not always been updated in their health action plans, support plans or hospital passports. This meant the provider could not be sure people had the right healthcare support from staff.
- One person had been weighed in February 2020 and had lost over one stone in weight from the previous month. Records did not demonstrate what staff had done to support this person, such as referring to their GP. Following our inspection, the registered manager told us this was an error in recording which had not been identified until our inspection.
- Two people had been identified as needing their weight monitored weekly. Records did not demonstrate this action had been taken. When we asked staff how often the people should be weighed, they were not clear. The registered manager told us they would put a system in place to make sure people were weighed when required.
- Guidance provided by healthcare professionals for one person had not been added to their care plan or hospital passport. This person had been assessed by the speech and language therapists and other healthcare professionals as being high risk of choking. Whilst this information and guidance was in the person's risk assessment, it was not reflected in their care plan or hospital passport. The registered manager took immediate steps to address this shortfall.
- The same person's health needs had changed. A healthcare professional had recommended they drank a specified amount of fluids each day. We asked staff if they were monitoring this person's fluid and found they were not. This meant the provider had no means of knowing how much fluid this person had consumed.

Whilst the registered manager took action during and immediately after our inspection, failing to assess and monitor the risks to people's health, safety and welfare was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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.

- Where people lacked capacity, this had been assessed and decisions made in people's best interest. However, two people had made specific health decisions which staff had recorded in their notes. We were not confident the people had the capacity to make these decisions as we had seen in their notes, they lacked capacity to make other decisions. We checked with the registered manager. They told us they would review people's capacity and ensure best interest meetings were held to support people's decision making.
- Staff understood the principles of the MCA and how it applied to their roles. DoLS authorisations had been applied for or were in place where needed.

Staff support: induction, training, skills and experience

- People were being supported by staff who had been trained. New staff completed an induction which included training and shadowing more experienced staff.
- Once staff had completed their induction, they were provided with regular updates. Staff we spoke with told us they could ask for any training they felt they needed. One member of staff told us, "Training is great and held here on site."
- Staff told us they had regular supervisions with their line manager which they found supportive. One member of staff said, "[Name of line manager] gives us positive feedback, they are good at their job."

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

- People told us they enjoyed their meals and mealtime experiences. Comments included, "I am supported well by staff. They do the cooking and give me choices of food", "I'm on a healthy eating course. I do plenty of exercise and eat lots of vegetables", "We all eat together" and "I like the food we get here."
- People were encouraged to plan, shop and prepare their own meals wherever possible. There was also opportunity for people to eat out at local pubs or cafes.

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

- This service consisted of five individual bungalows on one site. People had their own rooms and some people had lived at the service for many years. People were encouraged to personalise their rooms which they had done.
- People's homes had been adapted to meet their needs. The registered manager told us where people's needs changed, advice was sought from healthcare professionals. Any additional equipment such as handrails would be purchased and installed.
- There was accessible outside space which people enjoyed using.

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

- People told us they liked the staff who were supporting them. Comments about the staff included, "Staff listen and help us", "I talk to staff and they listen to me" and "I get on well with staff."
- Relatives told us they were happy with the care and support provided. Comments included, 'I am very grateful and constantly reassured that [person] has the opportunity to live at [Rowde] and feel that the staff are offering an excellent service' and "[Person] is very happy there [Rowde] and is living a full and active life in a caring and safe environment. [Person] considers this to be his home. The staff are loving, caring and extremely professional."
- Staff we spoke with all enjoyed their work and spoke warmly about people they supported. Comments included, "I love it here, it's fantastic", "I enjoy coming to work" and "I like my job, people have a good life and are consistently supported."
- We observed staff were kind and caring to people throughout our inspection. For example, one person told us they were the "ambassador" at Rowde. We saw them taking post about the site and running other errands. Staff were kind and encouraging, which made the person feel valued and proud of the role.
- Relatives and staff told us about the homely atmosphere at the service and how people cared about each other. One relative told us, 'Within the bungalow there is a very happy family atmosphere and the residents are very caring of each other. I am always made to feel very welcome when I visit, and the homely warmth in the bungalow is very obvious'. Another relative told us, 'Within the bungalow the residents support each other in whatever way they can. [Person] has a caring and empathetic nature and is very supportive of [their] housemates'.

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

- People had keyworkers who had developed knowledge of people and how they preferred to communicate. This supported people to express how they wanted to spend their time day to day. One person said, "I like my keyworker. She is taking me to Spain for a holiday."
- People had annual reviews with the local authority. Family and keyworkers were invited to discuss people's support.
- There were 'house meetings' where people could voice their views about things that happened in their homes. One member of staff said, "We try to give people a good purposeful life, we are keen to involve people in everything."

Respecting and promoting people's privacy, dignity and independence

- People's confidential information was kept secure.

- Staff gave us examples of how they promoted people's dignity and independence. One member of staff said, "We have sheep here in the garden, people are involved in looking after them. We promote choice and opportunity for independence."
- People's needs and preferences in relation to how they wanted their support provided was recorded. This includes if people had a preference to gender of care workers.
- We observed staff treating people with respect and maintaining their privacy. This included knocking on people's doors before entering. The registered manager told us, "I am confident about getting the team into the right way of working. It took a lot of team meetings and talking to staff about respect, dignity and diversity. I feel the team are positive and upbeat about what they are doing."

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

- People had their own care plan which was personalised. Some people had the care plan recorded in an accessible format which helped them to understand the information. For example, we saw one person had lots of pictures in their care plan.
- People's personalised routines were recorded so staff knew the details around how people wanted to get up or go to bed. The routines gave clear step by step guidance for some people where routine was important.
- People were supported to celebrate national holidays such as Easter and Christmas if they wished. Local clergy visited the service to support people to practice their faith and be involved in local church activities.

End of life care and support

- People had not always been encouraged to record their end of life wishes. Whilst some people had been supported to express their views, there were some who had not had the opportunity.
- One person had been assessed as nearing the end of their life. Whilst this was not imminent, professionals had suggested a plan for palliative care be put into place. The registered manager told us they had involved the local hospice service who had been to visit the person.

We recommend the provider carries out further work to identify people's needs and wishes in the event of the need for end of life care.

- Some people had recorded their end of life wishes and preferences on easy read documents which were in their care plan.
- Staff told us they had been given some end of life training, but more was being planned by the local hospice service.

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 service met the AIS. People's communication needs were assessed and recorded in their support plans. Some people had communication profiles which gave detailed guidance to staff on different methods of communication to use.
- The service made sure easy read and/or pictorial documents were available for people. For example, an

easy read complaints procedure was available for people.

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

- People had a range of activities planned for them if they wanted to join in. This included activities on site and some in the community.
- We observed people walking in the gardens and looking at the sheep on site. People attending the day service had sheep which they helped to take care of as part of a local community project. One person told us, "When it's not windy and cold I go out for walks around the site. I've got a [steps counter]. I count my steps."
- Some people had a job locally which enabled them to maintain skills and independence. For example, one person carried out gardening work locally which they enjoyed, another did litter picking. One member of staff told us, "[Person] had done some litter picking locally, this has done a lot for their self-esteem."
- The service had transport for people to use to access the community. There were four vehicles for 34 people which meant people had to share transport. The registered manager told us they also supported people to use local transport. There was a bus stop nearby where people could catch a bus into the local town.

Improving care quality in response to complaints or concerns

- No formal complaints had been made since our last inspection. People and relatives knew how to make a complaint if they wanted to.

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 remained the same. 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

- The provider has a condition imposed on their registration to share information with us regarding their quality monitoring and audits of care plans. The provider had been sending CQC a monthly report. The information within these reports was conflicting in places and not accurate. For example, reports received at the end of January and the end of February 2020 stated the environments were clean, which is not what we found. The registered manager told us they visited the bungalows every day, but they had not noticed the cleanliness concerns.
- Quality monitoring systems had not identified the concerns we found with regards to people's additional health needs. The reports shared with CQC stated that there was 'good records of health appointments'. Whilst this was the case, the actions required following appointments had not been carried out and / or recorded for seven cases.
- Robust systems were not in place to make sure the registered manager had management oversight of all of the service. For example, this included people's health needs where there was a concern, and some behavioural incidents not recorded on the provider's systems. Whilst individual incidents were shared with staff so lessons learned could be discussed, we were not able to see management analysis of all trends. The registered manager told us they would put systems in place to make sure they had a thorough oversight immediately.

Whilst we saw no evidence of harm, failing to have robust systems in place to assess, monitor and improve the quality and safety of the service put people at risk of harm. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Since the last inspection, there were two new registered managers. One registered manager had been moved to a different service for a short period of time. The provider had employed an agency manager to cover their work at Rowde for a fixed term.
- Whilst the registered managers had split day to day management between them, they were aware they were responsible and accountable for the whole location.
- The registered manager told us they felt well supported by the provider. They said, "I have been really pleased with the support I have had, I get listened to. If I raise a concern it is taken seriously. This makes me feel valued and appreciated."
- The regional manager was able to analyse incidents on the provider's electronic incident system and

produce reports to look at incidents overall. These reports gave the provider some oversight of the location but did not include the health concerns we had identified.

- There was a weekly managers and senior staff meeting. This enabled the management team to meet with each other and the regional manager to discuss incidents, staffing and agency use, events or any changes.

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

- The registered manager recognised there was still improvement needed to make sure people were supported in line with the principles of Registering the Right Support. They told us, "Living in this 'campus style' the obvious temptation is to exist in a bubble. We have done a lot of work around trying to get people out into the community."
- The registered manager had made changes to how people were supported. For example, they told us they now encouraged people to go and do their own shopping rather than having groceries delivered. They encouraged people to use public transport and go out to the community. This more inclusive way of working needed time to embed into the culture at the service.
- People, relatives and staff were positive about the management at the service. We were told management were approachable and visible in the service. Comments included, "Rowde is a great place to be, the management are very approachable, and my colleagues are great", "[Registered manager] is very organised and decent" and "[Manager] knows what they are doing, their managerial skills are high, and they communicate well."
- People were living in a service which had a positive atmosphere. Staff told us there had been improvements in the last 12 months which included the reduced use of agency staff. This had helped people receive consistent care.

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 their responsibilities under duty of candour. They told us they were open and transparent with people, relatives and the staff team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- In addition to 'house meetings' people were also able to join 'Voices to be heard' meetings. This was a monthly forum for people to come together and talk about the service and other work.
- People had been successful in lobbying the local council to make changes to their local environment. The local council was adjusting the heights of kerbs nearby the premises to make it easier for people in wheelchairs to get on and off pavements.
- People and relatives were able to complete surveys to give feedback on the service and the provider. This information was collated and shared in easy read formats.
- Staff meetings were held regularly where staff could give their views and ideas for improvement. Minutes were kept which recorded discussions.
- The provider had recently carried out a staff survey. The data had been collected and was being analysed. The registered manager told us the provider would share the data once the report was completed.
- Staff worked in partnership with various professionals to make sure people had the care they needed. This included the local community team for people with learning disabilities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure there were robust governance systems in place to effectively assess, monitor and improve the service and ensure people were safely supported.