

Titleworth Neuro Limited

Rowland House Care Home

Inspection report

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Date of inspection visit:
24 June 2021

Date of publication:
14 July 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rowland House is a care home without nursing for up to seven adults. The service specialises in the care of people with acquired brain injury, including Huntington's disease. There were seven people living at the home at the time of our inspection.

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

Staff had the knowledge and skills they needed to provide safe and effective care. They understood people's individual needs and the conditions they lived with. Any risks involved in people's care were mitigated and managed effectively.

The provider operated safe recruitment procedures. Staff understood their responsibilities in safeguarding people from abuse and know how to report any concerns they had.

People's medicines were managed safely. Staff maintained appropriate standards of infection prevention and control.

The provider's quality monitoring systems helped ensure people received safe care. Adverse events were analysed to identify any actions that could reduce the risk of a similar incident happening again and learning was shared with staff. Notifications of significant events were submitted to CQC appropriately.

The registered manager and staff worked effectively with other professionals involved in people's care. Staff communicated well with people's families and ensured they were kept up to date about people's health and wellbeing.

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

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

Rating at last inspection

The last rating for this service was requires improvement (published 9 June 2018).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 30 April 2018. We rated the Well-led key question requires improvement. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to meet the breach of legal requirements.

We undertook this focused inspection to check they had made the required improvements. This report only covers our findings in relation to the key questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this 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.

Follow up

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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Rowland House Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. 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

One inspector carried out the inspection.

Service and service type

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

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included safeguarding referrals and notifications of significant events. We sought feedback from the local authority and professionals who work with the service.

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 the registered manager, a team leader and three rehabilitation assistants. We were not able to hear about people's experience directly due to their communication needs but we observed the engagement and interaction people had with staff.

We reviewed two people's care records, including their risk assessments and support plans. We looked at four staff recruitment files, accident and incident records, quality monitoring systems and the arrangements for managing medicines.

After the inspection

The registered manager sent us further information, including quality monitoring checks and audits. We spoke with seven family members about the care their loved ones received and heard feedback from two healthcare professionals who worked with 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Family members told us staff had the knowledge and skills to provide safe and effective care. They said staff understood their loved ones' individual needs and the conditions they experienced. One family member told us, "The staff are wonderful. They do everything they can to look after [person]. They understand his condition; they keep up to date with it." Another family member said, "Because it is small, they are able to get to know people individually and understand their needs. The level of care is brilliant; I am very happy with it."
- Healthcare professionals confirmed that staff provided care in a safe way. One healthcare professional told us, "They follow the individual care plans for each resident to ensure they are not harming the residents or themselves." Another healthcare professional said, "They look after the residents' physical and mental health well."
- Assessments had been carried out to identify any risks in people's care and there were plans in place outlining measures to mitigate these. Risks identified through assessment had also resulted in referrals to professionals where necessary. For example, some people were at risk when eating and drinking due to swallowing difficulties. A speech and language therapist had assessed people's needs in relation to eating and drinking and put guidance in place about how staff should support people.
- Family members told us staff followed the guidelines put in place to ensure people were supported to eat and drink safely. One family member said, "[Person] is on pureed food but they make sure that is done properly. [Registered manager] oversees a lot of the food preparation." Another family member told us, "They have a speech and language therapist coming in. She has been happy with how the staff prepare [person's] food. They are very aware of the dangers of aspiration." (Aspiration is the accidental breathing in of food or fluid into the lungs.)
- A healthcare professional told us the manager and staff supported people to maintain adequate nutrition and a balanced diet. The healthcare professional said, "Food is cooked in the Rowland House kitchen by staff. They ensure meals provide a balanced diet. The manager is very good at making sure residents who might not eat as much (e.g. those with dysphagia on modified diets) have healthy and increased calorie smoothies and snacks between meals."
- There were systems in place to ensure learning took place if adverse events occurred. Accidents and incidents were reviewed to identify any trends or emerging themes and learning from incidents was shared with staff at team meetings. There was a business contingency plan for the service, which had been reviewed in the light of COVID-19. This ensured that people's care would not be disrupted in the event of an emergency.
- The provider maintained appropriate standards of health and safety at the home. A fire risk assessment for the home had been carried out and each person had a personal emergency evacuation plan (PEEP) which detailed the support they would need in the event of evacuation. Audits confirmed that the fire

detection and alarm system were tested regularly as were the emergency lighting system and firefighting equipment. Audits also demonstrated that any moving and handling equipment used in the delivery of people's care was checked and serviced regularly.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and understood their responsibilities in protecting people from the risk of abuse. Staff were able to describe the types of abuse people may experience and the action they should take if they had concerns about people's safety or wellbeing.
- The provider had put procedures in place which enabled staff to speak up if they had concerns about abuse or poor practice. These included a senior manager being assigned as the organisation's Freedom to Speak Up Guardian and engaging an external whistleblowing service provider, which enabled staff to report concerns confidentially outside the organisation. Staff also understood that they could contact agencies including the local authority and CQC if they had concerns about abuse.

Staffing and recruitment

- There were enough staff on each shift to keep people safe and meet their needs. The number of staff deployed on each shift was determined by assessing people's individual needs. These assessments were regularly reviewed to ensure staffing levels remained appropriate.
- Staff retention had remained good throughout the COVID-19 pandemic, which meant people received consistent care. Family members told us the consistency of support people received was essential for their progress and wellbeing. One family member said, "The staff team is quite stable, which is important. We feel very lucky that [person] was able to go to a home where they understand Huntingdon's." Another family member told us, "[Team leader] has worked really hard to get all the staff to be consistent, to keep the same routine for [person], which is important."
- The provider carried out appropriate checks before staff were employed. This included obtaining references, proof of identity and address and a Disclosure and Barring Service (DBS) certificate. The DBS enables employers to check whether an applicant has any criminal convictions or has been barred from working with adults receiving care.

Using medicines safely

- People's medicines were managed safely. Staff responsible for medicines administration received relevant training and their competency was regularly assessed. There were appropriate arrangements for the ordering, storage and disposal of medicines. Medicines stocks and administration records were checked and audited regularly.
- Medication profiles contained information for staff about the medicines people took, including the reason for administration and any potential side effects. Medication profiles also recorded any allergies people had to medicines. Where people had been prescribed medicines for use 'as required' (PRN), there were clear instructions for staff about how, why and when these should be used.

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 personal protective equipment (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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, notifications of significant incidents had not always been submitted to CQC when required. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Notifications of significant events, such as accidents and incidents, had been submitted to CQC when needed, which enabled us to maintain regulatory oversight of the service.
- The provider had effective quality monitoring systems, which were maintained by the registered manager. Regular audits of key elements of the service, such as medicines and health and safety, helped ensure people received safe and effective care. Checks and audits were recorded on the provider's centralised monitoring system. This enabled the provider team to maintain an oversight of quality and safety at the service.
- The registered manager understood their responsibilities under the duty of candour. The provider had recently introduced an approach called 'Just Culture', which aimed to create an environment where staff felt able to report errors or concerns without fear of recrimination and to enable learning to take place if mistakes were made. A letter from the organisation's Chief Executive advised staff, 'I know sometimes things can go wrong, generally unintentionally, and it is important we promote a culture of openness and accountability. In doing this, this will help prevent such situations occurring and will enable us to address and learn from them when they do occur.'

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

- Family members told us staff communicated well with them about their loved ones' care. They said they were always kept up to date about any changes in their loved ones' needs. One family member told us, "They communicate well. If I phone, they will always update me, and they will always ring me if there's a

problem." Another family member said, "They are always very open. They share any updates or concerns they have about him and his condition."

- Each person had an allocated keyworker, with whom they met regularly to set and review individual goals and objectives. For some people, these goals focused on rehabilitation, which family members told us had been valuable and effective. One family member said of staff, "I can't fault them. They have been amazing. They have been brilliant with his rehab. He has come on a long way since he's been there. They have got him walking and his speech has improved a lot."

- Healthcare professionals told us the knowledge, skills and commitment of staff had resulted in good outcomes for people. One healthcare professional said of staff, "Their knowledge base is good because they are neuro-specific and the pathways for rehab are there. There is a collective desire to do the best by their clients." Another healthcare professional told us, "When I visit, staff members are able to update me on everyone's individual needs and how these might have changed since I was last there. For the residents with communication impairments, they will adapt how they communicate to ensure the resident is supported."

- Staff told us the registered manager was approachable and supportive. They said the registered manager encouraged their suggestions about how people's care could be improved and listened to any concerns they had.

- Healthcare professionals reported that the registered manager provided good leadership for the service. One healthcare professional told us, "I think [registered manager] manages the home very well. She has been there a long time and knows all her residents well. She is professional but makes the place feel like a home rather than a rehab unit."

Working in partnership with others

- The manager and staff had formed effective working relationships with other healthcare professionals involved in people's care, including specialists from the University College London Institute of Neurology and the Royal Hospital for Neuro-disability.

- Healthcare professionals told us staff worked collaboratively with them to implement strategies in people's care and contacted them if they observed any decline in a person's condition. One healthcare professional said of the staff team, "They like to keep on top of things. They have a good grasp of neuro function and identify any decline. If they notice something is required, they will get in touch." Another healthcare professional told us, "I provide dysphagia and communication guidelines (advice, strategies and exercises). Staff members carry these out and will let me know if anything has / hasn't worked and what they think might need updating."