

Rowley Care Ltd

Rowley House Nursing Home

Inspection report

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Staffordshire
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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

Rowley House Nursing Home can accommodate up to 35 older people with nursing care needs. There were 23 people using the service at the time of our inspection. They can accommodate people over two floors. Some rooms are shared.

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

During our inspection we identified several concerns relating to the safety of the environment that could potentially impact on the health and welfare of the people who used the service. These had not been addressed by the provider prior to our visit. The provider took prompt action, during and immediately following the inspection to address these issues meaning that the environment was made safe.

At the time of our last inspection we had concerns that the quality and safety of the service provided for people was not being well monitored and evaluated meaning areas for improvement were not being identified or addressed. Although we saw that systems and process have now been implemented, the provider had not always identified shortfalls or acted to address them to ensure people's safety.

Care plans did not always accurately reflect people's needs and people were not consistently supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

Staff were caring and respectful, promoting people's privacy, dignity and independence.

People were happy living at the home. Relatives were positive about the support their family members received, especially over recent months. There was a complaints procedure in place should people wish to share a concern.

Overall there were enough staff at the home to meet people's needs in a timely manner. Staff told us that they received training and support to help them be effective in their roles.

The quality of the food had improved, and activities were becoming more structured after the appointment of a member of staff whose responsibility it was to develop this area.

During the inspection the provider and the home manager were open, transparent and keen to make improvements at the home.

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 December 2019). During this inspection the service was found to be in breach of Regulation 17 HSCA RA Regulations 2014 Good governance and Regulation 12 HSCA RA Regulations 2014 Safe care and treatment. The provider sent us an action plan as to how improvements were to be made and we considered this at the time of this inspection.

Why we inspected

This was a planned, unannounced, inspection based on the previous rating.

Enforcement

At the inspection, we have identified breaches in relation to the safety of the environment, recording systems, the assessment and documentation of consent and the governance of the service.

The provider immediately started to address all of our concerns.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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.

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 ●

Rowley House Nursing 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.

Inspection team

This inspection was completed by an inspector and an assistant inspector.

Service and service type

Rowley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was no registered manager in post at the time of our inspection, although there was a manager who was in the process of applying to register with us. This person has subsequently been registered. 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider sent us 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. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with five care staff and the provider, the home manager and an agency nurse.

We reviewed a range of records. These included three people's care records. We looked at three staff files in relation to safe recruitment and training. A variety of records relating to the management of the service, including audits and action plans were also reviewed.

After the inspection

We continued to seek clarification from the provider and the home manager about their response to the concerns raised during our inspection. We were also provided with additional information on audits and checks. We received written feedback and verbal feedback from two health care professionals.

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 limited assurance about safety. There was an increased risk that people could be harmed.

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

- Prior to our visit the provider had not provided a safe environment that protected people from risks of harm.
- Fire doors did not effectively close. This would not keep people safe in the event of a fire. We saw that six fire doors were not closing effectively. This meant they did not form a seal to stop fire and smoke until emergency services arrived. The local authority fire safety officer told us that the provider had been advised of these issues in February 2019. Our findings reflect that action required at this time had not been taken to keep people safe.
- Following the inspection, we were shown a 'whole home audit' that was carried out by a senior manager on 11 February 2020, that had identified issues with the closing of fire doors but when we inspected the home a week later, no action had been taken to address this immediate risk.
- The services and equipment used to protect people in the event of a fire had not been checked in line with the home's policies and procedures. For example, weekly fire equipment checks and alarm bells, had not been checked weekly as stated in the home's statement of purpose, due to the absence of the staff member who had the responsibility to do this.
- Two bedrooms had external fire doors. The room upstairs had a fire door that opened by pushing a bar (that was not alarmed) accessing a steep metal outside stair case. This bedroom could not be locked as it led to a fire door (meaning people could not have the privacy of securing their own door). There was no one living in this room, but it was physically open and thus accessible. The downstairs room with the fire exit was usually occupied and there was nothing in writing to identify this room was a fire exit. Risks had not been assessed.
- Water temperatures in sinks in people's rooms exceeded the safely regulated temperature. This placed people at risk of scalding. Staff responsible for checking temperatures had routinely recorded temperatures in excess of 50 degrees. On the day of the inspection, we checked two sinks and found them to be exceeding 47 degrees. The manager checked them and confirmed this. Following the inspection, we were shown a 'whole home audit' that had identified issues with the water temperatures but when we inspected the home a week later, no action had been taken to address this immediate risk.
- During a tour of the home we saw a door that had a sign on it to say it must always be kept locked. The door was open identifying a hazard of steep stairs down to the cellar. The manager advised us that the door was open because a staff member was in the cellar. There was nothing seen to reduce the risk of a person falling down the stairs. The keypad to this door was broken and so the door was being secured with a bolt on the outside of the door. There was no risk assessment to support this hazard. Although we were advised most people were not independently mobile there were at least two people who were, and visitors could also be at risk.

- People's safety was not always effectively assessed and managed at the home. For example, people's support needs had not been assessed or planned for in the event of an emergency such as an evacuation. Personal evacuation plans that were in place were basic and not personalised to reflect people's needs. For example, some people would require equipment to help them to be moved to a place of safety. It was not identified people should not be moved in the event of a suspected fire therefore staff could not be sure what to do to act safely to protect people. Some staff we spoke with said they would evacuate people in the event of a fire and detailed equipment they would use. Other staff said people would not be moved. This lack of clarity could cause confusion and ultimately place people at risk of harm.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- We looked to see if for medicines given as and when required (PRN), there were protocols available to support the safe administration of medicine. We were advised by the manager they were not, and we did not see any. The manager told us that all protocols would be developed and made available on the new system however the previous recording system had been ineffective.
- On the day of our inspection, a new system for recording the administration and receipt of medicines was being introduced. Two staff members had been assigned to administer medicines to reflect the new system. We were not able to assess the effectiveness of the new system, however both the manager and the provider advised they could log in to the system and observe the process electronically at any time.
- Checks to ensure that the administration of medicines was safe, had identified issues relating to missing signatures and is one of the reasons why the new system had been implemented.
- People told us they received their medicines when they needed them including one person who told us that a time specific medicine was always given on time to ensure their ongoing good health.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and well looked after.
- People were protected from abuse by staff who had received training to recognise and report any concerns. Staff told us they would share any concerns about a person's safety without delay and would be confident to do this. They said they would be confident to speak with the manager.
- Staff told us how they had effectively used the whistle blowing procedure and the provider confirmed they had previously acted on information received from staff to keep people safe.
- Local safeguarding policies were in place and staff had access to whistleblowing policies.

Staffing and recruitment

- Staff were safely recruited to ensure they were suitable to work with people.
- We checked three recruitment records and found that checks had been carried out in a timely manner to reflect safe recruitment practices. Staff confirmed they had provided evidence they were suitable to work in the role they had applied for.
- Overall people told us they considered there were enough staff working at the home to ensure their needs could be met in a timely manner. People said call bells were answered promptly. One person told us, there are more than enough staff. If I press the nurse call, the longest, I've waited is five minutes." We monitored three call bell response times and found they were five and six minutes reflecting the feedback we received. One person told us, "Sometimes they are short staffed, and they can take a bit longer to come to me and I get up later than I would prefer, but not often, I understand."
- Staff told us staffing levels had improved since the appointment of the new manager although some felt more staff at night would be advantageous. One staff member told us, "There have been lots of changes

since [new manager] came. We used to have times when there weren't enough staff on, [they] get the shifts covered." They went on to say, "Before we used to get lots of sickness, [the manager] has put a stop to most of that."

Preventing and controlling infection

- People were protected from the risk of infection according to the latest local authority commissioned infection prevention and control audit produced in October 2019. Our observations of staff practice reflected this.
- The provider employed domestic staff who worked throughout the home and maintained a clean environment.
- Staff used Personal and Protective Equipment (PPE). For example, they wore gloves and aprons when supporting people at meal times and when providing personal care.

Learning lessons when things go wrong

- The provider and the manager openly shared challenges they had faced in recent months. They detailed how they had acted to make improvements as a result. For example, ongoing issues with the safe management of medicines had meant they had implemented a new system with more safeguards built in to reduce the likelihood of issues and also accidents and incidents were now more robustly monitored. Records reflected actions taken following accidents to reduce the likelihood of them happening again.
- Staff told us how they reflected on practice in team meetings and in one to one sessions with the manager, who was closely monitoring them to improve practice.

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

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found that the process was confused and the documents in people's care plans were not clear and often contradictory. This reflected our findings at the time of the last inspection of the home.
- People's care plans did not clearly identify people's capacity to make decisions relation to their health and welfare. This meant people may be receiving care that they did not want as staff were not clear.
- One file stated the person had a DOLS in place. A capacity and decision-making plan was drawn up for this person on 25 December 2019 by the home's clinical lead. It stated the person had a DOLS, "To ensure they are being properly looked after without restricting their freedom." There was no further detail given. When we requested to see the DOLS for this person we were then advised by the manager there wasn't one. This meant that the person may be having their liberty restricted inappropriately.

This is a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The manager told us that the home was currently being refurbished by the new provider. We saw where some rooms had been decorated and personalised to their individual tastes in order to make them homelier. Staff were positive about the improvements.
- There was very little signage around the home to guide people, however the manager advised us and we saw, that most people did not leave their bedrooms often. Although the home was registered to support

people with dementia the environment, due to the lay out, was not suitable for people living with dementia. And the manager acknowledged this.

- Double rooms were available and one such room was occupied. There was nothing to reflect that the people in the room had decided to share (although we were advised they had been together for a long while) and we found one of the two people lacked capacity to make decisions. This meant the people sharing a room may not be doing so in their best interests. Another double room was occupied by just one person and they told us how they enjoyed the additional space.

Staff support: induction, training, skills and experience

- Staff told us that they received training and support to help them be effective in their roles. The manager was developing a program of training and training refreshers and staff told us training was currently taking place in relation to fire safety. Staff spoke positively about the training reflecting that it met their needs. One staff member said, "The training is good. I have done manual handling, all mandatory training and NVQ 2."
- The home's 'whole home' audit identified that although staff had received training such as safeguarding and health and safety, there was no record to reflect they had received infection control, challenging behaviour, DOLS or dementia awareness. This meant staff may not know how to support people with those identified needs safely or appropriately. The manager advised us that training opportunities were improving to address shortfalls and we will monitor this at the time of our next inspection.
- One staff member told us they had been satisfied with their induction to the home. They told us, "The induction was good, I did the Care Certificate and shadowed [experienced staff] for 2 weeks. I did all the training and competency checks too."
- Staff told us the newly appointed manager was very supportive. Staff told us that supervisions took place monthly where they could discuss their job role, performance and training. One staff member had been trained to train other staff in safe moving and handling practices meaning that the staff had onsite support to help ensure they could safely and effectively move people. One staff member told us, "[Name of manager] is very supportive, I feel really appreciated. Everything has improved." Other staff shared examples of how the manager had supported them with training and practice to improve the quality of the service.

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

- Each person had their needs assessed. Staff told us they were confident in the manager's ability to effectively assess people who moved into the home and they would only admit people they were confident they could support in the environment and with the staff skills level. One staff member told us, "When they do admissions, they properly assess their needs, they don't consider the finances. If we can't meet their needs, they won't admit them."
- Assessments were in place to reflect the person's needs at the time of their admission and these identified physical and emotional support needs. The manager told us how they discussed protected characteristics and recorded any special needs or requirements. For example, one person's cultural needs were documented so staff could deliver appropriate care in a culturally sensitive way.

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

- People were consulted about their likes, dislikes and preferences of food choices. People told us they liked the food provided and commented the quality of the food had recently improved. One person told us "The food is brilliant, we have a full cooked breakfast and I get to choose what I like to eat on the menu, I tell them if I want something specific too." A staff member told us, "The food is much better, the food is fresh, there were people who didn't eat, but now they are eating. People are enjoying the food."
- Each person had their nutritional needs documented and special dietary needs were identified. The chef could cater for peoples identified dietary requirements. One person told us, "I eat a virtual vegetarian diet, due to my [identified health need]. There are always two choices and if I didn't want either of them, they

would cook me something else."

Staff working with other agencies to provide consistent, effective, timely care

- Staff at the home worked alongside and in co-operation with, social and health care professionals meaning they could provide continuity of care.
- The local Healthwatch team had also been welcomed to the home to assess people's experiences at the home. Again, the manager was able to reflect their findings to us and identified what they were improving as a result. This demonstrated that the manager and team were welcoming to outside agencies and took their views on board to ensure continual improvement.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs. Each person's care file had a record of referrals to, and of visits made by health professionals involved in the delivery of their care. Nurses working at the home worked alongside external health professionals although professionals felt communication in this area could be improved.
- Visiting health care professionals told us they had worked with the home as a result of concerns about communication meaning people's needs had not been effectively met. They went on to speak positively about the new manager who, told us they, was working to develop positive relationships with visiting professionals.
- One health professional told us about a project they were involved with to develop skills and understanding in relation to end of life care. They said that Rowley House staff were also embracing this project in order to improve the quality of the service for people. They told us, "It is also continually improving communication with resident's, their relatives and with the general practitioners."

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 now deteriorated to requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

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

- We observed people being asked before any tasks were completed and they were given time to respond. However, the manager informed us they didn't think staff understood issues of capacity and a staff training record reflected staff had not received such training. In discussions with us, staff were unclear as to who could make decisions for themselves. This meant that people's views may not be reflected in the care and support they received.

- People who had capacity to make decisions told us they felt involved in decision making even though written plans did not support this. People told us how staff met their needs and supported their decisions around staying in their rooms, participating in activities and choosing meals.

Respecting and promoting people's privacy, dignity and independence

- People were unable to relax in communal areas and have private conversations due to the noisy environment. On the day of the inspection, in the large communal lounge, we saw the television was on and playing very loudly even when no one was in the room. When a person and their relative came into the room to talk, the volume of the television remained the same despite a staff member being in the room. This made conversation difficult. Call bells were equally loud and piercing. The manager told us this system was being changed and upgraded. This would help to make the environment more relaxing.

- Overall people's privacy and dignity was promoted and respected. One person told us, "It is great here; the carers are good and the nurses. They are kind and respectful. They always knock my door before coming in, they are always polite when they speak to me." We saw that two people who shared a room had very little privacy screening meaning personal care could only be carried out in total privacy if the other person was not in the room.

- People were supported with personal care in private and staff spoke quietly to people when they had made requests for assistance with personal care.

- One person's relative told us how the staff had supported their relative at the end of their life. They said, "The dignity and respect my [relative] had when they passed was lovely, what clothes they wanted to wear and put a flower in their hand."

- Staff told us how they encouraged people to do things for themselves to ensure they remained as independent as possible and we saw a lot of people managing their own food and drinks with minimal support from staff when required to ensure they were successful.

- Care records were kept securely to ensure confidentiality was maintained.

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

- People were very happy living at Rowley House. One person told us, "I have lived here for 5 years, it is super living here, I am very happy."
- People were treated with kindness, compassion and respect by staff providing hands on care and by the manager. People spoke very highly of the caring attitude of the staff and our observations throughout the inspection reflected this. One person told us, "The staff are kind, they know me well, they always have time to have a chat when they come to me." People shared the same praise for the manager. One person told us, "I am happy here, the staff treat me very well, they are kind especially the manager. [Manager's name] is lovely. [Manager} always has time for a chat, they helped me to settle in."
- We observed staff support people with kindness and reassurance. For example, one person was being supported to move from their chair. Staff offered reassurance and talked to them throughout making sure they were relaxed and comfortable.
- Staff were aware of people's likes and preferences meaning they could deliver personalised care and support. One staff member told us, "I ask people what they like and don't like and what they want to do. We look at new admission care plans and the assessments."
- A visiting health care professional told us, "Carers are fantastic. They are caring. The hands-on care is fantastic."

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 requires improvement. At this inspection this key question has remained the same. 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

- Visiting professionals did not feel that communication with nurses working at the home was as effective as it could be, and the manager was addressing practice issues in relation to this. The manager told us they were working to improve communication to ensure people's needs were identified and responded to appropriately.
- Each person had a plan of care that overall considered their individual needs and wishes, although these plans were not consistently personalised. The manager advised us that new plans were being introduced and these would be more personalised.
- Information in some care plans was out-of-date or contradictory. This meant that staff did not have current or accurate information available to ensure people received appropriate or personalised care. In conversations staff were knowledgeable about people's needs and preferences although we could not be confident staff who did not know people well would be able to provide the same level of support. There was no evidence that people had suffered harm as staff were familiar with people's needs. However, people were at risk of receiving inappropriate care that did not meet their needs.
- It was not clear how information gathered on charts impacted people's care planning. For example, there were gaps in food and fluid intake records. Some of the charts did not contain enough guidance for staff on what care people needed or what was important to record. This meant the staff could not demonstrate they had supported people to drink and eat sufficient amounts to maintain their health and wellbeing.
- A relative told us communication between themselves, the manager and the staff was good, and this meant they could all share information to ensure the person's wishes and preferences were considered. One relative told us this had had a positive impact on their relative's life. They told us "They supported them brilliantly." They went on to say how staff had picked up on how the person was feeling at the time of their admission and supported them through it.

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

- Care plans did not currently detail people who were important to them. One person told us about how much they valued visits from a named relative. There was nothing in this person's plan to identify this person and the manager did not know who they were. This could mean people were not supported to remain in touch with people who were important to them.
- Overall people told us they were satisfied with the activities available and most told us they attended selective ones that took their interest. Some people preferred to spend their time in their rooms and not partake in any structured activities, preferring to entertain themselves.
- The provider had recently recruited an activity co-ordinator to help increase the responsiveness of the

service in supporting people to engage in meaningful activities. They had started exploring with people what they may enjoy doing based upon their previous occupations, hobbies and preferences.

- Some staff told us there had been a recent improvement in the opportunities made available for people to get involved with. Staff felt that activities was an area where improvements could be made. One staff member told us, "I don't think there are enough activities in the home, there needs to be more staff to perform activities in people's own rooms. If I had a magic wand, I would make more time for activities."
- During our inspection we saw limited life enriching interactions between staff and people.

End of life care and support

- The manager told us one person was currently receiving end of life care or support. Care plans detailed important information in red but were not clear and the manager acknowledged this needed to be changed as a priority. The person's end of life wishes were only recorded in a correspondence sheet meaning the info might not be available to support decisions made to respect the persons wishes. They said that plans would be updated if required to accommodate their needs and wishes.
- A visiting professional told us that some advanced care plans were not in place and people's end of life 'preferred place of care' were not filled in. The manager told us about the initiative they had signed up to with the aim of improving this to deliver positive outcomes at the time of people's end of life. Health professionals told us the staff were getting on board with this project.

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.

- People were provided with information in both printed or pictorial formats. The manager stated that information would also be shared verbally on a one to one basis if required.

Improving care quality in response to complaints or concerns

- The provider had a system in place for recording and responding to complaints.
- People told us if they had a complaint, they would speak with the manager who they were confident would respond appropriately.

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

- The provider's systems and processes had not identified shortfalls to the environment that potentially put people's health and safety at risk.
- Actions required by the local authority fire safety officers had not been actioned for over a year. This placed people at risk of harm. We found that an area manager had identified some significant concerns in relation to the safety of the environment a week prior to the inspection but had not taken immediate steps to share this information so improvements could be made.
- The provider's assessing of the quality of the service provided had not been robust. The systems in place had not been effective in ensuring that the provider could assess, monitor and then use this information to improve the service. This had allowed the quality of the service to deteriorate.

This is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Previously, systems were not all in place to identify concerns, and systems that were in place were ineffective at identifying concerns and ensuring swift action was taken. Professional feedback was not always acted upon and feedback from surveys was not always acted upon. Although we noted some improvements in this area the systems were still not effective overall.

- The new manager had identified issues raised as part of the inspection, except for the environmental issues.
- A person who used the service told us, "[The manager] is making changes for the better. I can talk to them. The [manager] is approachable and listens, the owner visits once a week, but I have never spoken to them."
- The new manager told us how they were developing formal processes to gather people's views as to the quality of the service. They had implemented newsletters to share information and arranged meetings to improve and develop communication.
- A relative told us, "[The manager] has made big improvements, like the front door is secure, [manager's name] makes sure everyone signs in, staff wear name badges, I think it runs better. We could not fault [manager's name], or any of the staff. They are approachable."

Continuous learning and improving care

- Fire safety advice, and some issues identified at the time of our last inspection, had not been addressed via the home's continual review and audit processes. We were not confident that continuous learning or improvement had occurred prior to the start of the new manager.
- The provider held regular meetings with the manager, and they discussed new initiatives and updates to improve the quality of the service.

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

- Visiting health and social professionals told us that the culture of the home needed to improve to ensure the quality of care could be improved. They were confident that the new manager could achieve this, and early indications were positive about the new manager's input.
- People and their relatives, told us they were satisfied with the quality of care they received. They told us staff met their needs.
- Staff told us that the service provided had improved since the appointment of the new manager who had worked hard to raise standards and improve quality and morale within the staff team. They felt consulted and supported to make improvements to their knowledge and practice. The manager had the backing of the provider, the staff team and the people who used the service. They felt consulted and listened to.

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 understood their responsibilities in responding to people under the duty of candour following incidents and when things had gone wrong. Duty of candour means the organisation has a duty to be open and transparent in relation to care.
- Incidents were investigated promptly, and notifications had been sent to the Care Quality Commission [CQC] as required.

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

- People and their relatives, were encouraged to contribute their views on an ongoing basis through conversations with the management team and questionnaires. When feedback had been gathered it had been analysed and improvements considered when needed. The manager was given action plans following provider visits and took action following audits when they were shared with them. Involving and consulting people meant that the manager could plan the service around people's individual needs and preferences.
- Information was displayed around the home about forthcoming events and activities to ensure people were aware of what was happening and so could plan to attend or not.

Working in partnership with others

- The local authority visited the home to assess the quality of the service and the manager had developed an action plan to address areas of improvement in order to improve the service. This was being monitored by representatives from the local authority.
- Staff liaised with health and social professionals to ensure people's health and social care needs could be effectively met and this correspondence had improved over recent months.
- The staff team were working on an initiative to support people at the end of their life to receive care and support at the home with the appropriate support. The professional involved in this told us they, "Look forward to see what the Nursing Home Project holds for Rowley House."

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 Treatment of disease, disorder or injury | Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not accurately identifying if people had capacity to make decisions and so some restrictions may not be lawful |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the safety of the environment thus placing people who used the service at risk |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems and checks had not identified issues of safety within a timely manner thus people were placed at risk of harm. |

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 | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the safety of the environment thus placing people who used the service at risk |

The enforcement action we took:

We are issuing a Notice of Proposal to restrict admissions until the service is made safe.