

Hollybank Trust

Rowan Court

Inspection report

167 Huddersfield Road
Thongsbridge
Huddersfield
West Yorkshire
HD9 3TQ

Tel: 01484686530

Website: www.hollybanktrust.com

Date of inspection visit:

20 April 2023

25 April 2023

02 May 2023

Date of publication:

30 June 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Rowan Court is a residential care home providing personal care for up to 15 people with a learning disability, physical disability or sensory impairment and younger adults. At the time of the inspection 15 people lived at the service. The accommodation is provided in one adapted building with bedrooms across three floors.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

There were enough staff employed to ensure people's needs were being met daily and most training by staff had been completed. However, we could not find evidence staff had been trained in some areas. People received medicines safely and were given their medicines as prescribed and supported to have regular reviews.

People were not always supported to have maximum choice and control of their lives. Some people living in the home lacked capacity to make decisions. We found not all capacity assessments or best interest decisions had been completed to ensure people were supported in the least restrictive way, possible.

Right Care

Risks assessments were not always accurate or being followed by staff to ensure safe practice. Care records were not always accurate or in place. People were supported to eat and drink enough and had a varied diet offered to them. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture

The quality monitoring and auditing systems in place were not always effective. We found issues on inspection which had not been identified in the audits and actions plans were not robust. The registered manager was working with relatives and staff to improve communication and to gather their feedback. The management team and staff shared a commitment to continuously learn and worked in partnership with other professionals.

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 26 February 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 20 and 25 April 2023.

We received concerns in relation to the management of people's care needs and staff culture. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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.

The overall rating for the service has remained requires improvement. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

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

Follow up

We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Rowan Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors, one of whom specialised in medicines and an Expert by Experience who carried out observations and spoke with relatives to gain their feedback about the service. 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

Rowan Court 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 20 April 2023 and ended on 2 May 2023. We visited the service on 20 and 25 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 staff including the registered manager, deputy manager and care staff. We spoke with 1 person using a computer system and 4 relatives about their views of the care provided. We reviewed the care records for 4 people, numerous medicines records, 4 staff recruitment and supervision files, records related to governance systems and processes and other documentation relevant to the running of 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

At our last inspection the provider had failed to ensure systems in place were robust enough to demonstrate risks to people were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider was still in breach of regulation 12.

Assessing risk, safety monitoring and management

- People's risks were not being managed safely as staff did not always follow risk assessments. One person had a re occurring blister from December 2022. They had been advised by a physiotherapist to wear feet separators daily to prevent skin integrity breakdown. When we checked, the separators were not being worn.
- Risk assessments were not always detailed or did not include relevant information to mitigate potential risks. One person had been admitted to hospital twice following incidents with vomiting. There was no risk assessment to guide staff on how to manage this to prevent future admissions.
- Another person's assessment was not accurate as it informed staff to put a person's boots on however, this was incorrect as the person now required slippers to reduce the risk of skin integrity issues on their feet. This put the person at risk of developing further skin damage.
- One person was at risk of seizures. The risk assessment stated to call 999 after 10 minutes of the seizure. The was not correct as the NICE guidance states, 'Provide resuscitation and immediate emergency treatment for children, young people and adults who have convulsive status epilepticus (seizures lasting 5 minutes or more).' This was a risk as it could have caused health complications for the person if staff waited 10 minutes to action care. This risk assessment was immediately updated following our feedback.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke to were knowledgeable about people's risks and how these should be managed.
- People had personal emergency evacuation plans in place with information should they need evacuating from the home.
- The environment and equipment were maintained to keep people and staff safe, and all building-related safety certificates were in place.

Learning lessons when things go wrong

- Systems were in place to monitor accidents, incidents and safeguarding. However, we found two

examples where the actions taken could not be evidenced. We also found another incident where not enough actions had been completed. For example, the person who was admitted to hospital on two occasions did not have a risk assessment in place to monitor their care.

- Staff understood the importance of reporting and recording accidents and incidents and told us lessons learnt were discussed within the team. The registered manager showed us evidence of sharing lessons learnt with staff during team meetings and reflective sessions.

Using medicines safely

- Medicines were managed safely. Medicine training and competency assessments had been completed by all staff administering medicines.
- People were given their medicines as prescribed and supported to have regular reviews.
- Medication audits had taken place and when incidents occurred, actions were taken.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate safeguarding processes and procedures in place to protect people from the risk of abuse.
- There were safeguarding posters with QR codes around the home for staff to report any concerns in person or anonymously.
- Staff understood their responsibilities to protect people from possible harm or abuse. One staff member said, "Reporting either to the manager or senior if you see unfair practices and something untoward to service users."
- The registered manager kept a safeguarding log to ensure there was oversight of any concerns raised and actions taken.

Staffing and recruitment

- Rotas confirmed there were enough staff employed to ensure people's needs were being met daily. Staff said there were always enough staff on shift and their rotas were done in advance.
- People and their relatives also told us there were enough staff to meet their needs. However, there was some concern from staff and relatives that there were no management in the home over the weekends.
- The provider had recruitment checks in place to ensure staff were suitable to work in a care setting. This included identity checks, previous employment, references, their right to work in the UK and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service supported visits for people living in the home in line with current guidance.
- We observed relatives coming to visit people in the home.

Is the service effective?

Our findings

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 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Some people living in the home lacked capacity to make decisions. We found people who did not have capacity assessments for the use of chest harnesses and foot restraints. We also found one person who did not have a capacity assessment for the use of bed rails.
- We looked at one capacity assessment which had not been reviewed since 2020 and was therefore not current.
- Specific decisions about people's care had not always been recorded to show the decisions made were in people's best interest. This meant health care professionals and family members had not been consulted to determine if the use of restraints was in people's best interest.

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

- DoLS applications to deprive people of their liberty had been properly made and authorised by the appropriate body.
- Staff had received training in the MCA and associated codes of practice.

Staff support: induction, training, skills and experience

- All staff completed an induction which included training and shadowing of staff before starting in their role.
- Staff received training to help them meet people's needs. However, only 75% of staff had completed their

core training and 62.86% of staff had completed their autism training.

- Some staff told us they had not received formal training to use Covene's and had been shown by other staff. Staff and one relative told us there had been issues with staff not receiving training or not being confident to use this piece of equipment. The registered manager had no evidence that staff had been trained to use a Covene. This was a risk as there had been incidents relating to poor applications of Covene equipment.

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

- Initial assessments were carried out by the home to ensure people's needs could be met prior to them coming to Rowan Court.
- Care needs were assessed and reviewed however, we found some documentation was not always up to date.
- Care plans recorded people's preferences and choices about their care.

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

- People were supported by staff to eat and drink enough to meet their needs.
- Most people living in the home required peg feeding and staff received training in gastrostomy to ensure safe practice.
- Staff understood people's dietary needs and any specialist needs. People with swallowing difficulties were provided with modified foods via peg feeding. These were prepared in accordance with the International Dysphagia Diet Standardisation Initiative (IDDSI) standards and instruction provided by speech and language therapists (SaLTs).
- For those people who required support to gain weight, food and fluid charts were in place and people were regularly weighed to reduce risk of malnutrition. However, we did identify one person who had lost a significant amount of weight from March to the beginning of April 2023 and no further weight monitoring had been recorded.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- The home worked with multiple health care professionals to ensure people's needs were being met. This included, physio therapists, occupational therapists, district nurses and GPs.
- People were supported to manage their healthcare conditions and needs. For example, one person had regular support from a physio therapist to help maintain skin integrity.
- Staff understood people's conditions and the support people needed to manage these.

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

- The home was clean and tidy however, we found the layout was not effective as staff fridges were placed in the communal lounge area as there was no other place for them in the home. There was also no room for staff to take their breaks.
- During the inspection we observed staff using the sensory room to record notes. The sensory room was filled with boxes and not conducive to helping people engage with their development and senses.
- The home had recently started to use electronic systems to communicate with people through eye contact. We looked at this on the inspection and the person was able to say something through the computer using their eyes to direct what they wanted. Staff told us this helped people to communicate their wishes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

At our last inspection the provider had failed to maintain accurate records and had not continually evaluated and improved the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider was rated requires improvement in this key question at their previous 4 inspections. We found not enough action had been taken to improve the quality of the service delivery.
- Weekly clinical audits were completed; however, these did not always identify the concerns we found on inspection. For example, we looked at the 18 April 2023 audit which stated, 'Adults have been assessed with MCA/BI assessments to ensure any restrictions are least restrictive'. This had been answered, 'yes'. However, we found three people who did not have best interests or MCAs for restrictive equipment being used. Therefore, the audit was not accurate.
- A route cause analysis was carried out by registered manager every quarter. Analysis from January to March 2022 showed there were 21 concerns raised. One concern related to a cove not being applied correctly and the action was to contact the continence team to arrange training however, there was no recorded evidence of the training taking place.
- Care plan audits were not effective. We looked at the audit from 5 April 2023 which showed lots of areas requiring improvements. Under some sections for example, Cognition and safeguarding they had scored 20%, Psychological/emotional needs they had scored 40%, continence was 50% and medication was 25%. There was no action plan attached to the audit and nothing related to these issues on the ongoing service improvement plan. When we inspected on 25 April 2023 some of these actions had not been completed. For example, one person's care plan and risk assessments were not accurate as information about their footwear was incorrect and not identified on the audit.
- Although the provider had an ongoing improvement plan it did not have all the shortfalls from the last care plan audit on this plan. There were no other action plans available to determine when issues identified had been resolved.
- Records were not always completed or accurate. For example, on one day there was no record of a

person's PEG feed intake on their daily notes. However, the feed had been given as this was recorded on the person's medication chart. The registered manager told us people did not have their repositioning recorded. However, NICE guidance states, if a person is unable to reposition themselves health and social care staff should help them to change their positions to prevent skin integrity concerns.

- The duty of candour was understood by the registered manager and throughout our inspection the registered manager and staff were honest and open. However, one relative said they were dissatisfied with the management team as they had not been contacted following a serious incident.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager knew their legal responsibilities for sharing information with CQC and other bodies. Where the service had to tell us about significant incidents, statutory notifications had been sent to CQC.

Continuous learning and improving care

- Staff had a positive outlook on continuous improvement and learning. The registered manager and staff spoke positively about their commitment to making improvements to the care people received.
- Staff meetings took place on a regular basis and the registered manager completed reflective sessions with staff to improve practices.

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

- Regular care reviews were carried out with people and their relatives to gather feedback and to make any necessary changes to their care. One relative said, "We've just had a family review where we went across and met the manager and deputy manager. We are happy with the review."
- The provider used surveys to gather feedback from relatives about the home and to take action when improvements were suggested.
- Staff surveys were completed in September 2022 however; this was overall for Hollybank trust and not individualised to Rowan Court to identify specific issues within the home. The registered manager said they did not do an individual survey for the home but used a "staff suggestion box" to gather feedback.

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

- We received mixed feedback from relatives about the management of the home. Comments included the following, "There is never a manager here on a weekend. Every incident has happened at a weekend. The manager hasn't been answering the calls with us and hasn't dealt with the issues. The manager just stays in the office all of the time and never comes out" and "Very happy with the family review, went through [Name]'s care plan, could discuss any issues. The manager is excellent."
- We also received mixed feedback from staff about the management of the home. Staff told us, "It is well managed, can't thank the manager enough for taking over and turning the building around from what it was from the previous manager. Very supportive and easy to get on with. If I've done something wrong, the manager will tell me but does it in a nice fair way" and "Communication is shocking. It's not a welcoming place in their office (managers office). I have been in there and raised concerns. If I go in, the manager will immediately tell me to speak to the senior and not engage with me. The manager and deputy manager spend all day and everyday in the office. You will only see them if medicines desperately need doing." We discussed this with the registered manager who told us they regularly supported staff in the home.

Working in partnership with others

- The home worked together with health and social care professionals to ensure people received support to meet their needs.
- Staff ensured referrals had been made in a timely manner to enable people to access health and social services when needed.

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 11 HSCA RA Regulations 2014 Need for consent Capacity assessments and best interest decisions had not always been completed for people who required restrictive equipment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not managed safely and care documentation was not always in place to manage risk.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a failure to ensure systems in place to assess, monitor and improve the quality of the service were being carried out to identify shortfalls and there was a lack of accurate and robust care records.