

Rowley Care Ltd

Rowley House Nursing Home

Inspection report

26 Rowley Avenue
Stafford
Staffordshire
ST17 9AA

Tel: 01785255279

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Rowley House Nursing Home provides accommodation for people who require nursing or personal care and can accommodate up to 35 people across two floors. At the time of our inspection, there were 19 people living at the service.

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

Risks were not always managed in a safe way. Care plan documentation was not always kept up-to-date. Information to guide staff to safely support people was inconsistent placing people at risk of harm.

Medicines were not always stored safely, and some recording of medicine administration was incomplete.

Some of the governance processes were not robust or consistent enough to sustain and drive improvements.

There were sufficient numbers of staff to meet people's needs. Staff were trained to keep people safe from the risk of abuse and/or harm.

The home was clean, and staff adhered to strict infection prevention control practices to mitigate the risk of the spread of infection. Staff had received specific training about how best to protect people from the Covid-19 virus.

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.

The registered manager had implemented some practices which had led to some positive outcomes in the home. The people, staff and relatives we spoke with shared this view.

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 (Inspection date 17 February 2020, Published 25 November 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of regulation 12 (safe care and treatment) and regulation 17 (Good governance).

Why we inspected

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 coronavirus and other infection outbreaks effectively.

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to safe care and treatment and good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our safe findings below

Requires Improvement ●

Is the service 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.

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

The inspection was carried out by one inspector, an assistant inspector and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Rowley House Nursing Home 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

This inspection was unannounced.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection

We spoke with four people who used the service. We spoke with five members of staff including the provider and the registered manager. We observed the delivery of care and the interactions between people and staff.

We reviewed a range of records. This included four people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

The expert by experience spoke with 14 relatives/significant others on the telephone about their experience of the care provided.



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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- Information provided in people's risk assessments did not always correlate with their care plan documentation. For example, one person's care plan stated they transferred with a piece of equipment which was different to the equipment documented in their safe handling plan. This meant people were at risk of receiving unsafe care and treatment.
- There were inconsistencies in people's daily records. For example, some people had fluid charts in place and there were gaps in the recording of fluid input and outputs. This meant staff could not effectively assess if people's nutritional assessments were effective.
- Some people were at risk of malnutrition and their care plan documentation stated they should be offered snacks regularly throughout the day. Food monitoring for these people was inconsistent and there were missing entries where snacks should have been offered and recorded. We could not be assured people were receiving appropriate and effective care as documents did not accurately reflect their care needs.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had made some improvements since the last inspection.
- Staff were able to tell us what support people required to reduce the risk of avoidable harm.

Using medicines safely

- Medicines were not always managed in a safe way.
- Temperature checks of the medication room; trolley and refrigerator had not always been recorded.
- Some medications did not have open dates on their labels. This meant people could be at risk of receiving out of date or ineffective medications.

- On some occasions, the Electronic Medication Administration Records (EMAR) were not always completed to evidence people had been given their medication. We looked at the same EMAR to complete a stock check of some medications. There were some discrepancies in the amounts of medication in stock and the details on the EMAR. Therefore, we could not be assured people always received their medication as prescribed or that medication stock was accounted for.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety of medicines were effectively managed. This placed 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.

- After the inspection, the provider told us medication checks had been completed and there was a new process to be put in place for all medication audits to be completed in a timely way.
- People and their relatives felt confident medications were administered as prescribed. One person we spoke with said, "I get help with medication. I know what my medications are for. The nurses are on time with my tablets; staff are there to help you day and night and they are brilliant."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Rowley House. One person said, "I feel safe. We don't have to wait long for anything. The atmosphere is very happy, it's wonderful. It is very safe, I can lock up my room and I can press the [call] button and they [staff] run to see you."
- Staff were able to tell us how they would identify, respond and report any safeguarding concerns.
- Safeguarding training was mandatory for all staff. There were some staff who needed to complete their training or complete a 'refresher' training session however, deadline dates were in situ for completion and the registered manager monitored this with a training matrix.

Staffing and recruitment

- Staff were recruited in a safe way. There were checks in place to ensure staff were suitable to work with people. These checks assist employers in making safer recruitment decisions.
- Staff we spoke with told us they had received sufficient training and felt skilled and competent to meet people's care needs. People and their relatives supported what staff had told us. One person said, "I think staff have all the right skills." A relative said, "The staff seem to be well trained; they are very caring and understand my relative's needs. The staff understand their needs which gives me confidence in the service they are providing them."

Preventing and controlling infection

- The home was very clean and free from any malodour. One person said, "It is so clean here, you could eat your dinner off the floor."
- 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 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.

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.

At our last inspection the governance systems in place were not effective to continually assess, monitor and improve the quality and safety of the services provided. 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; Continuous learning and improving care

- The governance systems in place were still not effective. There were no specific mechanisms in place to continually drive improvement.
- Care plan documentation did not always identify, monitor and mitigate risks relating to the health, safety and well-being of people living at Rowley House.
- Audits were not completed on a regular basis. Therefore, issues we identified, such as with medication were not picked up on due to the lack of reviewable systems in place.
- Some of the audits we reviewed had identified shortfalls but there were no actions taken to address and improve these issues. We could not be assured improvements had been made.
- There was a management structure in place, but there was a lack of definition of roles and responsibilities and therefore remits were not clear leading to the breakdown in governance.

The provider failed to deploy effective systems to evaluate and improve practice. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, we spoke with the provider and registered manager who had begun to re-establish the governance systems to make the required improvements.
- The registered manager was aware of the requirements of their registration with us. We had received notifications about key events at the service as required by law.

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

- The registered manager was aware of the need for improvements at the service. They spoke with us about the improvements they had already made since being registered as the manager in February 2020. They said, "We have done lots of work around fire safety; infection prevention control and ensuring all staff are fully trained but we acknowledge there is lots more to be done."
- We received a mixed response from relatives in relation to being asked for feedback about the service. Three relatives said they had never been asked for feedback. However, other relatives said, "The manager is [registered manager's name] and they are most approachable and always listen to my family." Another relative said, "The staff are approachable, and they listen and deal with any issues and take action as soon as they can. They try to resolve issues."
- People we spoke with told us they knew who the registered manager was and had no issues with the management of the service. One person told us, "If I'm not happy about something, I'd speak to my favourite staff or speak to [registered manager's name]. I have not had any serious complaints."
- Staff spoke very highly of the registered manager and commented, "[Registered manager's name] is a great manager, very supportive even for personal matters", "I think the home is improving care wise, [registered manager's name] fights to get things in place for us" and "I'm quite happy working there, I feel like we are improving, [registered manager's name] has improved things."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their obligations under the duty of candour. They told us, "I am aware of the duty; it's about being open and honest."

Working in partnership with others

- The registered manager told us despite the pressures of covid-19, they had managed to maintain good working relationships with other professional and agencies.
- The registered manager had been working closely with the Local Authority Improvement Team to improve processes within the home to ultimately improve the quality of care for people living at Rowley House.

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 Medications were not always managed in a safe way. Care plans and risk assessments were not consistently completed.

The enforcement action we took:

We issued the provider with a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The governance systems that were in place were not effective to continually assess, monitor and improve the quality of the services provided.

The enforcement action we took:

We issued the provider with a warning notice