

Wellington Healthcare (Arden) Ltd

# Rowan Garth Care Home

## Inspection report

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22 December 2021

29 December 2021

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Rowan Garth is a residential care home providing nursing and personal care to 85 people at the time of this inspection. The service is registered to support up to 150 people over five single-storey units.

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

Improvements had been made since the last inspection. However, some concerns remained regarding people's records, particularly in relation to the administration of medications and the recording of information in monitoring documentation such as food and fluid charts therefore we could not always be fully assured people had had their needs met. The provider and manager were aware of most of the concerns before our inspection and had put new processes in place to address these. These processes needed more time to embed.

Risks relating to people's health and wellbeing were appropriately assessed and managed. Care records had improved since the last inspection, however more improvement was needed in relation to the recording of medication and associated records, and people's diet monitoring charts.

People were supported by caring and well-trained staff. Feedback from people showed they liked living at Rowan Garth and they felt safe.

The environment of the home was clean throughout, however some areas required redecoration and refurbishment, which the provider was aware of and had a plan in place to address this.

Staff followed appropriate infection and prevention control measures and COVID-19 related guidance. One unit in the home had been adapted to support people living with dementia.

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.

A new manager had started since the last inspection. Feedback from staff was positive and they felt improvements had been made in the home. Staff reported the atmosphere and culture of the home was more positive and they felt there was more engagement with the new manager and the management team as a whole.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Inadequate (published 15 July 2021) and there were seven breaches of regulation. 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 some, but not enough improvement had not been made and the provider was still in breach of regulation.

This service has been in Special Measures since 15 July 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### 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 will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

Whilst we found some improvements have taken place, we have identified a continued breach in relation to record keeping

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

### Why we inspected

This was a planned inspection based on the previous rating.

We carried out an unannounced comprehensive inspection of this service on 21 and 26 May 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, consent, good governance, dignity and respect, person centred care, and safeguarding. We issued warning notices for good governance and safe care and treatment. This inspection was to follow up on the warning notices we issued.

We undertook this comprehensive inspection to check they had followed their action plan and to follow up on the warning notices we issued at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rowan Garth Nursing Home on our website at <http://www.cqc.org.uk>.

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective section below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was 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** ●

# Rowan Garth Care Home

## Detailed findings

### Background to this inspection

#### The Inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by three inspectors, two medicines inspectors, and two Experts 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

Rowan Garth 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 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven relatives about their experience of the care provided. We spoke with 15 members of staff including the registered manager, clinical support manager, registered provider, nurses, senior care workers and care workers.

We reviewed a range of records. This included 14 people's care records, and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at rotas and training records and had remote access to their electronic records systems.



# 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 inadequate. At this inspection this key question has now improved to 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 that people could be harmed.

### Using medicines safely

At our last inspection the provider had failed to ensure the safe administration and management of people's medicines. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to medication.

At this inspection we found that the provider had made some improvements to the way medicines were managed. However despite people mostly being given their medicines safely, we found that improvement was needed in relation to recording of medication. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2008.

- There were inconsistencies in the recording of information with regards to medications which meant that records did not always reflect if people's needs.
- Medicines that were required to be given at specific times were not always documented as being given. This meant we could not always be sure medicines were safely given.
- People's preferences about how to take their medicines were not always recorded on their medicine's records. Two people's medicines allergies were not recorded accurately on their medicine's records.
- Prescribed fluid thickeners to help people with swallowing difficulties were not always being recorded accurately so we could not be sure they were being used safely. However, we checked with staff and found people were being given their thickener, was just recorded incorrectly.

There was no evidence people had been harmed as result of this, however, the lack of consistent records in relation to medication was a breach of Regulation 12 (Safe Care and Treatment)) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were protected from the risk of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014.

At this inspection we found the provider had made enough improvements to the way the risk of abuse was managed. The provider was no longer in breach of Regulation 13.

- Safeguarding procedures were robust and people had received appropriate interventions in order to keep them safe.
- Incident, accident and body maps were in place for people and were completed appropriately. Unexplained bruising or marks had been reported and referred appropriately for investigation.
- Staff understood their roles and responsibilities in relation to safeguarding and were able to explain the steps they would take in order to keep someone safe from harm.

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

At our last inspection the provider had failed to manage risk safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of this part of the regulation.

- Risks to people's health, safety and wellbeing were assessed and routinely reviewed.
- People told us they felt their relative was safe. One person said, "My relative is very well looked after and the staff are attentive." One person living at the home told us, "I've got a buzzer to press and if I want them [staff], they come quickly. You know very well that if you call them they're going to be there."
- Information was in place to ensure people were kept safe in the event of a fire or emergency evacuation. Equipment was regularly checked to ensure it was working.
- Accidents and incidents had been analysed for patterns and trends to ensure intervention was put in place to reduce the risk of reoccurrence.

Preventing and controlling infection

At our last inspection we found systems and processes were not effective to prevent the control and spread of infection. This was a breach of regulation 12 (Safe care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found during this inspection, enough improvements had been made and the provider was no longer in breach of this part of regulation 12.

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

Staffing and recruitment

- There was enough staff on duty on the units we visited to ensure people were supported safely.
- Agency staff were utilised to fill gaps in rotas, however the provider was actively recruiting to ensure vacancies were filled.
- Staff were recruited and selected safely, following a robust recruitment process.



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

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- Records did not always reflect that people were being monitored where required with their food and fluid intake.
- We viewed food and fluid charts for people with diabetes, and it was not always clear what food they had eaten, or how much fluid they had consumed. For example, one person required a low sugar diet, however, there was numerous gaps in their food chart, so we could not always be sure from their records they were being given this. Another person required a pureed diet, however, it was not always recorded in their records this was being offered.

These records were updated and we found no evidence anyone had been harmed, however this was still a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 Regulated Activities (regulations) 2014.

- People were being referred for support from outside professionals such as the Speech and Language Team where appropriate, and advice and recommendations were being documented and followed up.

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

At our last inspection the provider had failed to assess people's needs and choices appropriately. This was a breach of regulation 9 (Person-centred care) of the health and social care act 2008 regulated activities (regulations) 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's needs and choices in relation to their care and support had been routinely assessed and was documented in their care plans.
- Where needed, people had supporting documentation in place in relation to wound care, oxygen, and diabetes.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were sufficiently trained, supervised and appraised. This was a breach of regulation 18 (Staffing) of the health and social care act 2008 regulated

activities (regulations) 2014.

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

- Training was up-to-date for all staff. Refresher training had been completed and all staff had been supervised and had either had an appraisal or had one scheduled.
- Staff we spoke with told us there had been an improvement with regards to the training. Staff we spoke with also told us they felt they were supported through supervisions.
- Additional training in infection control and safeguarding had taken place for all staff. Induction processes, such as completing the care certificate were clearly recorded for all staff who had commenced this.

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.

At our last inspection people were not lawfully being deprived of their liberty. This was a breach of regulation 11 (Need for consent) of the health and social care act 2008 regulated activities (regulations) 2008.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People's capacity had been assessed using two stage mental capacity assessments, and where appropriate, best interest processes were used to determine if people needed to be deprived of their liberty.
- We saw in instances where people required bedrails to be in place, this had been discussed with their families or advocates and other options had been explored and considered.

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

- Since the last inspection the home had undergone refurbishment to a high standard with only some areas remaining. These were planned in to be refurbished shortly.
- Other areas of the home remained in need of decoration, and looked worn and tired in areas, however the provider has assured us this will be completed in line with their action plan.

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

- People's health and wellbeing was regularly reviewed and they were referred to outside agencies when needed.
- Staff contacted medical professionals for advice and support when people became unwell. Most people's risk assessments and support plans were updated to incorporate any temporary change in their wellbeing.

# 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 inadequate. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and ; Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people were treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the health and social care act 2008 regulated activities (regulations) 2008. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People were treated with kindness and were being supported with dignity and respect by staff.
- We observed staff on the units spending time with people and talking respectfully to them.
- People's bedrooms and clothing were clean, and staff told us there was access to clean towels and linen when they needed it.
- We received the following feedback about the caring nature of the staff at Rowan Garth, "The staff are always lovely" and "Staff are lovely and attentive show genuine kindness and my relative is content and happy." Another person also said, "The carers are marvellous [and] they're gentle with you." We asked another relative if they felt the staff were kind and caring and they said, "Absolutely I can't fault a thing they are lovely to us from the minute we enter to the minute we leave."
- We observed kind and caring interactions between staff and the people who lived at the home, staff would often stop and chat to people or make sure they were okay.
- We did have some feedback raised regarding people's laundry and items of clothing which were going missing. We fed this back to the provider who had already identified this on a recent audit and were taking steps to address this.

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

- People's relatives, essential care givers or advocates were encouraged to participate in discussions regarding their care.
- People had been involved in their care plans where they had capacity to do so.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. 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

At our last inspection the provider had failed to ensure people were being supported in a person centred way. This was a breach of regulation 9 (Person-centred care) of the health and social care act 2008 regulated activities (regulations) 2014. We saw during this inspection enough improvement had been made and the provider was no longer in breach of regulation 9.

- People's care plans were mostly person centred and contained details regarding their preferences for support and what they liked and disliked.
- There was some areas where inconsistent information was recorded, and we could not be sure for one person if they were getting the care they needed. Such as one persons SALT care records being confusing which meant we were not sure what type of diet they were on and had to seek further information from staff.

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 supported to express themselves in a way which was meaningful to them. For example, one person who communicated using various stances in their body language had a support plan in place which explained what this meant and how staff should respond to that person.
- Some policies such as the complaints policy and the safeguarding policy were available in alternative formats to support people's understanding.

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

- Activities took place in each unit of the home, and families were supported to safely visit their relative.
- Most people we spoke with confirmed activities take place, however other people chose not to partake in the activities at the home.

Improving care quality in response to complaints or concerns

- There was a process in place to acknowledge and respond to complaints.
- The complaints procedure was made available for people living at the home and their relatives if the

wanted to escalate their concerns.

- We saw complaints had been responded to appropriately.

#### End of life care and support

- Where appropriate people had care plans in place which discussed their last wishes for support.
- Staff had undergone training in end of life care and support.

# 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 inadequate. At this inspection this key question has now improved to 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.

During our last inspection the provider was in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 Regulated Activities (regulations) 2014. This was because governance systems were not robust and did not highlight shortfalls in service provision and records relating to people's care and support needs and put at increased risk of receiving unsafe care.

We found during this inspection there had been some improvement to the governance and management structure of the home, however some records in relation to medication and monitoring required further improvement and the improvements had not yet embedded in, therefore 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

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

- Records relating to people's medication and monitoring documentation were not always fully complete or accurate.
- Governance systems had improved since our last inspection, and the provider had identified using their own audit that some records required improving, however, there was still issues with the recording of information that medication audits and care plan audits had not picked up which we made the provider aware of during our inspection.
- For example, one person required position changes using a slide sheet, however, we saw records by staff which stated the person was turned by hand. The audits had not picked up on this.

This remains an ongoing breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014.

- Staff understood their roles and spoke positively about the new manager and the management team as a whole. Staff we spoke with all said the home had improved since the last inspection.
- The provider had sought to make changes and implement more robust systems since our last inspection and they were transparent about the fact they still had improvements to make.

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

- There was a policy in place around duty of candour and the registered manager was aware of their responsibilities in relation to this.
- Staff and relatives fed back they felt the new manager had made positive improvements in the home and the management team as a whole were more engaging and supportive.

Working in partnership with others

- There had been improvement in the way the home worked alongside professionals in relation to seeking guidance and support.



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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medication records were not always correct and some information was not documented in relation to people's medication needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Some records relating to people's care and support were not completed accurately or in full. Some audits had not identified some of these issues we highlighted at inspection and required further improvement.