

Rowena House Limited

# Rowena House Limited

## Inspection report

28 Oakwood Avenue  
Beckenham  
Kent  
BR3 6PJ

Tel: 02086503603

Date of inspection visit:  
24 November 2020

Date of publication:  
14 January 2021

## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Rowena House Limited is a residential care home providing personal care for up to 22 people aged 65 and over in one adapted building. There were fifteen people living at the home at the time of this inspection.

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

Risks associated with the environment were not always managed safely. People did not have diabetic risk management plans in place, where they were living with diabetes. The provider's systems for monitoring the quality and safety of the service were not always effective in identifying issues or driving improvements.

People were protected from the risk of the spread of infection. We have made a recommendation in regard to following government guidelines around supporting safe visits to the home by family and friends during the pandemic.

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 requires improvement (published 30 May 2019). The home was inspected but not rated in July 2020, at which time there were two regulatory breaches (published August 2020). We took enforcement action following that inspection which included placing a restriction on further admissions to the home without prior agreement from CQC.

At this inspection we found whilst improvements had been made, further improvement was still required and the provider remained in breach of both regulations.

### Why we inspected

We undertook this targeted inspection to check whether the breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains Requires Improvement.

CQC have introduced targeted inspections to follow up on previous enforcements action or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

### 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.

We have identified breaches in relation to failing to adequately ensure risks to people are managed safely and failing to ensure effective systems are in place to monitor the quality and safety of the service at this inspection.

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

#### 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?**

At our last comprehensive inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last comprehensive inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Rowena House Limited

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider had addressed issues amounting to breaches in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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.

#### Service and service type

Rowena House Limited 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 also sought feedback from local authority commissioners and healthcare professionals who worked with the home in providing care to the people living there. These included the home's GP and healthcare professionals working for the local Clinical Commissioning Group (CCG). We used all of this information to plan our inspection.

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.

#### During the inspection

We spoke with two people who lived at the home about their experience of the care provided. We also spoke the registered manager and two staff. We observed the support provided by staff to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care plans, and a range of records relating to the management of the service, including audits, medicine administration records, food and fluid charts and records maintained by visiting healthcare professionals.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found and reviewed a range of the home's policies and procedures.

# 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 comprehensive inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had addressed the issues previously identified which led to our imposing conditions on the provider's registration. We will assess all of the key question at the next comprehensive inspection of the service.

### Assessing risk, safety monitoring and management

At our last inspection the provider had not always adequately assessed risks to people or taken action to mitigate areas of risk where they had been identified. 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 that whilst the provider had acted to address the majority of the issues identified at our last inspection, further issues were still outstanding and they were still in breach of Regulation 12.

- Environmental risks were not always managed safely. The provider had arranged for a contractor to carry out a fire risk assessment earlier in the year. Their assessment identified a range of issues which needed to be addressed within the home to help improve fire safety which were still outstanding at the time of our inspection. For example, hinges on two fire doors and an internal window still needed replacing to ensure effective compartmentalisation within the home in the event of a fire.
- There were convection heaters in some bedrooms used by people living with dementia, although they were not in use at the time of our inspection. These were not safe to use without the presence of staff where people were living with dementia. We raised this issue with the registered manager who confirmed they would remove and replace these heaters with a safer alternative.
- Whilst people had risk management plans in place for a range of health conditions, we noted that there were no diabetic risk management plans for people living with diabetes. We also noted that one person's skin integrity risk assessment had not identified oedema in their legs as a risk factor, despite this being referred to in the notes maintained by a visiting district nurse. These shortfalls placed people at potential risk.

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

- The registered manager had acted to improve safety in other areas in response to the findings of our last inspection. The home's call bell system had been replaced and was working effectively. Regular checks on equipment had been carried out to ensure it was fit for use. Products containing substances hazardous to health were stored securely.

## Preventing and controlling infection

At our last inspection the provider had failed to ensure infection prevention and control measures were effectively implemented. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- We were assured that the provider was meeting shielding and social distancing rules.
- 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 making sure infection outbreaks can be effectively prevented or managed.
- The registered manager was also aware of the national guidelines for care homes in regard to managing the risks associated with COVID-19. However, they were not familiar with recently updated guidelines regarding visitors.

We recommend that the provider reviews the government guidelines relating to visitors within the home.



# 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 comprehensive inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had addressed the issues previously identified which led to our imposing conditions on the provider's registration. We will assess all of the key question at the next comprehensive inspection of the service.

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

At our last inspection the provider's systems for monitoring the quality and safety of the service had not been effective in identifying issues or driving improvements. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made to address the issues we had previously identified. However, there remained some shortfalls and the provider remained in breach of Regulation 17.

- The registered manager carried out routine health and safety audits, but these had not identified risks associated with the use of convection heaters within the home, or identified the need to address minor maintenance issues in one person's bedroom. They were also unaware of all of the outstanding actions required to address risk areas identified in the home's most recent fire risk assessment.
- Records relating to people's care had not always been completed in a timely fashion. For example, people's food and fluid charts had not been completed where required when we checked them in the early afternoon on the day of our inspection. This meant we could not be assured that they were being completed to accurately reflect people's food and fluid intake each day.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements had been made to the provider's oversight of other areas in the home. Regular checks had been made on the cleaning carried out by domestic staff and we noted that the cleanliness of the environment had improved. The registered manager had also carried out regular medicines audits which confirmed people had been receiving the support they needed to take their medicines as prescribed.
- The registered manager demonstrated an understanding of the requirements of their role. They were aware of the areas they were required to notify CQC about and of the need to display their current CQC rating which was displayed near the entrance to the home.
- The registered manager was also aware of the national guidelines for care homes in regard to managing

the risks associated with COVID-19. However, were not familiar with recently updated guidelines regarding visitors.

We recommend that the provider reviews the government guidelines relating to visitors within the home.

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  Risks to people were not always safely managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's systems for monitoring and improving the quality and safety of the service were not always effective.