

# HF Trust Limited

# Rowde

## Inspection report

Furlong Close  
Rowde  
Devizes  
Wiltshire  
SN10 2TQ

Tel: 01380725455

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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

Rowde is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to provide personal care and accommodation for up to 37 people with learning disabilities and associated health needs. At this inspection 36 people were being supported by this service. People who use the service reside across five bungalows and attached self-contained flats on a central site. The service is run by HF Trust Limited, a national charity providing services for people with learning disabilities.

At the last comprehensive inspection in February 2016, the service was rated Good overall with the responsive domain rated Requires Improvement. A breach of Regulation 9 Person centred care was identified. The provider submitted an action plan to us on how they were going to address this concern. A follow up inspection took place on 7 March 2017 to check that this had been done and following this inspection the responsive domain was rated Good.

At this inspection we found the service remained good in caring but was now rated Requires Improvement in all other domains and therefore overall. We identified two breaches of the Regulations, Regulation 12 Safe care and treatment and Regulation 11 Need for consent. You can see what action we told the provider to take at the back of the full version of the report.

The service did not have a registered manager at the time this inspection took place. The previous registered manager had left the service and two new managers were planning to jointly register for this service. One of these managers was present and available throughout our inspection; the other manager had yet to commence their employment. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service has not been fully developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism who used the service could live as ordinary a life as any citizen. However the service supported 37 people. Whilst these were across five individual bungalows and adjoining self-contained flats this model of care would not be registered if an application were to be received at this moment in time.

Medicines were not always being safely managed. We found many medicine administration records had hand written entries. Individual protocols for the use of 'when required' (PRN) medicines were not always available, reviewed or updated. In two cases we found that protocols were in place for medicines that did not appear on the person's medicine administration record. We found one example where medications listed on a person's 'emergency information sheet' and 'my health in hospital' documents did not match

those listed on their medicine administration record.

Although individual risk assessments were in place for people they did not always contain all the necessary information available for staff. One risk assessment was in place for a person being at home on their own. This person however had an application in place to the Local Authority because they needed continuous staff support and could not be left alone.

Health and safety checks around fire and portable appliance testing had not been reviewed within the appropriate timescales. One fire risk assessment was out of date and two fire extinguishers were overdue a service. Fridge and freezer temperature records had gaps in the recording and the temperature of hot foods was not recorded consistently.

Relatives and staff consistently raised their concerns with us about the staffing shortages they had experienced. During this inspection we saw staff were visible and available to support people. Although staff felt the issues were now being addressed by the management they spoke to us about how it impacted on people at times. One staff told us "The staffing is not enough and it's not always right. People do get to go out but it would be nice to have more flexibility, but people are well looked after."

Although staff we spoke with demonstrated a good awareness of supporting people around the principles of the Mental Capacity Act 2005, the recording of this was not always appropriate. We saw several people had capacity assessments in place that had not been reviewed for long periods of time to ensure they remained relevant.

Relatives and staff raised concerns regarding the communication they received from the office and senior management staff. The service was going through a period of change with a new manager and improvements being addressed and implemented. Some staff felt these changes had not been appropriately communicated

Care plans were personalised, however we saw large gaps in the recording of people's daily record notes and the one to one staffing hours that people received. This meant it was unclear whether people were receiving their required support.

Quality assurance systems were in place to monitor the quality of service being delivered. Internal audits had identified most of the shortfalls we found during this inspection and the manager had an action plan in place and was working to address these.

People received care and support from staff who had got to know them well. Staff knew, understood and responded to people's needs in a caring and compassionate way. One person told us "Staff are brilliant, they are so kind, they always say it's not our workplace, it's your home."

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Medicines were not always safely managed. Protocols for the use of 'when required' medicines were not always available, reviewed or updated.

Individual risk assessments were in place; however these did not always contain the necessary information for staff to follow.

Although staffing levels were in the process of being addressed, concerns continued to be raised by relatives and staff about the impact this had on people.

People and their relatives told us they felt safe living at Rowde. Staff confirmed they had received training in safeguarding adults and knew how to report any concerns.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

The recording of people's capacity and subsequent restrictions placed on their liberty were not always appropriate or in line with the principles of the Mental Capacity Act 2005.

We saw prior to the manager coming to the service there had been a lapse in staff receiving their one to one supervisions and annual appraisals with a line manager.

People's support plans contained information that confirmed they had been supported to have access with health care professionals when required.

### Is the service caring?

**Good** ●

The service remains Good.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

We saw large gaps in the recording of people's daily record notes and the one to one staffing hour's people received.

Care plans were personalised and detailed preferences and daily routines that were specific to each person. People were supported to set personal goals each year of things they would like to achieve.

People were encouraged to be independent and active and staff supported people to partake in activities of their choosing. However it was felt that the staffing levels sometimes impacted on the activities people could access.

### Is the service well-led?

The service was mostly well-led.

Quality assurance systems were in place to monitor the quality of service being delivered. Internal audits had identified most of the shortfalls we found during this inspection and the manager had an action plan in place and was working to address these.

Relatives and staff raised concerns regarding the communication they received from the office and senior management staff.

The service was going through a period of change with a new manager and improvements being addressed and implemented. Some staff felt these changes had not been appropriately communicated.

**Requires Improvement** ●

# Rowde

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection that took place on 19 and 20 February 2018 and was unannounced. The inspection team consisted of two inspectors 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.

Before our inspection visit we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spent time speaking with and observing people who were using this service. We spoke with the manager, one acting manager and eight care staff. After this inspection we received feedback from four relatives and two health and social care professionals that visit the service.

We looked at the care records of six people and eleven staff recruitment files. We also looked at records relating to aspects of the service including care, training and quality assurance.

## Is the service safe?

### Our findings

Medicines were not always being safely managed. We found many medicine administration records (MAR) had hand written entries. This was from when staff had transcribed details of a prescription or alteration onto the MAR. We found examples where hand written amendments had not been signed by the staff who did the transcribing; or when they had, witness signatures had not been obtained. This is not in line with best practice or safe management methods. This issue had been noted in an audit carried out by the service's pharmacy supplier on the 7th February 2018.

Individual protocols for the use of 'when required' (PRN) medicines were available in some cases. However we found examples where PRN medicines had been prescribed, but protocols for their use were not available. We noted that some of these protocols had not been reviewed or updated. For example one person's PRN protocol was dated 13 April 2016 and another person's protocol was dated 15 March 2016. This issue had been noted in an audit carried out by the service's pharmacy supplier on the 7th February 2018 but action had not yet been taken.

In two cases we found that protocols were in place for medicines that did not appear on the person's MAR sheet. A staff member confirmed that the medicines were available in the service and were occasionally required but were not on the MAR's. One was a respiratory inhaler for a person with asthma and the other a sedative to be used when a person became overly anxious. We noted that the protocol for the use of the sedative was dated 15 April 2012. We immediately informed the staff member of our findings who said they would address this. One person had been prescribed PRN medicine for epileptic seizures. A PRN protocol had been produced, but was not kept with the MAR. It was pinned on a notice board in the staff sleeping in room. This meant that the information was not directly to hand for all staff to be aware of.

Some people had non-prescription medicines (known as homely remedies) added to their MAR sheets. There were no protocols available regarding their use and no evidence that the person's GP had agreed to their use. The staff member was unaware of any current homely remedy policy but did find a non-prescribed medicines document signed by a GP dated March 2011. This had not been reviewed since this time. Application of prescribed topical medicines, such as creams and lotions, were recorded on MAR sheets. However we noted that information was not available to direct staff as to which area of a person's body the topical medicine should be applied.

We found one example where medications listed on a person's 'emergency information sheet' and 'my health in hospital' documents did not match those listed on their MAR. We informed a staff member of this. Files that the MAR sheets were kept in also contained other information, such as personal care records, routines, seizure records and out of date information regarding changes to medicine dosage or stock balance checks. It was highlighted to the manager that any out of date information should be removed and the MAR sheets should be separated from other information for ease of use.

The manager stated that they undertook a medication audit as part of their 'Managers monthly checklist' and that senior support workers undertook a weekly check that covered gaps on MAR sheets, stock counts

and recording of PRN medicines. We asked two staff in two different bungalows about these checks and showed them a blank form. Neither could confirm the checks were being done.

This was a breach of Regulation 12 (2) (g) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were supplied by a local pharmacy using a mixture of monitored dosage systems and individual boxes. The quantity of medicines received from the pharmacy was recorded on the person's medication administration record (MAR) sheet. Disposal and the return of medicines no longer required were properly recorded. Medicines were stored securely in appropriate storage cabinets either in the person's room, or in staff sleep in rooms.

Medicine errors, discrepancies and other incidents were being reported, recorded and investigated. Action was taken in response to medicines errors which included retraining staff and rechecking their competency. The manager shared information with staff when issues had arisen to make them aware and told us "Sharing information is important. No agency staff will be administering medicines now, only our staff as this gives us ownership and accountability. We have a zero tolerance to medicine errors, we look at the incident and what we can do around it to prevent it."

The service had a proactive approach to encouraging people to live their lives and balancing any potential risks involved. For example one person who had specific sensory impairments had recently been supported to go skiing and went horse riding every week. Another person had been supported to travel on a plane alone so they could visit their family. The manager told us "The culture was historically to keep people safe, but now we think of a way to manage the risk and not to stop the activity. Staff are involved in writing the risk assessments."

However, although individual risk assessments were in place, we found some needed work to ensure they contained all the necessary information staff required. For example one person who was at risk of choking needed their food to be presented in small bite size pieces. We saw this person had a detailed plan in place about the support needed around their nutrition, however none of this important information was available on the risk assessment or cross referenced the nutritional support plan. This meant if a staff member only looked at the risk assessment they would not be prompted to seek further information on managing this risk for the person. The risk assessment also did not provide guidance on what staff were to do in the event this person did have a choking episode.

One risk assessment was in place for a person being at home on their own. We saw a checklist around this person being left alone had been completed in 2014, however it had been reviewed in November 2017 and stated there were no changes. This person however had an application in place to the Local Authority because they needed continuous staff support and could not be left alone. We raised this with the manager who was unaware of this risk assessment and told us it was incorrect as the person was not able to be safely left alone and had never been left alone. This person was also at risk of falling. The person's assessment did not contain information to reduce the risk. For example it stated that when this person walked through doors they could get their fingers trapped in the door frame but it did not discuss any measures that had been further considered around this. The assessment also said that the person may 'fall due to having wobbly days' but did not discuss the appropriate measures staff could take when this arose. Staff told us that risk assessments were in the process of being updated and they always supported this person to move around safely.

We looked at the health and safety records in two of the bungalows. The provider policy indicated that



weekly and monthly checks were to be carried out by designated staff and the manager was to undertake a monthly audit. In one bungalow an audit had been carried out on 12th February 2018. It was found that there was no information about isolation points (for gas and electricity) and that some weekly safety checks, fire checks and bedroom checks had not been completed. Also the fire risk assessment was out of date. The health and safety records confirmed these findings. We also found that the dates on the servicing stickers on three fire extinguishers indicated that annual services were overdue.

We looked at the health and safety records in another bungalow. We found that monthly and weekly checks were being completed. However the fire risk assessment was out of date and two fire extinguishers were overdue a service. We raised these concerns with the manager to address.

Fridge and freezer temperature records were displayed in the bungalows; however some of these had gaps in the recording. For example one bungalow had gaps of five days in the month where the temperatures had not been recorded. The temperature of hot foods was not being recorded consistently. Records seen, along with staff comments, showed that core food temperatures were only being taken and recorded when cooking meat joints but not for meals such as lasagne. One record indicated that temperatures had only been taken on four occasions since the 10th December 2017. The [maximum and minimum] temperatures of medicine storage cabinets were recorded daily. However, in one instance, records showed that the temperature in a person's storage cabinet had exceeded the upper limit of 25 degrees Celsius on nine occasions in the current month. Whilst this had been noted it had not been addressed. This had the potential to affect the efficacy of the medicines. We alerted the manager of this finding.

Some people in the service were supported to manage their everyday finances. We saw for one person there were records of all financial transactions, which had been signed by a staff member and the person. We checked the person's cash balance and found it to be correct. However a service financial risk and compliance audit that had taken place in January 2018, by the internal financial risk and compliance manager recorded nineteen issues had been identified. These included 'cash not being retained securely, the sub-float not balanced or accounted and credit card spending inadequately managed.' We saw that an action plan to address these concerns had been put in place and the manager had already begun working to meet some of the actions.

There were no emergency call bells in any of the bathrooms. This was because people were either supported by staff or used the bathrooms independently. However in an emergency if a person needed help, they would be unable to raise the alarm. The manager said this was something that had not been considered and no incidents had occurred, but they would discuss it with senior management.

This was a breach of Regulation 12 (2) (b) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives and staff consistently raised their concerns with us about the staffing shortages they had experienced. During this inspection we saw staff were visible and available to support people. Comments from relatives included "The staffing levels are probably ok, but staff do not stay. I rang and an agency staff seemed to be the only person there, and could not help me with the questions I had. My relative has had so many key workers in the past, but they stay for about six months on average" and "No there is not enough staff. We feel more staff would improve the service offered, especially at weekends." We looked at the feedback survey analysis in reference to staffing which recorded 'Staff turnover is clearly an issue. We cannot know whether this impacts residents, but it must mean some lack of continuity.'

The staff rotas showed that there were consistently outstanding hours that were not been filled by regular

staff. The manager informed us "Outstanding hours are covered by substantive staff, the provider's relief staff, or agency." One relative raised concerns about the one to one staffing people should receive commenting "Our relative is entitled to several hours of one to one staffing every week. These hours enhance the quality of their care enormously. Because of staff shortages occasionally these hours are cut without any notice."

Although staff felt the staffing issues were now being addressed by management they spoke to us about how it impacted on people. They said "The staffing is not enough and it's not always right. People do get to go out but it would be nice to have more flexibility, but people are well looked after", "The weekends are lacking and people want to do more at weekends as they don't have workshops to attend", "We could do with more staff but it's hard as people are independent, activities have to be more planned as sometimes only one member of staff" and "For a while we didn't have enough and it's still a bit understaffed, but has got a lot better in the last few months."

We informed the manager of the comments received and were told that there had been a big focus on recruitment since they had come on board. The manager spoke about how they wanted to develop the staffing more effectively across all bungalows and that they would be recruiting to 10 percent over the staffing levels to allow for unpredicted absence. There was evidence to show that action was being taken in regard to staffing. For example; the needs of one person had recently changed and staff reported that they now required more support. The manager had applied for funding for one to one support during the day and this was now in place.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. An acting manager told us that they tried to get people involved in the interview process saying, "It's important to spend time with the people you are going to support." The manager spoke about the interview and what they looked for in new employees. They told us "At interviews we can see if people are caring or enablers and we need the caring, but we need enablers too. We have a good culture with half of the staff having been here a very long time and then new staff bringing a new culture. The new staff question things which is good, they ask why we do things this way."

Although the bungalows were kept clean and tidy many of the bathrooms needed maintenance and repair. We saw workmen present during this inspection working on the bathroom in one bungalow. The manager told us the work for the bathrooms was in progress and all of them were being redecorated. A cleaning rota was in place which people in the bungalows shared and were supported with by staff. Staff told us people were encouraged to keep their bedrooms and the rest of the home clean and tidy.

People and their relatives told us they felt safe living at Rowde commenting, "I like living here, I feel safe", "I am more than happy with the safety shown at Rowde" and "My relative is very safe." Staff confirmed they had received training regarding safeguarding adults. They were able to say what they would do if they witnessed abuse, which included contacting outside agencies such as the local authority safeguarding team. One staff told us "It's about protecting the guys, I would know how to act and follow procedures, we are always on the ball and aware. I would go to my line manager and if I wasn't comfortable I would go to other agencies including CQC."

People's safety had been considered by the service and measures put in place to balance any risks whilst promoting their independence. For example three people in one bungalow were more independent in managing their needs and therefore spent some of their time without staff presence. These people had been given pendants to wear which meant they could reach staff if they needed.

## Is the service effective?

### Our findings

Although staff we spoke with demonstrated a good awareness of supporting people around the principles of the Mental Capacity Act 2005 (MCA), the recording of this was not always appropriate. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

One person had a capacity assessment in place about being filmed when experiencing an episode due to a specific health condition they had. It stated this was to allow the GP to make a more informed judgement about subsequent treatment. This assessment was dated from 2015, to record the person's next seizure, but there was no other information on if this had been done, or how staff were to go about this when they needed to be support the person at this time. It did not show if this had been reviewed or concluded since the action was taken. We raised this with the manager who was unaware of this assessment being in place.

One person had been assessed by a speech and language therapist (SALT) due to problems with swallowing and episodes of choking. The SALT assessment recommended that the person had a 'texture E' fork mashable diet. During our inspection we observed this person eating a piece of toast and subsequently having an episode of coughing and vomiting. We raised our concerns with the staff who informed us that this person often ate foods that might increase their risk of choking. They stated that the person had the capacity to make this decision. However there was no evidence on file that a capacity assessment or best interest decision relating to this issue had been carried out. This meant the person was in danger of not being appropriately monitored and there was the potential they could have a serious incident.

We saw several people had capacity assessments in place that had not been reviewed for long periods of time to ensure they remained relevant. For example one capacity assessment around a person not understanding the importance of taking their medicines had not been reviewed since 2015. One person who needed continual staff support when away from the service had a capacity assessment that had not been reviewed since 2016. The manager was aware this was an area that needed improvement.

One staff member told us that a best interest meeting had been held in relation to a person whose condition had deteriorated. They said that the meeting had been attended by family members, a member of the community learning disability team, senior carers and support staff, along with the person. However the staff member was unaware of the outcome of the meeting and there was no record on their file. The manager confirmed that the meeting had taken place three weeks prior to our visit; however the notes of the meeting had not been produced as yet. This meant that staff supporting this person did not have the relevant information available to effectively support them.

The Deprivation of Liberty Safeguards (DoLS) are part of the MCA. The DoL provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom. We saw that the

service had made eight applications to the DoLS authority. One of these had been authorised and the other seven were waiting approval. We could not see any evidence that the service had been internally reviewing the restrictions in place to ensure they remained necessary or if changes had been implemented, that an update had been made to the application in progress. The manager showed us that this was on their action plan to begin reviewing the DoLS every six months. They told us they realised there were changes they needed to make to some of the applications.

One person had a DoLS application in place for receiving 24 hour care, which they were unable to consent to. This person also had a sensor mat on their mattress so staff could monitor their movements in relation to a specific health condition. There was no capacity assessment to support the sensor mat being put in place. We saw there was no mention of this further restriction on the person's DoLS application either. The manager said this would be addressed.

This was a breach of Regulation 11 (1) Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Information and guidance on people's specific health conditions was recorded in care plans for staff to be aware of and use to support people appropriately. Where there was an identified need the service used assistive technology to meet people's needs. For example one person who had visual and sensory impairments had an induction hob to cook with, which would cool as soon as the saucepan was removed. This meant the person could continue to be independent but remain safe whilst doing so. The manager told us "We have a technology team, so if we can identify anything that someone would benefit from we can call them. The staff also complete technology assessments. Some people have buttons in place which they press to access their bedrooms as can't manage the doors and we are looking at a fingerprint lock for one person."

Staff spoke positively about the training they received to fulfil their role commenting "We complete refresher training and can request training. We have someone with early signs of dementia so we asked for this further training. I have done safeguarding training to protect people and know to look for signs of any abuse, and how to manage this" and "You learn something new every day with this job." Staff who had received medicine management training were responsible for the administration of medicines. Training records indicated that 95 percent of the current staff had received training and competency assessments within the previous 12 months. One staff member confirmed that they had received initial training from the pharmacy provider and that further training updates and competency checks had been completed annually.

The manager had an online system to record the training staff had completed and to show when it was due to expire. Staff were encouraged to undertake higher qualifications and many had already done this or were in the process. One staff told us "You get put on training courses; I started my level two in health and social care with this company. They are keen for you to do this." Another staff commented "They are good at telling you when training is due; they won't let you work without training." The manager said "The provider wants to develop people and they ask at interview if people want to go further, there are opportunities and projects so you don't sit and stay stale."

We saw prior to the manager coming to the service there had been a lapse in staff receiving their one to one supervisions and annual appraisals with a line manager. Of the seven staff records we reviewed only one contained an annual appraisal, which was dated 1 November 2016. The manager said they were aiming to ensure all staff received an appraisal by the end of March 2018. The provider policy indicated staff were to receive a supervision session every four to six weeks. We found supervision sessions were recorded sporadically and varied between two and six monthly. One staff member had no record of supervision

between 23 September 2016 and 3 November 2017. The manager had taken action to address this concern and supervisions and appraisals were now been recorded on a chart so there was a visible reminder of when the staff received a supervision and when it was next due.

People told us they liked the food and were supported to make choices about what they had to eat. Each bungalow decided how they purchased their food either through online shopping or going to local supermarkets. One staff member told us "People can make individual meals if they choose; some people have specific dietary needs. People choose to be in a routine and have meals at certain times together. It's not staff that are implementing it. They like to eat together." Another member of staff in a different bungalow told us they did not have a menu plan in place commenting "We trialled it and people in this bungalow don't like it, they prefer to choose their meal at the time. We can do four meals that are different if necessary; it depends on what people want. They like to eat together; they are all very chatty in this bungalow." Some people told us they liked to be involved in the preparing and cooking of their meals alongside staff support whilst others chose not to participate.

People's support plans contained information that confirmed they had been supported to have access to health care professionals, such as general practitioners, opticians, hospital specialists and members of the community learning disability team. Support plans also contained essential information about people's health and support needs should they need to be admitted to hospital. One relative told us "With any minor illness such as a cold the staff supply relevant medication. For anything more serious I am very confident that I would be contacted."

The service was effective in supporting people to maintain a healthy weight. One person had successfully lost a lot of weight and had been supported to plan out their meals, come off some of their medicines and had started a voluntary job. Another person required staff support to help them to eat. Their weight record showed that their weight had remained steady over the 11 months prior to our visit. The manager told us that several people had a watch monitor in place to track the amount of steps they took daily and would regularly come into the office to make comparisons with the amount the office staff had completed. We saw one person going off to a local gym and several other people had memberships for the gym or local swimming pool. One health and social care professional told us "The staff within the homes are very proactive in monitoring the health needs of the people they support and will support them to health related appointments."

Two people in one bungalow showed us their bedrooms and spoke about being able to decorate this space in the way they chose. We saw they had personal items in their bedrooms and around the communal areas of the home.

# Is the service caring?

## Our findings

People received care and support from staff who had got to know them well. Staff knew, understood and responded to people's needs in a caring and compassionate way. One person told us "Staff are brilliant, they are so kind, they always say it's not our workplace, it's your home." The relatives we spoke with felt their family member received good care from the staff team and commented "They take great notice of my relative and do what is best for her all the time", "I feel that the staff do a very good job in ensuring that my relative is happy and contented" and "Our relative has been at Rowde for a very long time. She is happy and basically her needs are met. The staff closest to her make her life interesting, safe and, at times, challenging [in a positive way]." We observed one person giving their keyworker a hug when they were leaving. They told us "I miss my keyworker when they are not around."

People were relaxed in the company of staff and there was lots of friendly communication and laughing. When one person appeared to be getting upset, a staff member sat with them, talked about the issue and reassured them. Staff members told us "I like the social side of the job, the people are so happy and it's nice having a small impact on their life" and "People really appreciate you being here. It's rewarding working here when you can be a part of helping them or supporting them to reach a goal." The manager spoke to us about the length of time many staff had worked at the service which provided good continuity of care for people. The manager spent time on the site and told us that this meant that they had got to know people well in the short time that they had been in post. They told us that they, the acting manager and seniors have a good presence on the site and saw people regularly both in their homes and when people came to see them the office.

A health professional told us "I believe that the residents in the bungalows, in the majority, are happy living there and with the support they receive. Family members have reported back to me of their satisfaction in the support their family member receives. The staff care, the management care and the residents nearly always appear happy when I visit. Within the two bungalows I am currently working with I believe that the staff are competent and caring. I know that some of staff have been working at the homes for many years and know their residents very well."

People's dignity and their choices were respected. Staff were able to tell us how they maintained people's dignity during support with personal care. One staff told us "All personal care is completed behind closed doors. One person keeps their curtains open so we encourage them to shut these at night. We cover people with a towel when they step out of the shower and we are cautious about what we say." When we spoke with staff they referred to people in a respectful manner and their actions demonstrated respect. For example we observed a member of staff knock on a person's door and wait for an answer rather than just entering. The person did not want to be disturbed at that time so the staff member went away. One relative told us "My relative is supported to make choices about their care."

Staff actively encouraged and promoted people's independence. Some people had moved into self-contained flats attached to the bungalows and were in the process of being supported into independent living with minimal staff support. People were encouraged to maintain daily living skills such as cooking,

cleaning and washing their clothes. Some people in the service had jobs that they went to and one person was currently being supported by staff to find work. One relative told us their family member was encouraged to be independent commenting "More than she has ever been in the past."

People were encouraged to go out and one person told us they were going out with their friends for a meal that evening as a celebration. One person commented "The staff are so good, they help us." One person who had recently moved to the service had not been previously encouraged to be independent. The manager told us that this person would be supported to regain their independence saying "We will work with them; this person will excel with the right support." We observed staff updating the manager about how this person was settling in and things they needed to put in place to support them further. The staff disclosed what seemed to be a small act of independence this person had carried out, but it had been a significant step forward for them. Staff expressed genuine happiness with the person's progress.

The service had a proactive approach to respecting people's human rights and diversity which can prevent discrimination that may lead to psychological harm. All staff received equality and diversity training and completed further training around person centred active support. An acting manager told us "We are observed in the setting and an assessor comes in. It is done as part of the induction, everyone is assessed to see if they are giving people opportunities and everyone has an individual support plan."

People who were in meaningful relationships were supported by staff to maintain and develop these in the way in which they wished. One staff spoke fondly of a couple saying "They have been together a long time, its lovely how they talk about each other. We haven't discussed with seniors or managers yet if they would like to live together; it is something one of them would like and has mentioned." Another staff member told us "People are supported in their relationships with others. One person has a partner and they go on trips and on holiday every year together. We recently supported them to have a Valentines meal together, and gave them the dining area so they could be on their own." The manager commented "A few people are in relationships. We are guided by them in terms of the level they want their relationship to go. We offer people support and to talk further if this is something they want to do."



## Is the service responsive?

### Our findings

Daily records were kept by staff which documented what a person had eaten, how they had spent their day and any concerns or information, which need to be passed on to the next staff coming on shift. We saw large gaps in the recording of this information. For example, one person's daily records had no entries for four dates in January 2018. In February there were three dates where staff had not recorded if the person had engaged in any activities and no information on if they had eaten breakfast and lunch had been documented. For another person there were gaps on six dates in February 2018 where it was unknown if this person had eaten lunch, an evening meal and spent time participating in any meaningful activities. We observed gaps for a further three people in the daily recording. It was unknown if there was a specific need to be recording these people's food intake, but the forms indicated this should have been done. We saw that the daily records folder in one bungalow was not kept in a secure place but stored on the window sill for ease of access. However this meant people's private information was at risk of being viewed by other people.

One person who was receiving one to one funded hours had a diary in place to record the activities that took place during these times. We observed several gaps in the recording of this so it was unclear if this person had been supported appropriately. For example on one date this person was meant to receive six and half funded one to one hours but there was only documented entries from a timeframe of 8.40am to 11am, which fell short of the allocated time. Another day the person was meant to receive one to one time between 8am and 3pm, however nothing was recorded from 11.30am onwards. This meant that it was hard to ascertain if people had been receiving their allocated one to one funded time. The manager told us they had now recorded people's one to one time on the staff rota to make it clear and wanted this time to be more flexible and at the times people wanted it.

During our inspection we saw a notice outside a bathroom in one of the bungalows. It stated for staff to change the yellow waste bags to prevent a build-up of sanitary items and unpleasant smells. We discussed with the manager the appropriateness of having this sign displayed in this place, which was not dignified. The manager agreed and told us this would be removed and put in a place just for staff to see.

The manager told us that people's needs were reviewed six monthly or as required. Any changes would be shared with staff either verbally, by email or in a communication book in each bungalow. One staff member told us "People contribute to their care plans, we do goals together, we sit down and review it together and they then sign the care plan after this." One relative said "I feel part of the decisions made about the care of my relative both with staff and a yearly review with a member of staff at Wiltshire Council." Support plan files contained personal care plan (PCP) tracking sheets that detailed when plans had been changed or reviewed. One person's review form had been put in place in November 2016 but had been left blank and there was not another one to view since this time. This meant not everyone had received a review within the provider policy timeframes.

People were involved in developing their care, support and treatment plans. Care plans we viewed were personalised and detailed preferences and daily routines that were specific to each person. Photos were



included in support plans which showed people engaged in interests they enjoyed and spending time with people that were important to them. People were supported to set personal goals each year of things they would like to do and developing goals of things they wanted to achieve. One person's care plan included goals such as seeing a musical, going on holiday and redecorating their room. There was evidence in people's care plan folders to suggest that they had been involved in the planning process. For example, one person's file contained a consent sheet relating to their essential lifestyle plan (ELP) which read 'I have contributed to, read and understood the contents of my ELP'. This person had then added their signature to show their agreement.

The service supported people who had additional communication needs and we saw that communication support plans were in place. However, there was not always evidence of care plans being available in suitable formats for people who may need information presented in a different way. The manager told us the service was shortly transferring over to an online system for care plans but they agreed they needed to make sure it would be an appropriate and accessible system for people in the service. One relative told us the staff were good at meeting their relative's communication needs commenting, "In a hard job they do an incredible job with our relatives and their family members."

People were encouraged to be independent and active and staff supported people to partake in activities of their choosing. We saw people attending various interests during this inspection including occupation and employment workshops, horse riding, a nail bar, or out for dinner. One person told us "I went horse riding earlier, I love doing that, I go every week." A separate building on site called 'Marsh Hall' was able to facilitate events, different groups, parties and celebrations for people and had its own sensory room. Throughout the year an acting manager told us events took place on site such as the annual musical festival and Christmas market.

Relatives we spoke with felt their family member's had enough to do but like staff, told us at times the impact of staffing levels meant some activities needed to be more planned for. One relative told us "With the help of staff he is able to undertake trips to the local town and takes a holiday with a carer." Another relative said "In general activities and workshops are purposeful and enjoyed by the residents. We would like to see more activities and events arranged for the weekends." A staff member commented "People have workshops each day; they choose options of what they want to do. Some people do baking or if they want to go out it depends on the staff, but we can't really go out every day. We tell the management if they really want to go out. It boils down to staff, it would be good to have more but people are not deprived doing things."

The manager told us that people were offered the opportunity to go on holiday. They completed questionnaires about where they would like to go and who they would like to go with. Workshops that were available for people to attend included interests such as gardening, drama club, choir, food prep and painting. Staff told us the 'grow and sow' project was popular with people who accessed this and took part in making jams and other produce. The manager told us "We have bees in the adjacent orchard and we have eggs from our own chickens. One person has their own chickens."

People's concerns and complaints were encouraged, investigated and responded to in good time. An easy read complaints process was in place for people who needed information in this format and concerns were also looked into and responded to in the same way as complaints. People told us they felt happy to talk to staff about any issues that they had and one relative commented "If I had any concerns I know that they would be dealt with in an appropriate way."

The service was open to having discussions with people around their end of life wishes. We saw there were

mixed levels of how this had been recorded in care plans which the manager plans to address. One person had a very personalised support plan in place for how they wished to be cared for at this time. The manager told us there were good templates available to record people's wishes that staff could use.

## Is the service well-led?

### Our findings

The previous registered manager had left this service since the last inspection. A manager known within the service as a 'cluster manager' had legal responsibility over the service provision and was going to start the process to become registered manager. This would be shared alongside another manager who would also be registering. We did not meet this second manager at this inspection. The new manager had been working with the service for a few months and was supported by two senior staff who had been undertaking the role as acting managers. Relatives spoke positively about the leadership of the service commenting "The home is well managed, if we needed to, we would see the manager" and "I feel the home is well managed and that I make contact with members of staff whenever I am visiting." One staff told us "The manager is supportive; she's taken on the job and is checking things and updating our paperwork."

However some relatives and staff raised concerns with us regarding the communication they received from the office and senior management. Relatives told us "Communication could be a little better with the audit office but other than that we are so grateful to the staff for all they do, the care they take and consideration they have for our relative", "The staff keyworker communicates effectively. The middle management are not effective at communicating with relatives. There has been a recent change and at the moment we do not know who the manager is. Significant improvement should be made on communication and consultation with relatives" and "When the key worker leaves, who do I communicate with? I emailed the management, I don't know who else to ask for. I've asked for more communication about what my relative is doing as I have no idea. I do realise that communication does take time and effort." One relative however told us "I cannot speak for all people but certainly as far as communication goes with my relative, the staff go the extra mile to ensure that they understand and are happy."

Staff we spoke with raised frustration about the communication within the service but told us they appreciated changes were being made. Staff commented "We have staff meetings, I feel well supported but communication has not been great from management. There have been rota changes. We did have a meeting for first time recently which was good. I think it will be good in the end", "I have seen some changes with the new management, the communication is not great from the office, you like to feel you are told. I feel supported by the management now, but that hasn't always been the case" and "Communication is quite poor. We weren't consulted about changes to the rota, it was just introduced." One health and social care professional told us "Staff and managers are approachable, however, some of the staff feel that their concerns are not listened to, or acted upon, by the management. There are times when I need to chase the management to ensure things are being done."

The last feedback survey showed 26 out of 70 potential responses had been received. We reviewed the findings and saw that the analysis stated improved communication between staff team, leaders and managers was required. One staff member spoke more positively about changes saying "The manager comes and checks everything is ok, there has been a change since the manager has come, she is putting things in place. All the managers are supportive and you can go to them. There are a lot of things improving in the bungalows, more staff, the environment, there is decorating and updating that people want but we need to go through this process to get there."

We raised these concerns with the manager who was open to listening to these and took time to explain that there had been a lot of changes for staff to take on recently. The management team spoke about how they could better communicate these changes to staff going forward and the manager told us "I came in as a new manager and have seen how things are done but I want to do them again and differently. There was variation across the bungalows and we needed everyone to be doing the same standards across them. In a short time we have done a lot. For staff that have been here a long time there is a culture and it can be hard to implement change. We will have a small percentage that will struggle. The majority like the openness; it is still very early on in us working together as a management team."

The provider followed a 'Fusion' model of support throughout their services, which was a statement of their intent. The model focused on ensuring each person was at the centre of everything they did. This ensured there was a clear set of values which included choice, specialist skills, person centred active support, health safety and well-being and involvement of families and other partnerships. Staff did not reference this model to us when we spoke about the organisations' values but demonstrated it in their practice and understanding of how they should support people. One staff told us "No one has sat me down as such to talk about values, but they [the provider] want people to have a good life and enjoy it. Our people are very well supported."

People living at this service had the opportunity to make their views known through feedback surveys and meetings. Meetings known as 'voices to be heard' were held for people using the service and one person chaired these and then fed back to senior management. We spoke with this person who told us "Voices to be heard meetings are really useful to share any concerns monthly. A police van came to one meeting to talk about safety. People like these meetings and we put things in place from them." One staff member attended meetings with senior management that were relevant to staff and then cascaded this information to the rest of the staff team. The manager told us "It is good for staff to have someone to talk to outside of management."

Quality assurance systems were in place to monitor the quality of service being delivered. Internal audits had identified most of the shortfalls we found during this inspection and the manager had an action plan in place and was working to address these.

An online system was used to capture monthly information about the service. The system followed the Key Lines of Enquiry (KLoE's) used by CQC during inspections. Accidents and incidents were recorded electronically and reviewed by the manager. We looked at three records and found that investigations and actions taken had been documented where appropriate. The manager told us recent audits had identified areas for improvement such as a finance audit and that they were already working to meet the actions from this. The management had held meetings to discuss the actions required and who would be responsible for meeting these and the timeframes they would do this within.

The manager told us they now had good support in place to start addressing the areas of improvement needed in the service commenting "We had a meeting with the regional manager recently and it was a different meeting to previous one's. We have worked hard; our compliance is getting to where it needs to be. We are working well as a team."

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 | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The recording around the principles of the Mental Capacity Act 2005, was not always appropriate.</p> <p>We saw several people had capacity assessments in place that had not been reviewed for long periods of time to ensure they remained relevant. One person had a sensor mat in place, however there was no capacity assessment to support this being in place, or mention of this on the person's DoLS application.</p> <p>Regulation 11 (1).</p>  |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not always being safely managed. We found many medicine administration records (MAR) had hand written entries. Individual protocols for the use of 'when required' (PRN) medicines were not always available in some cases. Some of these protocols had not been reviewed or updated.</p> <p>Regulation 12 (2) (g).</p> <p>Some individual risk assessments needed work to ensure they contained all the necessary information staff required. We looked at the health and safety records and found that one fire risk assessment was out of date and two fire extinguishers were overdue a service.</p> <p>Regulation 12 (2) (b).</p> |

