

Runwood Homes Limited

Rowena House

Inspection report

Old Road
Connisborough
Doncaster
South Yorkshire
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Tel: 01709862331

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14 November 2017

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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

The inspection took place on 14 November 2017 and was unannounced. The last comprehensive inspection took place in November 2016, when the service was rated requires improvement. We found that staff did not receive appropriate support to carry out their role effectively. The registered provider sent us an action plan indicating what action they would take to address this breach.

At this inspection we found the registered provider had taken appropriate actions to meet the requirements of the breach. However, we also found risks associated with people's care were identified but not always managed appropriately and that systems in place to monitor the service delivery were not always effective. The service rating remained as 'requires improvement.'

You can read the report from our last inspections, by selecting the 'all reports' link for 'Rowena House' on our website at www.cqc.org.uk.

Rowena House is a care home situated in Conisborough, Doncaster which is registered to accommodate up to 40 people. The service is provided by Runwood Homes Limited. Accommodation was provided on both the ground and first floor. The service had several communal and dining areas and easily accessible secure gardens.

At the time of our inspection there was a registered manager in post. 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. However, the registered manager was also registered at another service.

We completed a tour of the home with the registered manager and identified some issues in relation to infection control. Some areas required attention and staff practice was not always in line with infection control procedures and guidance.

We looked at systems in place to ensure people received their medicines in a safe way. We found staff who administered medicines were appropriately trained to do so. Medicines were stored appropriately in a locked room. However, we found some concerns with the recording of medicines administered.

Risks associated with people's care had been identified but appropriate actions had not always been taken to ensure people were safe.

We observed staff interacting with people and found there were enough staff to meet people's needs. However, we received comments from people who used the service and their relatives, which indicated there were times that staff were not available.

The service had a safe recruitment system in place. Staff received an induction when they commenced employment at the service. This included shadowing other staff so they could get to know the people who lived at the home.

People had been referred to healthcare professionals when required but their advice was not always followed.

People we spoke with were complimentary about the meals they received. However, they were not always offered a meal which was suitable to meet their assessed needs.

The service was meeting the requirements of the Mental Capacity Act 2005. Where people lacked capacity, best interest decisions had been made.

The registered manager had a supervision and appraisal schedule in place. Staff we spoke with told us they received supervision on a regular basis.

People who used the service and their relatives were satisfied with the home and felt it provided a safe and comfortable environment where their preferences and wishes were upheld.

We looked at care plans and found they reflected people's needs, although they lacked a person centred approach. We spoke with the registered manager about this and they informed us that they were currently working on the care plans.

We saw staff interacting with people and providing social stimulation. People who used the service told us they were involved in activities.

The registered provider had a complaints procedure which was available in the home. People felt able to raise concerns and felt they were listened to.

Systems in place to monitor the service delivery were not always effective. Issues we raised as part of this inspection had not always been highlighted and/or addressed effectively. The registered provider also failed to make significant improvements from our last inspection and was rated again as 'requires improvement.'

People and their relatives had the opportunity to voice their opinions about the service and contribute their suggestions.

People who used the service, their relatives and staff, were complementary about the registered manager and felt the management team were approachable.

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.

We completed a tour of the home with the registered manager and identified some issues in relation to infection control.

Medicines were stored appropriately in a locked room. However, we found some concerns with the recording of medicines administered.

Risks associated with people's care had been identified but appropriate actions had not always been taken to ensure people were safe.

We observed staff interacting with people and found there were enough staff to meet people's needs. However, we received comments from people who used the service and their relatives, which indicated there were times that staff were not available.

The service had a safe recruitment system in place. Staff received an induction when they commenced employment at the service.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People had been referred to healthcare professionals when required but their advice was not always followed.

People we spoke with were complimentary about the meals they received. However, they were not always offered a meal which was suitable to meet their assessed needs.

The service was meeting the requirements of the Mental Capacity Act 2005.

The registered manager had a supervision and appraisal schedule in place. Staff we spoke with told us they received supervision on a regular basis.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

We observed staff interacting with people and found they were polite and caring.

Staff treated people with dignity and respect.

Relatives felt they could visit their relative at any time and felt welcomed by the staff team.

Is the service responsive?

The service was not always responsive.

We looked at care plans and found they reflected people's needs, although they lacked a person centred approach.

People were happy with the activities within the home and staff ensured people received social stimulation.

The home had a complaints procedure which was displayed in the home. People felt able to raise concerns if they needed to.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Systems in place to monitor the service delivery were not always effective. Issues we raised as part of this inspection had not always been highlighted and/or addressed effectively.

People and their relatives had the opportunity to voice their opinions about the service and contribute their suggestions.

People who used the service, their relatives and staff, were complementary about the registered manager and felt the management team were approachable.

Requires Improvement ●

Rowena House

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 checked 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.

The inspection took place on 14 November, 2017 and was unannounced. The inspection was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority and other professionals supporting people at the service, to gain further information about the service.

We spoke with eight people who used the service and seven relatives, and spent time observing staff supporting people.

We spoke with three care workers, the cook, the registered manager, and the regional operations director for the company. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including their plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We looked at care records belonging to people who used the service. We found that risks associated with people's care had been identified, but not always addressed appropriately. For example, one person was at risk of losing weight and had continued to lose weight from January 2017 to November 2017. A referral had been made to the dietician in August 2017, and the home had been advised to ensure the person received a fortified diet to increase calorie intake. The home was also advised to contact the dieticians again if the weight loss continued. We looked at the food and fluid charts for this person and they did not reflect that this type of diet had been provided. We also saw that the person had continued to lose weight and had not been referred back to the dietician. This showed that the risk had been identified but appropriate actions had not been taken.

We saw that people had a Personal Emergency Evacuation Plan (PEEP) in place to guide staff in how to assist people to a safe place if needed. However, some plans lacked detail about how people should be supported. For example, one person had a care plan in place regarding the use of the hoist, but the PEEP did not give any information about the hoist and only stated that the person required a wheelchair.

We completed a tour of the home with the registered manager and identified some issues in relation to infection control. Not all areas of the home were clean and well presented. Malodours were present on furniture around the seating area by the entrance hall. We looked in store cupboards and found that items such as bedding were stored on the floor. This also meant the cupboards could not be cleaned effectively. We looked in the laundry and found the rubber trim below the washing machines, was coming away from the edge. This was gathering dirt and dust and it was not possible to keep the area clean. There was also an edge on the work surface which was showing bare wood and would be difficult to clean due to the porous nature of the material.

We looked in the hairdressing salon and found this required a deep clean. We saw hair cuttings had been left on the furniture and floor. We looked in the toilets and bathrooms and found one toilet had a missing toilet seat. The sluice room was untidy with a full yellow bag, which required taking to the infectious waste bin, left on the floor.

We also saw staff taking meals to people in their bedrooms, which were uncovered. The staff wore plastic aprons in the dining area, but kept them on when they left the area to carry out personal care.

This was a breach of Regulation 12 (1) (2) (g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

People we spoke with told us they would speak to someone if they were worried or had any concerns. One person said, "This is safe place for me. I am really settled here." Another person said, "This is a home from home for me. I feel safe and secure." Another person said, "This is like a hotel to me. The staff keep an eye on us all the time."

The staff were aware of the role they played in keeping people safe by reporting any concerns. Staff members stated that they had undertaken a range of safeguarding training. Staff we spoke with were knowledgeable about how to recognise and report abuse. The registered manager kept a record of any safeguarding concerns and the outcome. Safeguarding concerns were also part of the operations manager's report and were discussed at the company's clinical governance meetings.

All relatives and friends were confident that their loved ones were safe and well cared for, although they felt that people were not always supervised. One relative said, "Sometimes there is not enough staff." Another relative said, "Sometimes it's really busy here. They get short of staff." People who used the service told us, "I don't have to wait a long time when I use the nurse call. They come straightaway."

Some people we spoke with felt there were not enough staff around to meet their needs. One person said, "When I call for help they [the staff] will say 'we'll be back in a minute,' but they take a long time." We spoke with relatives about staffing levels and some people told us there were times when there was not enough staff around. One relative said, "Sometimes it looks like there is not enough staff to go round. They [the staff] look rushed off their feet at times." Another relative said, "Sometimes I think they are short of staffed."

We observed staff interacting with people and found there were enough staff to meet people's needs. When people required support this was given without delay and people were not rushed. We saw that the registered provider had a dependency tool in place which was used to help them identify people's dependency based on their needs.

People who used the service and their relatives told us that medicines were administered on time. One person said, "I get my medication just when I need it." One relative said, "[My relative] takes regular pain killers. They always get them on time when I am here and I visit at different times."

We looked at systems in place to ensure people received their medicines in a safe way. We found staff who administered medicines were appropriately trained to do so. Medicines were stored appropriately in a locked room. We saw temperatures were taken of the room and fridge where medicines were stored. This was to ensure they were stored at the correct temperature. However, we saw that one box of eye drops which required cool storage in the fridge, were kept in the medicine trolley. We also saw that some eye drops required discarding after they had been open for 28 days, but there was no date of opening on the box or bottle. This meant the staff would not be aware of when they had been opened for longer than 28 days. Some people had been prescribed topical creams which were kept in their bedrooms and care staff were instructed to apply them. However, there were no topical Medication Administration Records (MAR's) in place. It was therefore not possible to see when the creams had been applied.

The registered provider had appropriate arrangements in place for storing and administering controlled drugs (CD's). Controlled drugs are medicines that are liable to misuse. A controlled drugs book was in place which was used to record all controlled medication. This was double signed in line with current guidance. We checked CD's and found the amounts in the CD book and the actual amounts were correct.

We looked at three staff recruitment files and found the provider had a safe and effective system in place for employing new staff. Staff told us they had to complete an application, attend a face to face interview and provide suitable references before they were able to start work. Files we saw contained pre-employment checks which had been obtained prior to new staff commencing employment. These included a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

Is the service effective?

Our findings

At the last inspection we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. This was because some staff had not received appropriate support, supervision and appraisal necessary for them to carry out their duties.

At our inspection of 14 November, 2017, we found the registered provider had taken action to address this issue. Staff we spoke with felt supported by the management team and received supervision sessions on a regular basis. Supervision sessions are one to one meetings with a line manager. The registered manager had devised a schedule to ensure all staff received supervision sessions and appraisals in a timely manner. We saw records which confirmed this process was taking place.

We spoke with staff and they told us they felt supported to carry out their role. Staff explained that they completed training to keep up to date with relevant topics such as safeguarding, food hygiene, moving and handling, fire prevention and first aid. We identified that staff had not received training about how to support people who are living with dementia. The registered manager told us this training had been scheduled to take place at the end of November 2017 and beginning of December 2017.

We spoke with people who used the service and they felt their needs were being met effectively. One person said, "They [the staff] get the nurse in for me every day. I am a diabetic." Another person said, "If ever you are poorly, they [the staff] will call the doctor." One relative said, "My relative only came out of hospital yesterday, but they [the staff] have asked the doctor to come to check him over."

During our inspection we saw healthcare professionals visiting the service to support people with healthcare needs. We spoke with some visiting professionals to gain their view of the service. One visiting professional felt that their advice had not been followed. This could have led to unsafe care as some people did not receive the most appropriate textured diet to meet their needs. For example, one person required a fork mashable diet and was given a mixed textured meal. This consisted of blended and fork mashable items. This put the person at risk of choking. This showed that complex needs in relation to eating and drinking were not always managed appropriately. We spoke with the registered manager who informed us they would address this issue.

One person remained in their bedroom on the day of our inspection. We saw that some toast had been taken to the person at breakfast time, but at lunch time no meal was taken to them. We spoke with staff who said that no lunch had been taken as the person was not well. However, the person spoke with us and informed us they were hungry.

We spoke with people who used the service about the food they received. One person said, "There is always a good choice. They [the catering staff] will always cook you something else if you don't like what's on the menu." Another person said, "I like the food, it's varied." Another person said, "I read the menu every day. I can see pictures of the food too."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

We found the service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a satisfactory understanding and knowledge of this subject, and people who used the service had been assessed to determine if a DoLS application was required. We looked at care records and found that where people lacked capacity, best interest decisions had been made.

Is the service caring?

Our findings

People we spoke with, their relatives and friends made very positive comments about the staff. It was very good to see that staff got on well with people. One person said, "The staff are alright, they look after me." Another person said, "The staff are wonderful, they go to so much trouble." Another person said, "You couldn't want for better staff to look after you."

Relatives we spoke with were also complimentary about the care their family member received. One relative said, "I can rest assured that [my relative] is well cared for." Another relative said, "The care here is kind, considerate and dignified."

We observed staff interacting with people and found they were caring and treated people with kindness. Staff knew people well and were able to chat with them about topics that would interest them.

Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. The staff and people who used the service looked comfortable together. There was a lot of laughter and friendly 'banter' between people. People said that staff were good at listening to them. Relatives and visitors were also welcomed in a caring and friendly manner.

People were encouraged to maintain and develop positive relationships. Relatives told us that they could visit at any time to ensure they maintained family contact. Relatives were also involved in their family members care plan and were asked about people's life history.

We looked at people's care records and found they incorporated people's life history. This was useful information that would assist the staff in building up a relationship with people which was based on their interests. People's likes and dislikes were also captured within care records.

Staff we spoke with were knowledgeable about maintaining people's privacy and dignity. One care worker said, "I treat people with respect and ensure they feel at home living here. It is important to treat people well and involve them in their care." Another care worker said, "I think it's important to speak to people in a respectful manner, involve them when completing care tasks and offer people choice."

Is the service responsive?

Our findings

We spoke with people who used the service and their relatives and asked them if they felt involved in their care/relatives care. Most people felt involved in their care package. One relative said, "I was fully involved in assessing [my relatives] needs." Another relative said, "Somebody from the family comes every day. We have good idea of what's going on. Mum knows most of the staff from the community as they all live around here." However one relative said, "I have never been asked what we think of the care or asked to contribute to a plan."

We looked at care plans and found they reflected people's needs, although they lacked a person centred approach. We spoke with the registered manager about this and they informed us that they were currently working on the care plans. We saw that care plan evaluations took place regularly. We saw these were very repetitive and mostly recorded 'no change.' We looked at one care plan belonging to a person whose needs had changed but this had not been documented in the evaluation.

Staff were sometimes task focused and this sometimes meant that people did not receive person centred care. For example, one person was sat at the table in a wheelchair which had a name on the side of it. This indicated that the wheelchair did not belong to them. We also saw that staff placed aprons on people at mealtimes to protect people's clothing. However, this was done in a very task focused way and rushed. This meant that staff did not place the aprons in a way to ensure people's dignity was respected.

The service did not have a dedicated activity co-ordinator to plan and deliver activities. However, people we spoke with told us that the staff planned activities such as board games, tournaments/skittle tournaments, various entertainers, chair aerobics, baking and trips to the local community centre. People said that they were currently involved in planning the Christmas events. We saw that regular meetings with people who used the service took place to discuss their needs and preferences. The minutes were published and displayed in the home. One person explained that they had a 'comedy corner' on the main notice board. This was a space where the person designed and printed out jokes and humorous articles for people to enjoy.

On the day of our inspection we saw staff were actively engaging with people and chatting with them. During the morning three people were seen laughing and chatting as they enjoyed peeling and preparing the potatoes for the main meal. This was a daily activity that different people chose to join in with.

People we spoke with told us they took part in activities such as the gardening club, singers and entertainers and trips out to events such as pantomimes. One person said, "I love the singers and entertainers that come in. I love to have a dance." Another person said, "We have not been on an outing for ages." Another person was looking forward to the pantomime and said, "I have put my name down to go to the Pantomime, I can't wait."

The service had a complaints procedure which was displayed in the home. People we spoke with and their relatives knew how to complain and they told us they would inform staff if they were unhappy with their

care. One person said, "I always say it like it is. I would say if I wasn't happy." Another person said, "Make no mistake, I can stick up for myself if I have a problem I would let everyone know and they know it."

The registered manager kept a record of complaints they had received and documented what action was taken. This showed that complaints had been dealt with in a timely manner and in line with the registered provider's complaints procedure.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post who was supported by a team of care team managers. The registered provider had systems in place to monitor the quality of the service. The registered manager completed several audits such as medication, infection control, staffing, building and premises, and health and safety. We found that the audit process had not always highlighted the concerns we raised as part of this inspection. For example, the infection control audit had not identified the issues regarding hygiene found on our tour of the premises. We also saw that care plan audits had not identified concerns with care records such as the repetitive nature of the care plan evaluations. Particularly where 'no change' had been recorded each month and had not identified changes in people's care.

We also saw that some audits had highlighted concerns which had not been addressed fully. For example, the weight audit identified that someone was losing weight, but no action had been taken to address the concern. A review completed by the operations director in September 2017, highlighted that care plans needed to be more person centred. The care plans we looked at on this inspection still required work to ensure they were person centred.

The home had a 'quality improvement plan' in place, which indicated that most actions were completed. However, we found some actions were still outstanding. For example, the action plan stated that food and fluid charts needed to reflect food and drink taken and this needed to be accurate. We looked at food and fluid charts on our inspection and found they were lacking in detail and some meals were not recorded.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems in place to monitor the service delivery were not always effective.

We spoke with people who used the service and their relatives about the leadership and management of the home. They were happy with the service they received at Rowena House.

Some relatives felt very involved and others less so. Although relatives and friends spoke highly of the registered manager, not all the families knew the registered manager so well. One person said, "The manager is very nice, but I don't see much of her." Another person said, "The manager is smashing, she is so friendly." Another said, "I don't know the name of the manager, but I always see the staff if I have a problem." Relatives we spoke with said, "The management are marvellous, nothing is too much trouble," and, "I cannot express my gratitude fully. Without the support of this management team my family would be in despair."

People and their relatives were invited to meetings to discuss aspects about the home and to voice their opinions and suggestions. When speaking with people and their friends and relatives, they were absolutely confident and sure that their thoughts and ideas were acted upon. The registered manager created a mini action plan from the minutes of the meetings. One person said that their ideas for fund raising had been acted upon. Another person said, "The meetings are where you make things happen, [the registered manager] says, this is your home you need to make the changes."

We spoke with staff who felt supported by the management team. One care worker said, "I think we have a great staff team. We help each other and pull together." Another care worker said, "The management make it clear that residents come first."

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 associated with people's care were identified but not always managed appropriately.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to monitor the service delivery were not always effective.