

Rowley Care Ltd

# Rowley House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Rowley House Nursing Home is a residential care home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 35 people in one adapted building.

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

Although improvements had been made, we found they had not been fully embedded. People's total fluid intake was not always recorded. Whilst we found no evidence of harm, systems for managing people's medicine during a period of respite was not effective.

Sluice and laundry room doors were unlocked allowing people unsupervised access to COSHH products. This posed a risk to the people who lived at the home. A fire exit was blocked by wheelchairs, although they were removed by staff. Whilst most safeguarding issues were raised and acted on, we found one concern where the registered manager had not identified a potential safeguarding involving another agency.

Improvements had been made to the governance systems. Including regular audits being carried out, however they had not identified the errors or incidents we found.

Improvement had been made to people's risk assessments, which were up to date and reflective of their current needs. Infection, prevention and control systems in place were effective. People were supported by enough staff who were trained to meet their needs. Lessons were learnt when things went wrong.

We found improvements to assessments of people's capacity to consent to their care and treatment. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to eat and drink to maintain a healthy diet although records were not consistently updated. People's needs were assessed, and care was delivered in line with their preferences and requirements. Staff worked with other health and social care professionals and people had access to healthcare services. The home was adapted to meet people's needs.

People were supported and well treated and had input into their care and decisions made. Staff respected people's dignity and privacy and promoted their independence. Improvements had been made to ensure people's care plans were more person-centred. People's communication needs were met, and they were supported to follow interests and maintain relationships. The provider acted on complaints to improve care. People's end of life wishes were considered.

The registered manager had improved the culture in the home and staff and managers shared an open and

honest and person-centred approach to care. The provider acted on their duty of candour. People, their relatives and staff were involved in the service and changes had been made to the home to improve the quality of care being delivered.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 6 January 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider had met previous enforcement actions and with a new registered manager in place there had been vast improvements. However, not enough improvement had been made and the provider was still in breach of regulation. The service remains rated requires improvement, it has been rated requires improvement for the last four consecutive inspections.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

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

#### Enforcement

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

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

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

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Rowley House Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

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

#### Inspection team

This inspection was carried out by one inspector and one inspection manager.

#### Service and service type

Rowley House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. We telephoned the provider from outside the home to find out the COVID-19 status in the home and discuss the infection, prevention and control measures in place.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, senior care assistant, domestic supervisor, administration assistant and a cook. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and other requested records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the safety and welfare of people and demonstrate medicines were effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvements had been made since our last inspection, not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- At our last inspection we found people's fluid intake was not being effectively monitored. At this inspection whilst we found improvements were made, it had not been fully embedded. One person's fluid intake was not consistently monitored, and their fluid charts did not always record total intake. This person had a catheter inserted and their fluid intake was often under their required amount. Their records showed they had been hospitalised three times due to catheter related issues. Therefore, although there was no evidence to suggest this was due to their fluid intake, consistent monitoring was required.
- We found the process in place to ensure people on respite care received their medicine was not always effective. We identified one incident where a person had come into the service without the correct medicine and this was not immediately followed up by the staff team. Although we found no evidence of harm this put the person at a significant health risk.
- We found the sluice room doors and a laundry door were unlocked which contained potentially harmful items. Some people who lived at the home self-mobilised and therefore could access these rooms. Health and safety guidance suggest these doors should be locked at all times to prevent people from gaining unsupervised access.
- We also found wheelchairs were blocking a fire exit. Staff moved these without prompting, but concerns were raised to the registered manager around the fire risk created by exits being blocked.

These issues constitute a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager planned to further support staff with monitoring people's fluid intake. They also looked at their processes in place for respite care to mitigate the risk of it happening again.

- At our last inspection we found people's risk assessments did not correlate with their care plan. At this

inspection improvements were made and most of people's risk assessments had been updated. They were reflective of their current needs and now correlated with their care plan.

- Safety checks were regularly completed for risks in relation to equipment and the premises.
- Most of people's medicines were received, stored, administered and disposed of safely.
- Improvements were made to the recording of people's Medicine Administration Records (MAR). Following the last inspection, the registered manager had returned to paper MARs to enable them to have greater oversight and ensure staff were completing the MAR correctly.
- People's 'as and when required' medicines included up to date, specific protocols for staff to follow. This ensured people received their medicine as prescribed.

Systems and processes to safeguard people from the risk of abuse

- Whilst we found most safeguarding issues were raised and acted on, we found one incident where the registered manager had not reported a potential safeguarding involving another agency.
- A resident had returned from hospital and some bruising had been identified by staff. A comprehensive health body check was completed to ensure effective monitoring however, the provider had not referred these observations to the local authority. Following discussions with the registered manager they told us they would contact the local authority going forward for similar incidents.
- People were protected by staff who were trained to recognise and report on potential abuse.
- One person told us "I feel safe here, nothing worries me, but I would tell someone if it did."

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, we found doors were unlocked which contained Control of Substances Hazardous to Health (COSHH) items. When prompted these items were removed. We also signposted the registered manager to review their use of fans during the pandemic, as staff went to use one during our visit.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach

Staffing and recruitment

- People were supported by enough staff. We observed staff meeting people's need in a timely and effective manner. One person told us "The staff are very good, they are not appreciated enough, they come as quick as they can when I call them."
- Staff were recruited following the completion of pre employment checks which included requesting references to ensure staff were suitable to work in the home.
- The registered manager had significantly reduced the number of agency staff used to support people. This meant people were supported by a consistent staff team.
- Staff we spoke with confirmed they had the right information, skills and training to meet people's individual needs. Managers were supporting staff to complete their training modules.

### Learning lessons when things go wrong

- Improvements had been made since our last inspection and lessons were learned when things went wrong.
- When people had accidents and incidents, they were documented and reviewed. When necessary action was taken to mitigate the risk of future harm.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to accurately identify if people had capacity to make decisions. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the last inspection we found people's care plans did not clearly identify if they had capacity to make decisions in relation to their health and welfare. At this inspection improvements were made to assess people's capacity to consent to their care and treatment.
- People's care plans now detailed decision specific assessments in relation to their health and welfare in line with the MCA.
- People's records documented family involvement and health input where required for decisions made.
- Improvements had also been made to the process of DoLS applications, which ensured people's liberty was restricted appropriately and in line with legal authority.

Supporting people to eat and drink enough to maintain a balanced diet

- People's fluid intake was not always effectively recorded, however people were consistently offered food

and drinks throughout the day. One person told us "There's plenty to eat and drink, I wouldn't want to be anywhere else."

- People's nutritional needs were assessed and reviewed and those on soft and pureed diets were catered for. No one at the time of our inspection had any specific dietary needs such as requiring a vegetarian diet however we were assured this could be catered for if needed.
- A new cook was recently employed and was in the process of putting together a new menu with various options. If people did not like the main meal, they were offered something else. We saw lots of choice for tea and breakfast options. People were also offered yogurts, crisps and biscuits when the snack trolley came around, twice a day.

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

- People's needs were assessed, which supported staff to deliver care in line with people's preferences and requirements.
- People's assessments were up to date and included any protected characteristics, such as their religion and we saw records detailed involvement of relevant persons.
- People's care plans were formulated from their assessments; they were reflective of people's current needs and provided staff with information to effectively care for people.

Staff support: induction, training, skills and experience

- People were supported by staff who received an induction when they started work and ongoing training to ensure they could effectively meet people's needs.
- At the time of our inspection most staff had completed 100 percent of their training modules.
- Staff confirmed they had the right training to support people. Staff received additional guidance and support through team meetings, supervisions and annual appraisals. One staff member told us "The training is definitely effective, and managers are always offering different courses."
- Staff worked as a team to care for the people who lived at the home. This meant their experiences and knowledge were shared to effectively meet people's needs. One relative told us, "The staff all know what they are doing."

Staff working with other agencies to provide consistent, effective, timely care

- People received consistent, effective and timely care which included relevant input from health and social care agencies.
- People were seen by professionals as and when required. Staff made relevant referrals and sought advice and guidance to ensure people's needs were effectively met.
- People's care records detailed multi-disciplinary team input. These included GP's, speech and language specialists, district nurses, dieticians and end of life health practitioners.

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

- People were supported to live healthier lives and access physical and mental healthcare when required.
- People's health and well-being was monitored and encouraged by staff. The activity coordinator supported people to exercise and people's independence was promoted by staff.
- We saw people leaving to attend their health appointments with staff support. Where any healthcare input was required, it was all documented in people's care records.
- People had oral healthcare assessments completed to support staff to deliver care in line with national guidance.

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

- The home was an old building which had been adapted to meet people's needs.

- People were supported and encouraged to individualise their bedroom with personal belongings.
- There were signage and posters displayed to help the people who lived at the home orientate themselves as they moved around the building. Adapted bathrooms and equipment were provided to meet people's needs.
- People could spend their time in their bedroom, in the lounge or the dining room. The home had outdoor space which enabled people to enjoy fresh air throughout the day.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported and well treated with their equality and diversity respected through their care plans and daily life.
- Staff spent time with people, to engage and listen to them. One person told us "Staff look after you here, it is like a hotel".
- People's care records detailed any protected characteristics to ensure staff understood their individual needs and how they would like their needs met.
- Staff treated people with compassion. One relative told us "Staff are very kind".

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

- People had input into their care and were involved in any decisions made.
- People's care records were reflective of their input and views. For example, how they liked to receive their medicine.
- We found most people had positive interactions with staff and when staff delivered care, it was in line with people's wishes. One person told us "I am happy here and staff meet your needs."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and promoted their independence. One person had frequent access to the office phone and was left in privacy to communicate with their relative.
- We observed staff knocked on people's doors before entering and discretely spoke to them, so they were not overheard. This helped maintain people's privacy and dignity.
- People were supported with their independence and their choices and preferences were respected and promoted through their care plans and daily life.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At our last inspection people's care plans were out of date and contradictory, they also did not consistently contain personalised information. Improvements were made since our last inspection to people's care, ensuring it was personalised and records were up to date.
- People's care plans had been reviewed and were now person centred and up to date to meet people's changing needs. They contained information which was clear for staff to support people reflective of their current needs and preferences. For example, one person's care record was updated following an incident of self harm. It detailed a relevant risk assessment to guide staff on meeting the person's current need.
- People and their loved ones were involved in the planning and reviews completed of their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met, and they were supported by staff, documents and equipment when required.
- The registered manager demonstrated their understanding of the AIS and told us information was available in larger prints.
- People had access to a communication book which included pictorial formats. This helped support people in understanding information as well as encouraging their communication where required.
- People had access to a computer which had an extra-large keyboard. This assisted people when communicating with others.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At our last inspection people's care records did not always detail their relatives. Improvements had been made, and people's care plans now contained those who were of importance of them. People were also supported to maintain relationships with their loved ones.
- The activity coordinator had worked hard to engage people in meaningful activities. We observed several activities during our visit, where people were to join in if they wanted to.
- One person told us the activity coordinator had "Done a good job, activities have improved, you can exercise and play card games."

- People were supported to maintain their faith while living at the home. A catholic priest visited two people on a regular basis and the activity coordinator was in the process of gaining a Christian vicar to come in to offer prayers to others.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints handling procedure in place with a complaints process poster displayed in the hall for people, their relatives and any visitors.
- The provider followed their procedure and investigated complaints and documented actions taken. We saw one response to a complaint which included the application of the providers duty of candour.
- People we spoke with did not have any complaints or concerns, although they were aware of how to raise them if required. One person told us "Nothing could be better".

#### End of life care and support

- People's preferences during their final days were considered and recorded in their care plan.
- People had respect forms in place and anticipatory medicine where applicable. Do not attempt cardiopulmonary resuscitation (DNACPR) documents included people and their relative's input.
- Staff had support from the end of life health team, who provided advice and guidance to meet people's individual wishes.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the governance systems in place were not effective to continually assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvements had been made since our last inspection, not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- We found improvements were made since our last inspection, however they were not completely embedded to ensure all areas for improvement were identified.
- Although actions were put in place following the medicine incident, the registered manager had not ensured an effective system was in place to support people with medicines during a period of respite.
- We found whilst a comprehensive body map was completed for a person's identified bruising, a potential safeguarding had not been acted on.
- As identified at our previous inspection, there were still issues around the recording of people's fluid intake. We were aware the registered manager had put systems in place to improve this, however they were not being fully utilised by all of the staff team.

These issues constitute a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found improvements to the audit systems in place. Regular audits were completed and areas to improve were identified and actioned.

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

- Managers and staff shared a positive culture which was person-centred and inclusive.
- Staff confirmed there was an improved culture and management structure since the registered manager and deputy manager had been in post. Staff stated the improvements have helped them as well as the people who lived at the home. One staff member told us "The manager and deputy manager know how to do things, the residents seem happier, more content."

- Staff felt supported by managers, they were complimentary of them and confirmed they were approachable. One staff member told us, "I feel so supported; it has been great having new management." This culture encouraged staff to achieve good outcomes for people.

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

- The provider, registered manager and staff shared a culture of being open and honest when things went wrong.
- Staff were encouraged to be open and honest and share learning to make improvements to people's experiences of the home.
- People's records detailed when the provider acted on the duty of candour.

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

- People, their relatives and staff were involved in the service and their views were encouraged and respected.
- People and their relatives were provided with the opportunity to comment and share feedback on areas such as; activities, food, feeling welcome, the option to practice their faith and any specific needs they had. This enabled people to make suggestions to help improve the care they received.
- Staff were engaged and involved through team meetings, and surveys. Staff feedback included a high proportion of positive responses.
- Managers and seniors met every morning to discuss the day, this included catering and cleaning staff.

Continuous learning and improving care

- Since our last inspection the registered manager had made several improvements to the home.
- The registered manager had implemented systems to effectively monitor and improve the quality of care people received.
- People survey forms were reviewed and provided the registered manager with areas to improve. One highlighted food portions were too small and did not offer enough variation. This had been actioned and different food portions were available, and they were now varied and nutritious.

Working in partnership with others

- The service worked in partnership with other health and social care professionals to effectively meet people's needs.
- Since our previous inspection the provider had worked with the local authority to make required improvements, to ensure good outcomes were achieved for people who lived at the home.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk associated with people and the environment were not always monitored and managed.</p> <p>There was not effective procedures for managing people's medicines during a period of respite.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems were not fully embedded to ensure improvements were made to the service.</p>