

MacIntyre Care

Rowan Close

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

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Rowan Close provides accommodation and personal care for up to six people with a learning disability, physical disability and/or autism. The home is set at the end of a small cul de sac close to local amenities. The home comprises a large bungalow with two lounges, two kitchen/diners, a sensory room and a choice of bathrooms and showers. The home has its own private garden which has sensory mobiles and chimes.

Rowan Close 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 care service has been 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 using the service can live as ordinary a life as any citizen.

There was no registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run. The current manager was in the process of applying for their criminal records check at the time of our inspection.

Quality assurance and auditing systems were in place. However, these needed to be fully embedded to ensure they were implemented consistently. Safety of equipment and infection control checks were not always effective in identifying issues.

The management of medicines had improved significantly although improvements to the quality of information when changes were made to people's MARs was still required. People received their medicines as prescribed from staff who had been trained and were competent to do so.

Staff received guidance in how to keep people safe from harm and abuse and understood how to report any concerns.

Risks associated with people's health, safety and welfare had been identified and assessed. Emergency

evacuation procedures were in place and known to staff.

There were sufficient staff deployed on all shifts with the right skills to meet people's needs and keep them safe. Recruitment procedures were in place to ensure only suitable staff were employed.

Improvements had been made to ensure staff received training, supervision and appraisal to provide them with the required skills, knowledge and competencies for their roles.

People's rights were protected because staff understood the principles of the Mental Capacity Act (MCA) 2005) and asked for their consent before providing any support. Deprivation of liberty safeguards had been submitted to the local authority for authorisation when required.

People were offered a choice of fresh, home cooked food and a choice of drinks that met their preferences and dietary needs. People were supported by staff to maintain their health and wellbeing and had access to a range of healthcare services when required.

Staff were kind and caring and treated people with dignity and respect. People were encouraged to make choices and retain their independence and maintain relationships with people who were important to them. Family and friends could visit at any time.

People and their relatives were involved in planning their support and care. Support plans were detailed and described how people wanted to receive their support. People took part in a wide range of activities and events both at home and in the community.

The provider was working towards meeting the Accessible Information Standards. Staff used a variety of communication methods to communicate with people, including nationally recognised sign language, which helped them to make decisions about their support.

People and relatives were offered opportunities to feedback their views about their care and this was used to help improve the service.

The provider had a complaints procedure and any complaints were investigated and responded to appropriately.

There was a positive, supportive and open culture within the home. Staff felt supported and listened to by the manager and management team who were visible and approachable.

Although not yet registered, the manager understood their responsibilities under the Health and Social Care Act 2008, including submitting notifications of events as required to the commission.

We last inspected the service in February 2018 when we rated the service inadequate with seven breaches of regulations. The home has made significant improvements and these now need to be embedded to ensure consistency of the delivery of the service.

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 has improved and requires further improvement to be safe.

Equipment checks and medicines management had improved although further work was required to ensure consistency. Risks were assessed and actions taken by staff to mitigate any risks.

Recruitment processes ensured only suitable staff were employed. There were sufficient staff deployed to meet people's needs and keep them safe.

Safeguarding procedures were in place and understood by staff.

Requires Improvement ●

Is the service effective?

The service had improved and is now effective.

People received support to enjoy a healthy and balanced diet that met their dietary needs and preferences.

People were supported to maintain their health and wellbeing and had access to a range of healthcare services when required.

Staff understood and worked within the principles of the MCA. DoLS authorisations had been applied for appropriately by the registered manager.

Improvements had been made to ensure staff received regular training, supervision and annual appraisal and felt supported in their roles.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service has improved and is now responsive.

People were involved in the planning of their care as much as

Good ●

possible along with family and staff. Care plans were detailed, person centred and up to date.

Staff engaged people in meaningful activities which provided stimulation and interest both at home and in the community.

The provider had a complaints procedure which was implemented appropriately when a complaint was raised.

Is the service well-led?

The service was not always well led.

The home did not have a registered manager, although the manager was in the process of completing their application to register.

Quality assurance and auditing systems were in place to monitor, assess and improve the quality of service delivery. These had not always identified some issues and needed further time to fully embed.

People's care records and records relating to the management of the home had improved and were well organised and accessible.

There was an open and supportive culture in the home. The manager was approachable and staff felt listened to. There were opportunities for staff, people and relatives to contribute their views about the home.

Requires Improvement 

Rowan Close

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. We also inspected to check the home had continued to make improvements following our inspection in February 2018 when it was rated as inadequate.

The inspection was carried out on 19 & 23 October 2018 by a one inspector. The inspection was unannounced.

Before the inspection we reviewed all the information we held about the service including previous inspection reports and notifications. Notifications are events that happen in the home which the provider is required to tell us about in law. The provider completed a 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 also reviewed minutes of safeguarding meetings which took place following the concerns we raised at our previous inspection. We used all of this information to help us decide what areas to focus on during our inspection.

People who lived at Rowan Close were verbally unable to tell us their views about their care so we observed how staff engaged and interacted with people and how they responded throughout the inspection. We spoke with five care staff, two agency care staff, the manager, the area manager and the audit and standards officer. We also spoke with a visiting healthcare professional. Following the inspection, we spoke with two relatives and received feedback from one other healthcare professional.

We looked at six people's care records and pathway tracked two people's care. Pathway tracking enables us to follow people's care and to check they had received all the care and support they required. We looked at records related to the management of the home, including incidents and accidents, medicines management, staff recruitment and training records and systems for assessing and improving the quality of the service provided.

Is the service safe?

Our findings

At our previous inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 in relation to people's safe care and treatment. Medicines were not well managed, risks to people had not always been identified and mitigated and there were insufficient staff deployed to meet people's needs. We also found a breach of Regulation 13 of the Health and Social Care Act 2008, Safeguarding people from abuse as safeguarding concerns had not always been identified and reported as required.

At this inspection we found significant improvements had been made and the provider was now meeting the regulations, although some improvements were still required to fully embed some safety monitoring systems and ensure these were consistently followed by staff.

At this inspection a relative told us they thought the home was safe. They said, "It feels like there has been an improvement, especially in the environment. It's a good, safe environment."

At our previous inspection we found that risks to people's health, safety and welfare had not always been identified or mitigated which put them at risk of harm. For example, regular checks of equipment, such as hoists, had not been carried out as required. At this inspection we found that new processes had been put in place to monitor and improve safety within the home although some further improvement was required. Room and equipment checklists were completed daily by staff. However, we found these were not always completed effectively and therefore the safety of equipment and infection prevention could not always be assured. For example, staff had ticked one person's checklist to say they had visually checked their bed and bed rails and all was in order. However, we found the vinyl cover on one of the bed rails was damaged and peeling and the fabric underneath was exposed. This meant the covers could not be hygienically cleaned effectively to prevent potential infection risks. The area manager arranged for new covers to be purchased immediately and these arrived on the second day of our inspection. The vinyl cover on the arm of another person's wheelchair had peeled off exposing the fabric underneath creating an infection risk. This had not been identified during the daily equipment checks.

A staff member had been designated as health and safety lead for the home and was responsible for monthly health and safety checks in the home. Appropriate maintenance and servicing of equipment, such as hoists and firefighting equipment took place. An external contractor carried out monitoring of the water system to reduce the risks associated with legionella. We had requested a copy of the home's legionella risk assessment from the manager which they told us was held by their water management contractor. A risk assessment enables the provider to ensure that any hazards are identified in relation to the safety of water at Rowan Close and follow up any actions required. Following the inspection, they sent us a procedure for monitoring legionella although we had not received a copy of the risk assessment at the time of writing the report. Environmental risks had been identified, such as lone working; going out in the home's vehicle; security of the premises and risks in the kitchen, and guidance was in place for staff to help reduce any risks.

Individual risks associated with people's health conditions had been identified such as risks of seizures; choking and malnutrition, and guidance was in place for staff in how to mitigate the risks. Whilst staff had a

good understanding of the risks to people and how to manage these, they had not all signed to say they had read the risk assessments as required by the provider.

At our previous inspection we found that the management, ordering, storage and disposal of medicines was unsafe and people did not always receive their medicines appropriately due to the shortage of trained staff. At this inspection we found that medicine's management had improved significantly although some processes were not always consistently followed by staff. For example, some handwritten changes made on people's Medicine Administration Records had not been signed by the staff member making the changes or witnessed by a second staff member in line with national good practice guidance. This is an important check to ensure information has been transcribed correctly and to reduce the risk of medicine administration errors.

Systems had been reviewed and were now effective in ensuring the safe ordering, storage and disposal of medicines. An arrangement had been put in place with a new pharmacy and medicines were now delivered in pre-prepared blister packs which made administering medicines easier and safer for staff. A dedicated medicine room had been created which was clean, tidy and well organised. We looked at four people's medicine administration records (MARs) and saw there were no gaps in recording of medicines that had been given. We carried out a spot check of medicines and found that all medicines were accounted for. Regular medicines audits were carried out by staff and the provider and where issues were identified, action had been taken to prevent further occurrences. For example, an issue with new medicines had been identified. New medicines were now highlighted as an alert on a page at the front of the person's medicine's record to ensure it was not missed by staff.

Staff had completed medicines training and were observed to ensure they were competent before being able to administer medicines without supervision. We observed staff administering people their medicines and saw that it was carried out competently. People were shown their medicine and staff explained to them what they had done when, in some cases, this was then placed in yoghurt or other foods to be more easily swallowed.

At our previous inspection we found there were not enough staff deployed appropriately on each shift with the right skills to meet people's needs and keep them safe. For example, people were unable to go out in the community when they wanted to and medicines had been given at a different time to fit in with when there were trained staff on shift. At this inspection we found improvements had been made. Staffing had been reviewed and additional hours had been agreed with the funding authority. Four staff were on shift each morning and three staff on shift each afternoon to cover the core shifts. Ad hoc hours were contracted to enable staff to flexibly support people with accessing community activities and additional one to one support in the home. A staff member told us, "Staffing is much better. [The manager] is more flexible with shifts when you need it." Another staff member said, "Staffing was terrible. They're doing more now." A third staff member told us, "Staffing is fine. We negotiate if we need to do something. There are always four on shift and usually a driver now as well." There were part time staff on the rota who were employed specifically to cover driving people to and from community activities. Where agency staff were employed to help cover some shifts, these were regular staff who knew people well. A staff member told us, "We have really good agency staff who provide continuity. They feel like one of us!" A relative told us, "I'm not sure if the staffing levels have gone up but it looks like it. [Our family member] certainly has more going on than [they] used to."

At our previous inspection we found that safeguarding procedures were not always followed. People were not always protected from potential abuse or improper treatment because concerns had not always been identified and reported. At this inspection we found that people were protected from abuse and improper treatment. Staff had received updated training in how to recognise safeguarding concerns and keep people

safe from abuse. They understood their responsibilities to report any concerns to their manager or external agencies such as the local authority safeguarding team or the CQC. Any concerns had been referred appropriately.

Recruitment processes were in place which ensured only suitable staff were employed. All staff had completed an application form with their employment history, had attended an interview and provided satisfactory employment references. Staff had a Disclosure and Barring Service (DBS) check before their appointment was approved. DBS checks allow employers to make safer recruitment decisions.

Fire safety systems were in place and checked regularly. For example, fire door release systems, emergency lighting and daily checks of exit routes. Staff received fire training and fire drills were carried out periodically. Each person had an individual emergency evacuation plan which provided guidance for staff in what support they would need in the event they needed to leave the building in an emergency.

Is the service effective?

Our findings

At our previous inspection we identified breaches of Regulation 11 of the Health and Social Care Act 2008, in relation to consent, Regulation 14 of the Health and Social Care Act 2008, nutritional needs and Regulation 18 of the Health and Social Care Act 2008, staff supervision, training and appraisal. At this inspection we found significant improvements had been made and the provider now met the requirements of these regulations.

At our previous inspection we found that staff had not been provided with guidance to ensure people received a healthy, balanced diet suitable for their needs. Staff had not received appropriate training to support one person with their Percutaneous endoscopic gastrostomy (PEG) feeding and unsuitable foods were prepared for pureed meals. PEG feeding is where a person is fed through a tube surgically passed into their stomach through the abdominal wall. There was a reliance on frozen and processed foods and there was an absence of fresh fruit and vegetables. At this inspection we found that improvements had been made. Staff had received appropriate training and people were supported to eat a balanced and healthy diet which met their dietary needs. Most menus had been produced in picture form and showed a wide variety of meals. We observed people being supported with their meals, which reflected those on the menu on both days of our inspection. Food was prepared from fresh produce and included fresh vegetables and fruit and prepared appropriately for people's needs. For example, for people who needed their meals to be soft or pureed. Staff had guidance about which foods were suitable for pureeing and had received training in how to support people who had PEG. A staff member told us, "They have quality food now. We do the shopping and know what they [each person] can and can't have. It's healthy and balanced. We do the cooking from scratch. It's so much better."

Staff offered practical assistance and encouragement to people to help them to eat and drink. One person did not want to take their drink from one member of staff so they swapped over and another staff member supported the person and succeeded in giving them their drink. One person was able to eat by themselves and staff encouraged them to retain independence when eating. A choice of drinks was offered at mealtimes and throughout the day.

At our previous inspection we could not be assured that people had received follow up treatment as recommended by their healthcare professional. At this inspection, we found that people were appropriately supported to maintain their health and wellbeing. A relative told us, "Staff are well aware of [our family member's] health conditions. They know him well and can tell us how he is." People's care records recorded health appointments and visits from health care professionals and any recommendations or treatment plans were followed up appropriately. People had access to a range of preventative health care services, such as dentists, opticians and chiropodists. Where staff had concerns about people's health, prompt referrals were made to health care professionals such as a GP or district nurses. A visiting GP told us, "They seem to know people really well and if they're not quite right. They make appropriate referrals and have information ready beforehand and are always very helpful." People were also referred to specialist services such as occupational therapists, physiotherapists and speech and language therapists when required.

The provider had put in place a baseline health assessment for each person. This identified what was 'normal' for each person in relation to each area of their health. For example, for pain, agitation, sleep, continence, seizures, pulse and breathing. Staff completed a daily health care calendar which they compared against the baseline assessment to aid them in the monitoring people's health with results showing green, amber or red. Clear guidance was in place for staff to refer to along with any actions that should be taken if any of the observations were amber or red, such as to call the doctor or contact emergency services immediately. One member of staff told us, "It took a while to complete all the baseline assessments, the normal patterns for them [people]. We must read these with the health care calendar, It's a good tool." They went on to say it was very useful when referring any health concerns to health professionals.

At our previous inspection we found that staff had not been supported through appropriate training, supervisions and appraisals to help them undertake their roles. At this inspection we found that improvements had been made. Ample formal and informal opportunities were made available to staff to discuss any issues or concerns with the manager. Each staff member had received an annual appraisal to discuss performance, job roles, goals and training needs. Staff told us they felt very well supported by the manager who provided support, advice and guidance when needed. One staff member commented, "I have regular supervision with [the manager]. I can raise issues. She's so much better."

Staff had renewed their key training to ensure they were up to date with their skills and knowledge. This included first aid, moving and handling and Mental Capacity Act (MCA) 2005. Other specific training, such as dysphagia, epilepsy and dementia had been completed by staff to provide them with additional knowledge of how to support people with these conditions.

New staff received an in-house induction and were also required to complete the Care Certificate. This is a national set of standards which staff are required to meet when working in social care. The induction included shadowing experienced staff, attending training and completing a probation period. Agency staff told us they had been required to complete an induction when they first attended a shift at Rowan Close which included shadowing permanent staff. One regular agency staff member confirmed, "My first shift was on nights so there was more time to ask questions. I learnt about the alarms and sensors, read the care plans, got to know about them, what they like to do and the risk assessments. It was really meaningful."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At our previous inspection we found that the provider had not acted in accordance with the MCA and people's rights had not been protected. At this inspection we found significant improvements had been made. Staff understood and worked within the principles of the MCA. Appropriate assessments had been completed and best interest decisions, involving relevant people, had been made when required. People also had access to advocacy services to support in decision making where required. Throughout our inspection we noted that staff asked people for their consent before providing any support.

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 application procedure for this in care homes is called the deprivation of liberty safeguards (DoLS). At our previous inspection the provider had not submitted DoLS applications which covered all relevant restrictive practices. At this inspection we found the manager had submitted appropriate applications to the local authority for authorisation where required.

The building had been adapted and provided wide corridors and doorways and lowered worktops in the arts and crafts kitchen to allow accessibility for people using wheelchairs. Specialist baths were installed with bath chairs for ease and safety.

Is the service caring?

Our findings

A relative told us the staff were very good, very caring and treated their family member as an individual. They said, "They are very good at that."

The atmosphere in the home was calm, happy and friendly. Staff had positive relationships with people who in turn seemed relaxed and comfortable with the staff. People were encouraged to be involved with the daily life in the home and spending meaningful time with others in communal areas. We saw that people were present with staff in the kitchen/dining room and observed there was a lot of laughter, smiles and banter. A staff member said it was good for people to be involved and told us, "It's their home."

Staff treated people with dignity and respect, were considerate towards them and acknowledged their feelings. For example, we observed a staff member ask, "[Name] can I just move you for a minute to turn [another person] around." Another staff member accidentally knocked the edge of a person's wheelchair and quickly said, "I'm sorry [Name]." A third staff member had mixed a person's drink but it was not the correct consistency. They said, "I do apologise [Name]" and they went to make a fresh drink.

Staff engaged with people and were attentive to their mood and behaviour. They cared about people they supported and wanted them to be happy. One staff member said, "I'm passionate about it. I want to make sure they have opportunities and benefit from it." Another staff member told us how they had helped to calm a person when they became agitated. They said, "I brought him down here (to the arts and crafts kitchen) and he calmed straight away. He's enjoying this (a hand massage). He's really relaxed now." We observed another staff member re-assuring a person by gently rubbing their back and saying kindly, "Are you alright [Name]?" One person had a sight impairment and was unable to see. We observed staff used regular appropriate physical touch to provide re-assurance and to let them know who it was who was sitting next to them.

Staff knew people well and the things that were important to them. People were supported to maintain relationships with their families through regular visits or video messaging. Staff had put arrangements in place to support one person to visit their family this Christmas.

Staff encouraged people to maintain their independence and make day to day choices. For example, showing people a choice of drinks for them to choose from or asking them if they wanted to help staff to do the shopping. We observed staff were patient when supporting people and ensured they had the time they needed to make decisions. Care plans included guidance for staff about how to enable people to do as much as they could for themselves. For example, one person's personal care plan informed staff to ensure they gave the person extra time they needed to complete their personal care tasks.

The provider was working towards meeting the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. Staff at Rowan Close used a range of communication methods including the use of body language and gestures, showing objects of reference

and pictures. We observed some staff also used nationally recognised sign language to communicate with people to good effect.

Staff understood the importance of maintaining confidentiality. Appropriate action was taken to ensure paper and computer records were only accessed by those who had authority to do so.

Is the service responsive?

Our findings

At our previous inspection we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008, relating to person centred care. At this inspection we found that significant improvements had been made and the provider was now meeting the Regulation.

At our previous inspection we found that people's care plans were not always accurate or up to date. Information was sometimes conflicting or had been copied from one person's plans to another person's plan and was not relevant to them. One person, who had moved into the home, had not received an appropriate pre-admission assessment and important information had not been passed on to staff to enable them to support the person appropriately.

At this inspection, we saw that care plans had been re-written and were now more detailed, person centred, accurate and up to date to reflect individual people's needs. The manager told us, "I started from scratch. I didn't want to rush. It's a work in progress. There's still more I want to do." One new pre-admission assessment had been completed which was very detailed. It provided a thorough picture of the person, their support needs, likes preferences and things that were important to them. We saw that staff had been involved in meetings to discuss the person's support needs and to ask any questions so they were prepared before the person moved in to the home. A healthcare professional told us they had visited the home to see one person. They said, "I did look through the care plans and records for this resident and felt that they were person centred and detailed – the person, needs and preference were well known and were reflected in the care plans. As part of the assessment I spoke to the resident's family who were very happy with the care their relative received and did not identify any issues of concern."

People's support was planned with them and with people who knew them well, such as relatives, friends and staff. A relative told us they felt involved with their family members' care and support. They said, "We're very happy that [our family member] is here. It's the best possible place for [them]. We're involved and kept informed." However, another relative was not so positive and told us they had not been kept informed of progress about their request to purchase an item to support their family member with their personal care. We spoke with the manager who told us they were waiting for specialist advice from a health professional about this and they would chase it up. People's care plans included information about their life histories and the things which were important to them such as favourite activities, communication and choice and control over their life. Other important information included guidance for staff about how people preferred to receive support, for example with their personal care, mobility, skin integrity and nutrition. Some people and their relatives had also recorded their wishes for their end of life and funeral plans.

At our previous inspection we found concerns about the lack of engagement between people and staff and saw people spent a lot of time sitting in their wheelchairs in the lounge without any attention or stimulation. There had also been very few opportunities for people to access meaningful community activities which met their interests. At this inspection we saw there had been significant improvements. Staff supported and engaged people in living their daily lives to the fullest. People were encouraged by staff to be involved in activities within the home as much as they could. If they weren't able to get involved practically, the staff

involved them through discussion. For example, talking about how they were cooking the meal while people sat watching in the kitchen/dining room. Another person liked to go out into the garden with staff to watch them cutting the grass and hedges. Staff spent one to one time with people, for example, playing games, doing jigsaw puzzles and colouring. Staff arranged an impromptu music session in the garden for a small group of people who we observed enjoying listening to staff playing a guitar and generally chatting and spending time together. The sensory room had been cleared of clutter and provided a stimulating environment which had been decorated for Halloween. We observed people using the room to listen to music, watch colourful fish swimming around a large fish tank or coloured lights moving and reflecting around the room. A relative told us, "We went to the Halloween party. They had an animal handler there with chinchillas and snakes. It was great for them [people] to touch and feel. They have the event every few months." They told us people were being more actively involved.

People had been given more opportunities to access community activities, which included helping staff to go shopping. One person got very excited when they were asked if they would like to go. A staff member told us, "[The person] loves going shopping." Another staff member told us, "There's more going on. We have arty people coming in when they [people] join in one big session. We had someone come in with animals and there's other small things going on. Laundry and shopping, sorting out their own clothes. They're rarely in the lounge now, that's mainly social time in the evenings. We all tend to make most of the time." People's daily records showed they took part in regular external activities which included; hydrotherapy, walks, shopping, visiting the charity shops, going out for dinner with family members and going to the community centre.

The home had a formal complaints procedure. The home had received one formal complaint in the past twelve months. Records showed this had been investigated and the complainant had been responded to by the manager in writing outlining the actions taken. We saw the complainant had written back to the manager and were satisfied with the response.

Is the service well-led?

Our findings

At our previous inspection the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 relating to the management and governance of the home.

The previous registered manager had not been effective, supportive, open or transparent in their role. They had created a poor culture which had led to low staff morale and lack of trust. The provider had not maintained robust oversight to ensure the registered manager had met their responsibilities under the Health and Social Care Act 2008. We identified serious failings in key areas of service delivery, safeguarding, staffing, health and safety, risk management, medicines management, nutrition, healthcare, training and supervision, MCA 2005 and DoLS, person centred care, management and culture, systems for monitoring and assessing the quality of the service. The provider sent us a detailed action plan and made a commitment to put things right. Interim managers had been put in place following our previous inspection to start the process of implementing change. The current manager had continued this with support from the area manager, the audit and standards officer, senior and other managers.

At this inspection we found significant improvements had been made and the provider was now meeting the requirement of the Regulation. This was a work in progress and new systems and processes needed time to further embed.

At our previous inspection we found that quality assurance systems, in place to monitor the quality of service and help drive improvements, were not always effective and had not identified the concerns we found. At this inspection we found significant improvements had been made. Revised quality monitoring and auditing systems were in place, for example, for medicines, health and safety and equipment. Whilst improvements were seen, these processes needed time to fully embed to ensure they were implemented consistently by staff. The audit and standards officer had visited the home regularly to review the progress towards the action plan alongside the manager and the area manager. There had also been ongoing support from senior management and other specialist staff. The area manager told us, "[The audit and standards officer] is an independent auditor. They report straight to [head of safeguarding] not to me. The CEO [Chief Executive Officer] comes every few weeks and will tell me if something's wrong. What happened here created ripple effect through the organisation. We'd relied on systems. It had never failed. Now it has, we needed to learn from it. There has been a culture change, leadership change and a huge amount of work. The staff have worked really hard. I think we're there now."

The home did not have a registered manager at the time of this inspection. The current manager had transferred to Rowan Close from another home run by the provider but had not yet submitted their registration application to CQC. They told us their registration process had been delayed due to personal reasons although they had submitted their information to the Disclosure and Barring Service and were awaiting the outcome of their criminal records checks before submitting their application to CQC.

At our previous inspection we found the culture within the home was not open, transparent or supportive. Staff had told us they did not feel listened to or empowered by the registered manager. At this inspection we

found improvements had been made. Staff told us things had improved. They felt listened to by the [current] manager and could go to any of the management team for support. The area manager told us they liked a call from a member of staff on shift every Friday for feedback about how they were feeling and how things had been for them that week, what had gone well and if there was anything they could do for them. We saw minutes of recent staff meetings where the manager had explained their role, their key objectives and what they expected from staff and in return what staff could expect from her. She had asked staff to say what they wanted and needed from her. She also gave staff permission to challenge her. She said she expected staff to tell her when they thought she was wrong about something and to report her to their line manager if staff felt she was doing anything detrimental to the service.

Staff all told us the home was much happier and people were more relaxed. One staff member told us, "I feel more involved. [The manager] is really nice. She values you." Another staff member said, "We're getting back to where we used to be. The manager listens to you if you have any concerns." A third staff member told us, "Everything is so different. It's so much better. I'm really happy now." A fourth staff member said, "It's a lot better. We have a manager who understands the guys [people] and staffs' needs, who's there and available, listens to our concerns and queries and is open to anything. She's a breath of fresh air. A manager you can go to. What a difference. If I had a concern I could go to her instantly and can speak about it. She never belittles. I honestly feel everything has improved."

At our previous inspection we found that incidents, accidents and near misses were not always identified, recorded, investigated and learnt from. At this inspection we found that staff had received guidance in how to identify any incidents or near misses. These were recorded and investigated, actions taken where necessary and any learning shared with staff.

At our previous inspection we found that records relating to people's care required improvement and records relating to the management of the home were disorganised and not always accessible. At this inspection we found significant improvements had been made. People's records had been reviewed and re-written to ensure they were accurate, up to date and reflected people's current needs. Records relating to the management of the home had been updated and reorganised to ensure information was readily available. Staff had access to records within their area of responsibility and authority.

Regular staff meetings had taken place to keep staff updated and inform them of any changes to their roles and responsibilities during the recent period of significant change. Minutes showed staff had also discussed medicines, activities, professionalism, new hours and shifts and person-centred support. The manager had involved staff in the PIR to help them understand what is expected by CQC.

Communication had improved within the team and systems were in place to ensure this remained effective, such as handover meetings, a communication book and a daily diary. Staff understood their roles and responsibilities and were committed to the vision for the service. The staff team worked well together and shared out responsibilities throughout each shift. However, one relative told us they felt communication from the home could be improved as they would like more regular feedback about their family member.

There were ad hoc opportunities for staff and relatives to give their views about the home as well as formal surveys. Staff had completed a survey asking them how they felt about working at Rowan Close following all the recent changes. Positive comments included; 'More relaxed and happy than before,' although one comment was not so positive. The manager had acted on this. Formal surveys were sent out annually. However, the provider had not sent out a survey to relatives during the period of significant change which may have helped the management team to re-assure and assess their satisfaction at this time.

Although not yet registered the manager had a good knowledge of their responsibilities under the Health and Social Care Act 2008 and submitted relevant notifications of events to the commission when required.