

Veatreedy Development Ltd

Rowan Tree Lodge

Inspection report

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Date of inspection visit:
24 April 2018

Date of publication:
31 May 2018

Ratings

Overall rating for this service

Requires Improvement 

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|----------------------------|---|
| Is the service safe? | Requires Improvement  |
| Is the service effective? | Good  |
| 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 24 April 2018 and was unannounced. The last inspection of the service was 19 & 20 April 2017 and the rating for the service following this inspection was Good.

Rowan Tree Lodge 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.

At the time of the inspection 10 people were living at Rowan Tree Lodge. The care home is a large detached house converted into a nursing and care home for 16 older people.

At the time of the inspection there was no registered manager in post. The current manager who was present for the inspection had resigned and was due to leave this month. Following the inspection the provider informed us a new manager had been appointed and was due to start their employment at the service in May 2018. 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.'

During this inspection we found the provider was in breach of one regulation of the Health and Social Care Act (Regulated Activities) Regulations 2014. The breach related to a lack of governance arrangements to assess and monitor standards in the care home. We also raised concerns around a number of records as they were inconsistent. For example, people had a plan of care however we found they lacked information. This meant there was a risk staff did not have the guidance needed to support people safely and in accordance with their individual needs.

We also found some further progress was needed with regard to medicine practices to support the safe management of 'as required medicines', the application of creams and for people who wished to look after and administer their own medicines. We have made a recommendation regarding this matter.

We walked around the home and observed that three fire safety doors were not closing securely on their rebates; this included the fire door in the lounge. These doors were fixed during the inspection by the maintenance person to promote fire safety. Other areas of the home and equipment were safely maintained. Environmental risks were recorded and required actions taken to ensure safety of the premises.

Overall, we found the home to be clean though we were concerned regarding the cleanliness of the laundry room. This was brought to the area manager's attention to action. People told us the home was kept clean.

Sufficient numbers of suitably skilled experienced and trained staff were employed to provide care for

people in accordance with their individual needs. During the inspection the area manager increased the provision of domestic hours to support more robust cleaning of the laundry room.

Staff had a good understanding of people's individual care needs and sought advice from external professionals to promote people's health and wellbeing. People spoke positively regarding the care and support they received from the staff.

Our observations showed good interaction by the staff with people they supported. Staff were attentive, kind and respectful in their approach. People and relatives told us the staff respected their rights and wishes regarding day-to-day activities.

Risks to people's safety and wellbeing were recorded to enable staff to support people safely whilst promoting their independence. Accidents and incidents were recorded and an analysis undertaken to look for trends or patterns to minimise the risk of re-occurrence.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed in that an assessment of the person's mental capacity was made.

Staff understood the concept of safeguarding and knew how to report any concerns. Records evidenced safeguarding referrals to the local authority had been made appropriately.

People were offered a good choice of meals which took into account people's dietary needs and requirements. People told us they enjoyed the meals.

There was an informal programme of staff led social activities. The area manager appreciated this needed to be improved to provide more choice and stimulation.

The service had a complaints' policy and procedure. Complaints received had been logged and responded to appropriately. People and relatives told us they felt able to raise any issue with the staff.

People living in the home, relatives and staff were positive about the management and leadership of the service.

There were systems in place to consult with people who used the service, to assess and monitor the quality of their experiences.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications. The ratings from the previous inspection were on display in accordance with requirements.

You can see what action we took at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

There were safe processes in place to support people with their medicines. However, some improvements were needed.

Staff had an understanding and were aware of their responsibilities with regard to protecting people at risk of harm from abuse.

Sufficient numbers of staff had been recruited safely to provide care and support in a timely manner.

Risks to people's health, safety and wellbeing were assessed and managed in a manner that promoted both independence and safety.

The environment and equipment was subject to service contracts and safety checks.

The cleanliness of the laundry room needed to be improved as it was cluttered and dirty.

Is the service effective?

Good 

The service was effective.

Staff had a good understanding of people's individual care needs and sought advice from external professionals to promote people's health and wellbeing.

The manager complied with the principles of the Mental Capacity Act 2005 and requirements of the Deprivation of Liberty Safeguards. People's choice was promoted and staff sought consent prior to supporting people.

Staff were supported through training, supervision and appraisal to carry out their role effectively.

Staff were knowledgeable regarding people's dietary needs and people told us they enjoyed the food.

Is the service caring?

Good 

The service was caring.

The home presented with a friendly and warm environment.

People told us they care from polite and respectful staff. This we observed during the inspection.

People and their relatives were included in decisions about their care and support.

Confidential information was securely locked when not in use.

Is the service responsive?

Requires Improvement 

The service was not always responsive

People's plan of care lacked information around care and support. This meant there was a risk staff did not have the guidance needed to support people safely and in accordance with their individual need.

A process for managing complaints was in place and relatives knew how to complain. Complaints received had been responded to.

An informal social activities programme was in place which was being extended to provide more engagement and stimulation.

Is the service well-led?

Requires Improvement 

The service was not consistently well led

There was no registered manager in post. Following the inspection we were informed of the appointment of a new manager.

The service's governance arrangements to assess and monitor standards were not always effective to ensure a safe well managed service. Records were inconsistent to evidence care and safe management.

The service was led by a management team who were approachable and respected by people, relatives and staff. Staff told us the culture of the service was open and transparent.

There was a system in place to get feedback from people and/or their relatives so that the service could be developed with

respect to their needs and wishes.

The rating from the last inspection was clearly displayed within the home.

Rowan Tree Lodge

Detailed findings

Background to this inspection

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

The inspection was prompted in part by information we had received regarding the lack of registered manager for the service and information of concern around the maintenance and safety of the premises.

The inspection of Rowan Tree Lodge took place on 24 April 2018. The inspection was unannounced and the inspection team consisted of two adult social care inspectors.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR 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. Prior to the inspection, we reviewed the information held on Rowan Tree Lodge. This included notifications we had received from the provider such as incidents which had occurred in relation to the people who lived at the home. A notification is information about important events which the service is required to send to us by law.

We spoke with the provider's area manager, the manager of the service, a nurse, two care staff, a member of the domestic team, the administrator and maintenance person. We also spoke with three people living at the home and three relatives. We contacted the local authority for feedback regarding the service however there was no current feedback.

During the inspection we spent time reviewing a number of records. These included the care records of four people who used the service, three staff personnel files, staff training matrix, medication administration records (MARs), audits (checks), complaints, accidents and incidents and other records relating to the management of the service. We undertook general observations of the home, including the general environment, décor and furnishings, bedrooms and bathrooms of some of the people who lived in the home. We also observed part of a medicines' round to ensure this was conducted safely.

Is the service safe?

Our findings

We asked people whether they felt safe in the home. All of the people we spoke with living at Rowan Tree Lodge said they felt safe. People commented, "I've been here for some time. I wasn't safe at home but here is really good" and "Yes, they (staff) take care to make sure your alright – I'm very reassured to be here." People told us there were enough care staff to support them. Our observations were that people received safe support with day-to-day activities.

Medicines were overall managed safely although we identified some areas where records could be clearer.

We reviewed five medication administration records (MARs) and found these were clearly completed. We could see that people had received their medicines. One person told us "I always get my medicines on time." There were records to track whether people had been administered topical preparations (creams) and we saw completed records in people's bedrooms which care staff had signed. We noted the records did not always indicate where the cream was to be applied (body part) and we discussed this with the manager who told us they would include this information. Discussions with staff confirmed their knowledge of prescribed creams.

Some people were prescribed PRN medicines (medicines to be given when needed). The support plans for these lacked detail. For example, one support plan for paracetamol stated 'for pain' but did not detail further. The manager stated the support plans would be updated to ensure clearer detail which could help ensure consistency of administration. We heard staff asking people if they were comfortable and if they needed painkillers.

There were no people currently managing their own medicines although we saw records that indicated they had been asked about this. One person we spoke with confirmed they had been asked on admission but had preferred and consented for staff to monitor their medicines. Two people were observed to have inhalers which they appeared to be administering themselves on a PRN basis although this was unclear as there were no records of these medicines. One person's inhaler was kept in their room but there was no assessment available as to the suitability of this. We were told that in the other case the person's family had brought the inhaler in and this was not currently listed on the MAR. The manager stated they would ensure records identified their usage and current status.

We recommend the provider considers current guidance for 'as required' medicines, topical preparations and self-administration of medicines and take action to update their practice accordingly.

We watched some people being given their lunchtime medicines. The nurse gave medicines in a kind and patient way and signed the records after the person had taken their medicine. Medicines that should be given at specific times to be effective were given at the right times. Any handwritten entries were signed by two people, which helped to prevent mistakes. The MARs contained a continuous record of stock reduction so it was very easy to ensure a correct stock count of medicines.

A medication policy was in place. Nursing staff who administered medicines had received medicine updates and had undergone a competency assessment to ensure they had the skills and knowledge to administer medicines safely to people.

Some medicines need to be stored under certain conditions, such as in a medicine fridge, which ensures their quality is maintained. If not stored at the correct temperature they may not work correctly. The temperature of the drug fridge was recorded daily. This helped to ensure the medicines stored in this fridge were safe to use.

Controlled drugs (CDs) are prescription medicines that have controls in place under the Misuse of Drugs legislation. We saw controlled drugs were stored appropriately and records showed they were checked and administered by two staff members. Two of the CD's in stock were checked and the balance was correct.

The PIR stated 'retention of staff at Rowan Tree Lodge has been quite stable over the last 12 months and the management team work to successfully motivate staff and demonstrate that they value their contribution'. When we spoke with care staff it was clear that staffing numbers were stable with most of the care staff having worked at Rowan Tree Lodge for a number of years. Staff we spoke with were committed to the home and told us they covered extra shifts when possible to ensure staffing levels remains constant. Staff commented they did work well as team and supported each other to provide safe care. Staff told us how much they enjoyed working at the home.

We found there was sufficient staff to carry out care in a timely and effective manner. During the inspection people were supported by two care staff, a domestic member of staff, the manager and a registered nurse. The maintenance person was present and also the area manager attended the inspection. We saw people received care on time and were not left for long periods. Although care staff were expected to also cover laundry and some kitchen duties, they reported they were not 'pressured' in their work and could carry out care effectively. At times when people needed to attend hospital in an emergency there was a senior manager always on call, including night time.

We checked how staff were recruited and the processes followed to ensure staff were suitable to work with vulnerable people. We looked at two staff files and asked the manager and administrator for copies of applications, references and necessary checks that had been carried out. We saw these checks had been made so that staff employed were 'fit' to work with vulnerable people.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to senior managers. Training records confirmed staff had undertaken safeguarding training. All of the staff we spoke with were clear about the need to report through any concerns they had and contact numbers for the local authority safeguarding team were available for staff referral. Staff said they understood the concept of whistle blowing. Whistleblowing is where staff are able to raise concerns either inside or outside the organisation without fear of reprisals. This helps maintain a culture of transparency and protects people from the risk of harm.

We had previously received concerns regarding the safety and maintenance of the environment. On inspection we found overall arrangements were in place for checking the environment was safe. For example, health and safety audits were completed where obvious hazards could be identified. Any repairs that were discovered were reported for maintenance and the area needing repair made as safe as possible. We saw there was work still being completed to upgrade the home. This included ongoing work to repair the roof. This had exposed at least one person to risk as water had been leaking into the person's room which may have affected their wellbeing and safety. For people placed at risk, the manager has completed a risk

assessment and remedial actions were put in place. Other work was being completed to repair the floor in the kitchen. Work to the front drive was also pending on completion of the roof repairs.

We observed three fire safety doors were not closing securely on their rebates; this included the fire door in the lounge. This had the potential to place people at risk in the event of a fire. All of these doors were fixed during the inspection by the maintenance person. We were shown recent health and safety monitoring checks carried out but these did not include routine observations of fire door closures, although we were told these were checked on routine fire alarm tests. A recent inspection by the local authority fire safety officer on 11 April 2018 had found safe systems in the home.

We saw personal emergency evacuation plans (PEEP's) were available for the people resident in the home to help ensure effective evacuation of the home in case of an emergency.

We spot checked some safety certificates such as gas and electrical safety, legionella safety and fire safety and these were all up to date and well maintained. There were three new first aid kits supplied in the home at various points of access.

We found the home to be clean and hygienic in people's bedrooms, bathrooms and toilet areas. Protective personal equipment, including gloves, aprons and anti-bacterial hand wash was available. The kitchen area was maintained in a clean state and improvements to the flooring were being actioned to ensure the floor could be easily cleaned in the future. Practice was supported by audits carried out to help ensure standards were maintained. The audit we saw carried out on 30 March 2018 by the area manager covered all areas of the home including the outside laundry which had been 'ticked' as satisfactory on inspection. We inspected the laundry and found it could be improved with respect to cleanliness. The laundry room floor was dirty and in need of cleaning and shelving was also cluttered which made it difficult to clean. The area manager, during the inspection, made arrangements to allocate more cleaning hours (five days a week) to accommodate more thorough cleaning. We discussed the possibility of a designated care staff, allocated daily, for laundry duties as this may help further reduce the risk of cross infection.

Risks to people safety and wellbeing were recorded to enable staff to support people safely whilst promoting their independence. These included nutrition, falls, mobility and pressure area care. The risk assessments recorded appropriate preventative measures to help mitigate risks. Staff told us they were informed of risks and how to care for people in a safe manner. For example, one person's dependency assessment included the assessment for the safe use of bedrails. This was clearly recorded with required actions to ensure the person's safety.

Accident and incidents were recorded and an analysis completed to assess any potential trends or patterns. With regard to a recent medicine incident we saw where lessons learned had been shared with to minimise the risk of re-occurrence. Appropriate actions had been taken and recorded following the incident.

Is the service effective?

Our findings

People and relatives told us that staff were competent and had the skills and knowledge to support them effectively. A relative said, "They (staff) are very good at caring for (family member), they would always contact a doctor if needed." A person said, "The staff take care of me very well and I really feel so much better since being here."

Records showed that people were supported by care staff and external health and social care professionals to help maintain their health and wellbeing. Advice, care and treatment was sought from relevant health and social care professionals, such as social workers, doctors, chiropodist, dietician and palliative care team. People living in the home told us they could see their GP whenever they wanted to and that staff made the necessary arrangements. In accordance with people's assessed need, staff recorded people's dietary and fluid intake and completed turning charts (when people need to be moved in bed to prevent their skin from becoming red or broken). These charts help to monitor and provide an evaluation of care.

Staff received training and support which provided a good knowledge base to deliver effective care. The training programme was ongoing and courses undertaken, included, infection control, moving and handling, safeguarding, fire safety, first aid and food hygiene. Other training gave staff specialist knowledge in the service's care delivery, such as dementia awareness; future training dates were planned for respect and dignity and person centred care. New staff received an induction and worked alongside more experienced staff when they commenced their employment. The area manager informed us no staff were currently required to be enrolled on the Care Certificate. The Care Certificate is the government's recommended blue print for induction standards. The manager enhanced staff learning with supervision and an annual appraisal. Supervision sessions between staff and their manager give the opportunity for both parties to discuss performance, issues or concerns along with developmental needs. Staff told us they completed training in care, such as, an NVQ (National Vocational Qualification) and also the service's training programme. Nursing staff maintained and updated their professional development.

People were supported to maintain a healthy and balanced diet. People told us they liked the meals and were able to choose from a varied menu. Feedback from recent relative/resident surveys however recorded that meals could be improved. The area manager informed us a new menu was being devised and this would include input from people living at the home and relatives to ensure it was to everyone's liking.

The main meal of the day was prepared at Ascot Lodge Nursing Home (a sister home owned by the same provider) and transported to Rowan Tree Lodge. We had previously received concerns regarding the temperature of the meals and also the lack of choice. A recent food hygiene inspection by the council had not raised any concerns regarding the transport arrangements and temperature of meals served. The temperature of the food was checked and recorded prior to being delivered to Rowan Tree Lodge from Ascot Lodge Nursing Home and also prior to be served at the home. We saw meals were transported in appropriate containers to maintain the temperature. During the inspection the meals were served hot.

The menus took into account people's dietary preferences and nutritional needs. The menus were displayed

and this included a menu board which recorded the menu of the day. This was not however best placed for people to see and we brought this to staff's attention. Staff asked people what they would like to eat for their main meal and people were offered two choices for lunch. Although the main meals were prepared at the provider's sister home, snacks and lighter refreshments were prepared and served at Rowan Tree Lodge. Fresh fruit was available and people were offered plenty of drinks and snacks throughout the day.

A number of people sat at the dining room table for their meals and staff support was provided when needed. Some people preferred to have their meal in their room or served on over arm chair tables; staff respected these wishes.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. 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.

The manager was able to discuss examples where people had been supported and included to make key decisions regarding their care. Records supported good practice and understanding although in two examples we found records could be clearer. This was most notable with one person who lacked the capacity to make decisions for themselves as stated verbally by the manager, but who had a 'Do Not Resuscitate' (DNR CPR) in place without any clarity as to whether the person's capacity had been assessed by the GP. The manager contacted the GP surgery during the inspection for a review of this. In another example we found records relating to whether a person's relative had a Lasting Power of Attorney (LPA), to act in their best interest, was not clear and was contradicted in some records (this was clarified later in the inspection). Overall, however, records regarding people's consent showed consent had been agreed and /or assessed in line with good practice. For example, the records we reviewed contained people's signatures in care plans when possible to say they had consented to the care provided and were involved in the care planning process. A person we spoke with told us the staff always asked them first before supporting them and their consent was obtained. They also told us they were involved and had agreed to their plan of care. A relative confirmed that their family member's consent was sought around day-to-day decisions and they were involved where appropriate.

There were examples where a person's mental capacity to make 'key' decisions' regarding care and treatment had been assessed using the standard 'two stage' mental capacity assessment tool. For instance, assessments for the decision to live in the home or for ongoing placement. We discussed whether this particular decision could be assessed pre admission when possible. We also saw individual assessments regarding consent had been carried out for a person who had bedrails in place to help ensure their safety. This showed staff understood the key principles involved in supporting people to make their own decisions regarding their care. The manager and area manager felt confident of their understanding.

Staff had applied for a number of people to be supported on a Deprivation of Liberty (DoLS) authorisation. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

Areas of the home had been decorated and the area manager told us this work was ongoing. We discussed future plans which included the work to the rear garden to ensure for people to enjoy in the warmer weather.

Is the service caring?

Our findings

People and relatives told us the staff were caring, attentive and polite. A person described staff as, "The dream team" and that support and care was "First rate".

The service had a 'keyworker system.' This linked people using the service to a named staff member who they worked more closely with. It was evident staff knew people very well and had a good understanding how people wished to be supported and were respectful of people's rights, choices and wishes. Staff spoke fondly about the people they cared for and told us, "The residents are our priority, we are here to look after them and they are our family."

We observed staff supporting people with various tasks and staff ensured this was carried out in a sensitive, caring, patient and respectful manner. For example, supporting people to the bathroom, support with meals and administering medicines. We saw positive cheerful interaction between the staff, relatives and people they supported. People's rights to privacy and dignity were respected. Staff addressed people by their preferred name and discussed their support in a respectful manner. Staff knocked on bedroom doors and waited to be asked in before entering. People appeared at ease and comfortable with staff; there was laughter and chatter throughout the day and humour used appropriately. A person living at the home told us the atmosphere was very 'homely' and this was due to the "Staff's kind nature." A relative commented on how lovely it was that the staff considered 'residents living in the home' as their own family.

The PIR informed us the staff ensured 'residents have freedom of choice and adhere to individuals preferences'. We saw people's rights and choices were considered. Staff told us that people could choose how to spend their day, for example, some people liked to have their breakfast early in their room, whilst others at a later time. Some people preferred to stay in their room and staff told us they respected this decision though always checked whether the person would like to come to the lounge later during the day. We saw how staff promoted people's independence with their walking and the use of equipment to enable them to move round the home freely.

Visitors arrived at different times of the day and they received a warm staff welcome. A relative said they visited at different times of the day and that the care and attention by staff was always good and consistent. We saw there were no restrictions in visiting, encouraging relationships to be maintained.

Relatives told us they felt involved with their family member's care, were kept informed about key care decisions and staff asked for their consent appropriately. Comments included, "I know what's going on and they (staff) will inform me if they were worried about anything." Everyone we spoke with agreed that there was a good understanding of people's likes and dislikes and how they wished to be cared for.

In respect of confidentiality we saw this was securely stored when not in use. People and/or their relatives had been asked to give their consent with regard to sharing confidential information with relevant organisations to help support their care. This consent was clearly recorded.

Information was available to people about advocacy services if they required support to have an independent voice. For a person who had appointed an attorney to act on their behalf there was little information recorded regarding this input and their visits to the home. During the inspection the area manager took prompt action to address this.

Is the service responsive?

Our findings

People had a plan of care to support their care needs. We found some people's plan of care lacked guidance for staff to follow. This meant there was a risk staff did not have the information they needed to meet people's care and support needs effectively and in accordance with individual need and preference.

The PIR informed us that people's plan of care was person centred and described people's care and support. We looked at the care records for three people. People's needs were assessed prior to their admission and used to establish risk and to develop care plans. However we found some anomalies. For one person we found the review of their plan of care did not reflect changes around their care provision. The person's nutritional plan of care recorded their dietary preferences and choice of meals though information was lacking in respect of recent dietetic advice for fortified milk and to continue with meal replacement drinks. The person's personal care needs had also changed. They were now receiving a bed bath rather than a shower and due to a change in their mobility staff were using a hoist to transfer them safely. For another person we saw a good record for wound care which included the wound dressings being used. The care evaluation however lacked detail regarding the recent progress of the wound.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We discussed with the manager the need for more consistent approach when recording, reviewing and evaluating people's care. The manager took immediate action to update the care plans where we identified concerns. Discussions with staff confirmed their understanding and knowledge of people's care. With regards to supporting the person with their mobility we saw staff using the hoist to assist a safe transfer and also the provision of fortified drinks. We did not see any evidence of people not receiving the care and support they needed. For people at risk of falls, staff completed safety checks and technology was available, for example, sensors were located in people's rooms to help reduce the risk of falls.

Staff we spoke with told us they were informed of any changes in people's care and care staff completed a key worker record which provided an informative summary of a person's support and wellbeing over a set period of time.

Care was based on taking into account people's wishes and preferences. We saw this in respect of preferred routine and how people communicated. People's communication took into account any impairment or sensory loss. We saw a staff member checking a person's hearing aid was working correctly as they were concerned the person 'could not hear them as well as they usually did'. Staff made sure people had their glasses with them; these measures helped to support effective communication and minimise isolation.

Our observations and talking with people living at the home and relatives evidenced people were free to make choices. For example, whether or not to visit the lounge, what time to get up, what to eat and when to retire at night. Evidence of people's likes, dislikes, background, hobbies and preferred foods were recorded. Information was also recorded in relation to people's faith, culture and other protected characteristics. A

relative told us how well the staff knew their family member and therefore were aware of 'what mattered to them'. A person told us how they liked to go out in the garden at different times of the day and staff supported their request.

Care staff led the home's informal social activities programme. We saw staff supporting a person with their puzzle and another person with knitting. Some people wanted to watch television and enjoyed taking part in an evening quiz show. A recent trip out for lunch had been arranged and future outings included a trip to Southport promenade and to a coffee shop. Musical entertainment was also being organised for May 2018 as people had fed back they would like more events organised in the home.

People and relatives told us they would speak up if they had a complaint or concern. We saw the complaints procedure was displayed in the main hallway, as well as in the service user guide (a brochure about the service provision). Complaints were recorded, dealt with and responded to in accordance with the complaints' procedure. During the inspection the area manager printed off the service user guide to place in people's rooms as we were told this information had not been provided for people who had recently taken up residency. The manager confirmed this document would be available in large print should this be requested.

There was no one receiving end of life care. Staff were aware of how to provide this support and we saw an occasion where the hospice's palliative care team had been contacted for advice. Staff recorded people's future wishes at the appropriate time. We discussed end of life care training for staff and the area manager said this would be addressed as part of staff's training and development plan.

Is the service well-led?

Our findings

We found the governance arrangements to assess and monitor standards in the care home were not always robust. This included record management which was inconsistent to evidence safe care and management.

To help us determine the governance arrangements we looked at a systems and processes to monitor performance and to drive continuous improvement. This included a number of records relating to areas of practice and completed audits (checks) on how the service operated. We noted that earlier this month the area manager had held a clinical meeting for nursing staff and an agenda item included updating people's care records. However, we found this had not been fully actioned as care audits and reviews had not picked up on the areas of concern we identified. Safety checks/audits for the environment and infection control were completed however we raised issues around fire safety and cleanliness of the laundry room. We reviewed the most recent medicine audits dated 17 April 2018 (weekly audit) and 1 April 2018 (monthly audit). Both were useful audit tools and contained good detail. Both audits had however failed to identify the minor issues in respect of PRN support plans, topical preparations and risk management for self-administration. The provider completed 'quality' reports following visits to the service. The reports we looked at had not picked up on the areas we identified; these shortfalls raised issues around the effectiveness of the current systems to monitor and improve the service.

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

The service has not had a registered manager in post since September 2017. Although the provider had made efforts to recruit a manager we have been concerned regarding the lack of management stability that has occurred over the last eight months. The current manager of the service was leaving this month, however, following the inspection the provider was able to confirm the appointment of a new manager. The area manager informed us they would be overseeing the management of the service and would continue to support the new manager when they commenced their appointment in May 2018.

During the inspection the area manager and home's manager were receptive and responsive to our findings. They undertook a number of actions to improve the service. This included an initial review of care documents and an increase in domestic hours to provide cover five days week. We discussed future plans with the area manager. This included further decoration of the home and also consideration to a sheltered area for people who wish to smoke in the rear garden; there was no covered area for this purpose. The area manager advised us the garden would be landscaped along with the provision of a covered area by the summer and also work to repair the asphalt to the front drive would be actioned; this had been damaged during the ongoing roof repairs. Following our inspection the provider conducted a visit to the home and we saw evidence of actions being taken based on our findings.

The provider had policies and procedures which referenced legislation and required standards to inform and guide staff of their role. Induction material for new staff covered a number of policies to support staff learning and safe ways of working. Staff told us they had access to these documents.

The PIR referred to the management being open, transparent and approachable. We received positive feedback from people and relatives regarding the overall management of the service. A person said, "The home is well run and I am more than happy here."

We found arrangements were in place to liaise with other stakeholders including: local authorities, the health authorities, and commissioners of service. We looked at how people who used the service, staff and others were consulted on their experiences and how the manager and staff acted on their views. We saw this included the provision of satisfaction surveys and internal meetings. People said the staff were receptive to their views and feedback from resident/relative meetings and satisfaction surveys were being 'taken on board'; this included the provision of more entertainment and a change of menu.

Staff told us communication was good and we saw minutes of staff meetings to discuss care, staff training and other matters arising. Staff told us they felt confident 'speaking up' and that their views would be listened to. A staff member said, "It's such a lovely home, I would not work anywhere else."

The manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risk regarding Rowan Tree Lodge.

The ratings from the previous inspection were on display in accordance with requirements.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>People's plan of care lacked guidance around regarding care and support. This meant there was a risk staff did not have the information they needed to meet people's care and support needs effectively.</p> <p>The service's governance arrangements to assess and monitor standards were not always robust to ensure a safe well managed service.</p> |