

Mr & Mrs M O'Connell

Rowley House Limited

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 6 October 2015 and was unannounced. Rowley House provides nursing care for up to 36 people. This includes nine people who are on a health supported programme aimed at helping people to return to live at home. At the time of this inspection 31 people used the service. The last inspection was completed in September 2013 and was compliant with the Regulations we looked at.

The service had a registered manager. 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.

People told us they felt safe and were comfortable; however staffing levels were not always in sufficient number to support people individually and in their preferred way. People told us they experienced delays in obtaining staff support and help.

People and their relatives were not always involved in planning their care and treatment. The care plans did not accurately reflect the care and support needs of people.

Summary of findings

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Some people were not involved with important decision making. The manager told us that they had raised several DoLS referrals with the local authority.

Where people were identified as being at risk of harm, assessments had been completed. Action was not consistently taken to reduce the risks to people and the guidance in the assessments not consistently followed.

People's medicines were administered to them by staff; arrangements were in place for the safe storage, administration and management of medicines.

Staff were trained and were supported to fulfil their role. The provider had a recruitment process in place. Staff were only employed after all essential pre-employment safety checks had been satisfactorily completed. Staff received regular supervision with their line manager.

Recreational and leisure activities were arranged throughout the week. People were given the opportunity to participate in the group activities if they wished to do so.

People were aware of the complaints procedure and knew how and to whom they could raise their concerns.

People's nutritional and health care needs were met. People were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy.

People told us the registered manager and senior staff were supportive and helpful. Checks were made on a regular basis to ensure the quality and safety of the service, however, not all checks completed by the manager and staff identified gaps, shortfalls or omissions in the records.

Summary of findings

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 consistently safe. Staffing levels were not always sufficient to ensure people were supported in a timely way and upon request. Risk assessments were completed when people were identified as being at risk. However staff did not consistently follow the guidance and instructions in the risk assessments to support people with their safety and to lessen the risk. Staff were trained in safeguarding people from abuse and knew where and how to raise concerns. Medicines were managed and stored safely.

Requires improvement



Is the service effective?

The service was not consistently effective. The principles of the MCA and DoLS were followed to ensure that people's rights were respected. However some decisions were being made by the registered manager and staff without due consideration or involvement of the relevant people. People's nutritional needs were met, people told us the food was good and in sufficient quantities. Staff received training to support people with their care and support needs.

Requires improvement



Is the service caring?

The service was caring. Staff were aware of and knew the likes, dislikes and preferences of people. People were treated with kindness and compassion and their privacy and dignity was maintained. People were supported with developing and maintaining their independence.

Good



Is the service responsive?

The service was not always responsive. People and their relatives were not always involved in planning their care and treatment, to ensure the care and support provided met their individual needs. People were supported to engage in activities and hobbies that were of interest to them. Complaints and concerns were dealt with through the complaints procedure. People were aware of the procedure and knew how and to whom they could raise their concerns.

Requires improvement



Is the service well-led?

The service was not consistently well led. Systems and checks were in place to regularly assess and monitor the quality of the service provided. These did not always identify shortfalls in records. Staff told us they felt supported by the registered manager and senior staff team.

Requires improvement



Rowley House Limited

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 October 2015 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. The expert by experience had personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the service. This included notifications the home had sent us. A notification is information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return (PIR) prior to the inspection. 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 used this information to formulate our inspection plan.

We spoke with the majority of people who used the service; some people were able to tell us their experience of life at the home. Some people declined or were unable to, so we spent time in the lounge areas and observed the interactions between people.

We spoke with the registered manager, the Matron, four care staff, five visitors and two health care professionals. We looked at six people's care records, staff rosters, staff training records, two staff recruitment files and the quality monitoring audits. We did this to gain people's views about the care and to check that standards of care were being met.

We also gathered information about the service provided from other sources. We contacted the commissioners of the service; commissioners are people who fund placements and packages of care and have responsibility to monitor the quality of service provided. We contacted Healthwatch Stafford; Healthwatch helps adults, young people and children speak up about health and social care services in Stafford.

Is the service safe?

Our findings

Without exception people told us there were not enough staff to provide care and support to people in a timely way. One person who used the service told us: “There are not enough staff, it is almost lunch time now and I have been waiting all morning for my shower, this happens often, staff say they will come back to help but there is always a long wait”. Staff said that people were not getting the care they needed because they did not have the time to support people in a timely way. Staff told us they felt under pressure to provide the care and support to the people who used the service on a short term basis. This meant that some people experienced delays in receiving the care and support they required in a timely way. We heard the call bells constantly ringing. The registered manager told us they had already identified concerns with the levels of staff and the differences in providing care and support to people on the different accommodation arrangements. They assured us that action was planned and had been taken to improve the situation.

Care staff were aware of their responsibility to report any concerns regarding the safety of people. They told us they would report any concerns to the most senior person on the premises at the time. However, one staff member said they had reported an allegation to a nurse but was unsure that anything had been done about it. We spoke with the registered manager and Matron about this, they offered an assurance that they would investigate the concerns and take action accordingly.

We saw injuries and bruises to the limbs of some people. Care staff told us they would report any injuries to the person in charge immediately. We saw body maps and some care plans had been completed. One care staff had provided support to a person who had bruising to their hands; they confirmed they had not yet reported these injuries. We asked the Matron about these injuries and with the permission of the person we looked at their arms. The Matron was unaware of how the injuries had occurred but took immediate action to investigate the cause and ensure the comfort of the person. The registered manager offered

an assurance that all staff would be instructed and reminded of the importance of reporting injuries immediately to the most senior person at the time the injury was noticed.

People told us they felt safe and comfortable. One person who used the service said: “They look after me okay, I feel safe when they move me from the bed to the chair”. One person sat in the lounge for most of the day, the call bell was out of their reach and no staff were allocated to oversee people’s welfare whilst in this area. This person constantly moved from the lounge to other areas of the home without supervision. We saw the person had mobility problems and used a walking frame to support them. We looked at their risk assessment in regard to their safety and mobility. The person had experienced several falls within a short period of time. The risk assessment had been updated to include the measures to mitigate the risks of injury to the person. The care plan was completed with information and guidance for staff: ‘[The person] should be supervised and encouraged to use the call bell’. This person continued to be at risk of falls because the risk assessments and care plans were not consistently being followed. The registered manager told us the planned improvements to the staffing situation would ensure that staff had the time and support to reduce risks to people.

Staff told us and records confirmed that the provider had an effective recruitment procedure in place. This meant that care staff and nurses that were employed had been subject to checks to confirm they were suitable to work at the home.

We looked at the way the medicine was stored and administered. Medicines were managed safely; we observed medicines, being administered, stored and recorded. People told us the nurses and care staff gave them their medication at set times during the day. The Matron told us they had identified that improvements were needed to ensure external creams and ointments were applied and recorded accurately. New documentation was due to be implemented to ensure that external creams were being used in line with the prescribing instructions and in a safe way.

Is the service effective?

Our findings

One person told us the staff were friendly and always asked them if they wanted anything doing, for example a bath or a shower. We observed that staff discussed any tasks that were required with the person and gained their consent prior to completing the task. We saw some consent forms, for the sharing of information, photographs to be taken and for their care and treatment, had been signed by the person's family member. The registered manager confirmed that specific decisions were made in the person's best interests with the involvement of the person's representative. We saw on a specific document that a person had the capacity to make their own decisions but had not been involved in discussing or agreeing an important aspect of their life. Whenever possible people should be fully involved with making decisions about their life, care and treatment.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We spoke with the registered manager about MCA and DoLS. At the time of our inspection, we found that no-one was being restricted (or denied their rights) under this legislation. The registered manager demonstrated to us that she knew about protecting people's rights and freedoms. She had previously made referrals under this legislation when it was required to keep people safe and to respect their independence.

We spoke with a person who used the service on a short term basis. They told us: "I was very poorly when I came here and the carer's looked after me well and I am much better now". Staff we spoke with had a good knowledge of people's care needs and told us they received the training

to enable them to do their job. They could request additional training topics and subjects if this was needed. One member of staff told us how they had been trained to use a slide sheet when people needed repositioning in bed. Slide sheets are pieces of equipment used to enable people to be slid up a surface or over on to their side, that is, up the bed or rolled over in bed. We saw slide sheets were available in people's bedrooms when repositioning was needed for the comfort and safety of the person.

People offered various opinions of the meals and the food provided. Some people told us the food was good and they enjoyed the meals. One person told us: "The food is cooked well but too soft, it looks freshly prepared but there is no choice, there is only a choice of sandwiches at tea time and a choice at breakfast". We saw the midday meal was served to people in their rooms or the lounge areas. There was no choice of fare but staff told us that people could request an alternative if this was needed. Some people had their food and fluid intake monitored when they were considered to be nutritionally at risk. The monitoring charts were completed throughout the day and the daily amounts of fluids taken were totalled at the end of the 24 hour period.

People were supported to access a variety of health and social care professionals if this was required. For example one person was feeling unwell so their GP was contacted and requested to visit. Another person was seen by a visiting community nurse, the nurse told us that care staff were, 'Helpful'. One person who used the service told us they were supposed to have physiotherapy two to three times per week but hadn't as they thought the physiotherapist was on holiday. We spoke with the Matron about this they offered an assurance that they would contact the appropriate person at the therapy department to discuss the person's concerns and ongoing treatment.

Is the service caring?

Our findings

People told us the staff were kind and caring. One person commented: “The carer’s are friendly; I wouldn’t want to be anywhere else”. Another person said: “It feels like I am being looked after really well, it would be good if there were a few more carers though”. We saw staff were very patient and understanding during their interactions with people. Although staff were extremely busy they tried to make time for each individual person. We observed a member of care staff sat with a person (who was in bed) offering encouragement to have a drink, they were very patient and considerate.

One person told us that they were able to determine what time they went to bed and what time they got up in the

morning. They said: “Sometimes I like to stay in bed a little later in the morning, the staff are okay with this”. We saw staff supported and enabled people to be as independent as they were able.

People’s privacy and dignity was respected. One person said: “When the carers look after me and administer personal care I am treated with respect and the curtains and doors are closed”. We did not see that anyone’s dignity or privacy was compromised.

Visitors told us they could visit at any time suitable for their friend or relative. They told us they always felt at ease and welcomed when visiting. A visitor told us: “I visit whenever I can, and I always find it welcoming and good. I have no concerns”.

Is the service responsive?

Our findings

People told us they had not had the opportunity to discuss their care and support needs with staff. One person was unsure why they were at the service. The person went on to say they had not been offered a shower or a bath in three days. They said: “I was initially put in the lounge with football and then rugby on the television, so the next day I asked not to go back in the lounge and haven’t been there since I stay here in my room”. Staff told us there were no care plans for this person and had no information regarding this person’s care and support needs.

Another person told us they had been at the service for a ‘few weeks’. We saw that both legs were heavily bandaged. The person told us the need for the bandaging but was unsure when the bandages should be changed. We looked at the person’s care records for pressure ulcer prevention. The record did not include any reference to bandages on the person’s legs.

We spoke with the registered manager and the Matron, both agreed that the care plans were not in sufficient detail, lacked information and were not an accurate reflection of the care and support provided. The registered manager told us the nursing staff had been allocated additional time for ensuring records were kept updated and relevant.

Recreational and leisure activities were arranged each afternoon; these were either in groups or on an individual basis. Staff said the programme of activities was flexible and determined by people’s choices at the time. During the morning most people stayed in their own bedrooms, they had their own televisions and radios where they could choose which programme they wished to watch or listen to. Two people used the lounge during the morning, the television was on, however people were disinterested, one person slept for the majority of the morning. A group activity was arranged in the afternoon, people were engaged and reminiscing about their lives, families, hobbies and interests. It was a lively session.

People told us they would speak with staff or their family and relatives if they had any complaints or concerns with the service. The registered manager told us they had received two complaints within the last 12 months. They told us they deal with any complaints received. We saw the complaint procedure had been followed which included the investigation, conclusion and the action taken to reduce the risk of a recurrence. There were many thank you cards displayed at the entrance of the home.

Is the service well-led?

Our findings

The registered manager told us and we saw that checks and audits were completed regularly throughout the year to assess the quality and safety of care the service provided. The checks included accidents and incidents, fire safety and equipment. The registered manager confirmed the checks were sufficient to quickly identify any areas of concern that may affect the running of the service. However, we saw an audit of the care plans had recently been completed which did not reflect the issues we found during our checks on care plans, documentation and accuracy of information.

Staff told us they felt well supported by the registered manager and senior staff, they said they worked well as a team. Staff told us and we saw that they had regular one to one supervision with their line managers to discuss work related issues and their training and development needs. One care staff member told us they felt these sessions were very useful.

Satisfaction surveys were distributed to people who used the service, relatives and staff at intervals throughout the year. One person who used the service said: "I do not

remember them asking me my opinion or to fill in survey forms". The survey was circulated in May 2015. The registered manager considered the responses received and told us that people had indicated a satisfaction with the service.

Since the appointment of the Matron 'open surgeries' have been implemented each week to offer people the opportunity to have time with the Matron to discuss any issues or concerns they may have. People we spoke with did not know about this.

The completed provider information return (PIR) logged the registered manager's plans to continually improve the service. We saw that many of the actions in the PIR had already been completed, for example the training opportunities for staff and the recent appointment of the Matron.

The registered manager told us of further plans to improve the quality and safety of the service. They had plans to refurbish an existing bathroom to create a wet room thus giving people an additional choice of bathing or showering. Part of the plan for the refurbishment was the installation of a sluice/disinfector/macerator to ensure the safe disposal of bodily waste and the cleanliness of commodes.