Care Quality Commission

Rowans Care Limited

Rawlings House

Inspection report

45 Rawlings Crescent, Colchester, Essex
Tel: 01206 842550
Website: n/a

Date of inspection visit: 2 November 2015
Date of publication: 14/12/2015

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 was carried out on 2 November 2015 and was unannounced.

The service provides care and support for up to seven people. On the day of our inspection there were six people living in the service. One person was able to communicate their views to us. Therefore we gathered feedback from people's relatives

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to people had been assessed and action to mitigate the risk recorded. However, risk assessments were not always up to date and did not reflect the risks on the day of our inspection.

The administration of medicines were not recorded accurately and medicines were not stored in an environment which ensured they remained in good condition.

Staff were trained in all essential areas and undertook an induction process when they began working in the service. Staff had also received training to meet the specific needs of individuals using the service. They received regular supervision from the manager. There were sufficient staff to meet people's needs.

Summary of findings

Staff demonstrated knowledge of the Mental Capacity Act 2005 when providing care, giving people choices and time to come to a decision. However, this was not supported by the service documentation with mental capacity assessments not being recorded appropriately or regularly. Applications had been made to the relevant authority under the Deprivation of Liberty Safeguards.

People were not actively involved in decisions relating to their care and treatment. They were not involved in developing their care plans and care plans did not always accurately record the needs of the individual.

Staff cared for people in a respectful and caring manner.

Quality assurance audits were not carried out across the service and were not available to drive improvement.

You can see the action we told the provider to take at the back of the full version of the report.

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?

Requires improvement 

The service was not consistently safe.

Medicines records were not accurate and medication was not stored safely.

Risk assessments were not up to date and did not always reflect risks people may experience.

There were sufficient numbers of staff to meet people's needs.

Is the service effective?

Requires improvement 

The service was not consistently effective.

Staff demonstrated the principles of the Mental Capacity Act 2005 (MCA) when providing care and support. However, records did not show the appropriate application of the MCA.

People received food which met their needs. However, this was not always provided in an atmosphere which provided an enjoyable sociable experience.

People's health and wellbeing were monitored and they were supported to access healthcare services when necessary.

Is the service caring?

Good 

The service was caring.

Staff were kind and respectful of people.

Relatives made positive comments about the caring and kind approach of the staff.

Is the service responsive?

Requires improvement 

The service was not consistently responsive.

Care plans were not person centred and did not always reflect people's current needs.

People were not supported to spend their time as they had said they wanted to.

The service complaints policy was not available in a format which people could readily understand.

Is the service well-led?

Requires improvement 

The service was not consistently well-led.

People were not actively involved in developing the service.

Regular audits were not carried out to monitor the quality of the service and to drive improvement.

Summary of findings

Quality assurance surveys were not carried out in a manner which supported the service to improve.

Rawlings House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 2 November 2015, was unannounced and was carried out by two inspectors.

Prior to our inspection we reviewed the information we held about the service, this included all statutory notifications. A notification is information about important events which the provider is required to send us by law.

Before the inspection, we asked the provider to complete 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 spoke with one person who was able to verbally express their views about the service and three people's relatives. We observed how care and support was provided to people throughout our visit including the midday meal within the communal dining room.

We looked at records in relation to three people's care. We spoke with three members of staff, including care assistants and the registered manager. We looked at records relating to the management of medicines, staff training, recruitment records, and systems for monitoring the quality and safety of the service.

Requires improvement

Is the service safe?

Our findings

Medicines were not managed safely. Some medicines were received into the service in blister packs and some medicine was kept in its original packaging. We checked the number of medicines in stock against the number records showed should be in stock. The medicines in the blister packs matched that which records showed should be in stock. However, medicines held in their original packaging did not always match that which records showed should be held. This meant that we were not assured that people had received their medicines as prescribed.

Some people were prescribed medicines to be administered as and when required (PRN). Care plans did not contain a full explanation of when this should happen. For example one person had medicine available should they ever be in pain. Their care plan did not include information for staff on any signs which might indicate the person was in pain and when the administration might be appropriate. The lack of an explanation could mean that people did not receive their PRN medicines when they required it or may be given it when they did not need it.

Medicines were stored in a room where, on the day of our inspection, the temperature was 28 degrees. Some medicines can deterioprate or be ineffective if not stored at the right temperature. We asked the registered manager if there was a risk assessment in place with regard to the storage of medicines and if the temperature in the room was regularly monitored. They told us there was no risk assessment and the temperature was not monitored. This meant that we could not be sure that medicines were stored safely.

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

Everyone we spoke with told us they did not have any concerns about the safety of people living in the service. One person's relative told us, "The staff are wonderful with [relative]. I trust them implicitly to do what is best." Another relative told us, "It is always clean and [relative] is well looked after, I have no concerns." When asked if they felt safe living at the service, people with capacity, but with limited verbal communication told us through their non-verbal communication that they were satisfied and felt safe.

Staff knew how to escalate any concerns they had in respect of the safety of people and any possible risks of abuse. Staff had been provided with training in awareness of how to protect people from the possible risk of harm or abuse. They were aware of their responsibilities to report any allegations of safeguarding concerns to the manager and local safeguarding protocols and reporting to the local safeguarding authority for investigation.

The service had carried out an assessment of the risks related to people receiving care and support. This included travelling in the service vehicle, moving and handling and accessing the community. However, some of the risk assessments were not up to date and did not reflect the situation on the day of our inspection. One person had a risk assessment for accessing the community but the registered manager could not demonstrate if the information was up to date and relevant. This included actions to take in an emergency. The risk assessments also detailed the specific circumstances of a person accesing the community. However we observed that this was not adhered to. We asked the registered manager about this who said that this was no longer relevant but could not demonstrate how and when this had changed. We could not be assured that risks to people using the service, staff and members of the public were managed appropriately.

Relatives we spoke with told us that there were always sufficient staff available when they visited the service. They told us that they had no concerns regarding staffing levels. The registered manager told us that they worked in the service providing care and support. This 'hands on' time enabled them to assess whether there were sufficient staff available to provide the required level of care. During the inspection we observed that staff had sufficient time to provide the care and support needed. Staff were available to take people out, for example one person had been out to the shops with a member of staff on the day of our visit.

Staff had been recruited through an appropriate procedure including interviewing staff, obtaining satisfactory references from past employers and carrying out criminal records (DBS) checks. However application forms completed by staff members showed some gaps in employment history in two of the three staff records

Requires improvement

Is the service safe?

reviewed. The registered manager told us that he had not had to recruit any new staff for the last three years but would address this in any future recruitment. It is important for employers to explore gaps in work history to satisfy themselves of the reasons behind them.

Requires improvement

Is the service effective?

Our findings

Staff provided care and support to people in a competent and professional manner. We observed staff assisting one person to move using a hoist. They communicated with the person throughout the manoeuvre explaining what they were doing and why, giving verbal reassurance throughout.

We saw records of the staff training programme showing that staff had received relevant training in areas such as moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, and infection control, the Mental Capacity Act and managing challenging behaviour. Certificates and training records in individual staff files matched the recorded information in the training programme. The registered manager told us that the service used an external training provider who was now incorporating the Care Certificate into the training programme in line with best practice. We observed that care staff received training that was specific to the needs of people using the service. For example, where a person had a percutaneous endoscopic gastrostomy tube (PEG) all staff had received training in its management. Staff told us that they felt they had received the training they needed to meet people's care needs.

A member of staff told us that they had worked at the service for four years and were happy at work and felt well supported. Regular one to one supervision was provided to all members of staff by the registered manager. However on review of the supervision notes we observed supervision to be generic and lacking any action plans or proposed follow up to promote future learning and development. Opportunities to support staff to improve their skills, demonstrate and promote best practice were not in place.

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

People can only be deprived on their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

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

When providing care we saw that care staff demonstrated the principles of the Mental Capacity Act 2005 (MCA). We observed staff talking to people in a kind and courteous manner, seeking consent before administering care, giving people choices, providing information in ways to support their understanding and allowing people time to think about their choices. One member of staff provided an example of how they were able to interpret the non-verbal communication of a person they supported to facilitate decision-making. They did this positively rather than making the decisions for them or making assumptions about the person's preferences.

Despite some practical good practice, people's care plans did not demonstrate that people had been consulted and agreed their plans of care. We observed written records of Mental Capacity Assessments within care plans but these were not decision specific and were used as a blanket policy to cover all day to day decisions people may take. In addition there was no evidence of capacity and best interest decisions being reviewed regularly in accordance with the Code of Practice of the MCA. This meant that people who lacked capacity may not have their rights protected and be supported to take part in decisions about their care and support.

This was a breach of Regulation 11 (1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care plans reviewed evidenced that DoLS applications had been made and where appropriate an independent mental capacity advocate had been requested.

One person told us, "The food is good. You have a choice of food. I like Tuesdays, its bangers and mash day….If I don't like something they will make me something else." This person also told us that they often went out shopping for food with the staff.

Requires improvement

Is the service effective?

We observed two people being supported by staff to eat their lunch. People ate their lunch differing times. The dining room was a small room with mismatched tables and areas of paint missing from the wall. We observed staff supporting one person to eat, the person was sitting while the carer stood and bent down to support them to eat. We observed another person eating their lunch while a carer stood leaning on the wall behind them. We did not observe that staff engaged with people during lunch. This did not provide a pleasant environment which encouraged people to enjoy their meal.

We asked the registered manager how they decided on the menu and if people were involved in planning the menu. They told us that people were not directly involved but that all the people had been there for some time and staff had learnt what people liked to eat and that they could ask for something else if they wanted it. However, one person we asked about their lunch told us that they had, "Left my carrots because I don't like them." Although the registered manager told us that people could ask for alternatives there was no indication of the alternatives available to people or staff promoting there availability.

People were supported to maintain good health and have access to healthcare services and receive ongoing health care support. A relative told us, "It is excellent, they go over and above the care [person] needs, any little cough or cold and they tell me and get the doctor if they need to." One person's records evidenced that staff monitored their fluid intake and supported the person in a two hourly indoor walking activity as per the recommendation of external health professionals to maintain their health and skin integrity. Care plans recorded when a person had visited a health care professional and the outcome of the visit with any actions to be taken.

Good

Is the service caring?

Our findings

Relatives told us and we observed that staff were kind and caring. One relative told us how when the family had lost a close relative the registered manger undertook to explain to the person living in the service what had happened. They felt this had been done with kindness and compassion.

We observed staff engaging with people, being polite and respectful of people's wishes and choices. Staff were familiar with the people who used the service and were able to engage with them in a positive manner. We observed two staff members interacting with a person to encourage them to come to the dining room to eat. It was apparent that the person did not consent to being hoisted into a wheelchair. The staff were respectful of their choice and the importance of consent and gave the person time and space, returning half an hour later to check again whether they would like to eat lunch. The person consented on this occasion and three members of staff supported the person with their transfers. They spoke with the person throughout the experience, explaining what would happen and were respectful and reassuring and maintained the person's dignity.

The registered manager told us and we observed that people living in the service had very complex needs making communication difficult. However, the majority of staff had worked at the service for a long time and knew the residents well and were able to interpret non-verbal communication effectively. One staff member told us that when working with a particular person who was unable to verbally communicate, if there was an activity organised they would describe the activity to the person and ask if they wanted to attend. They would then offer their hands to the person to interpret their body language to ascertain whether the person wanted to go or not. The staff member knew the person's likes and dislikes and told us that the person generally enjoyed the mini bus rides more than the activities themselves.

People's records were kept in a locked room which ensured only the appropriate people could access them. Relatives told us that they could visit the service whenever they liked and that they were always made to feel welcome by the registered manager and the staff.

Requires improvement

Is the service responsive?

Our findings

Relatives said they were not involved in people's care planning but that they were happy that the service would, "Do the right thing." One relative said, "No, I have not seen [relative's] care plan but I do not want to, I trust them [service]." One person told us they did not know anything about their care plan. We saw that this person's care plan had been initialled by them. However, it had not been written in a format that would have made it easy for them to understand.

Care plans we looked at were not always person centred reflecting the needs of the individual. For example, one person's care plan gave an objective of 'develop skills required for community living'. There was no explanation as to how this was to be achieved or progress monitored. One care plan contained two records of when a person had exhibited behaviour which challenged others during October 2015. There was also a chart in the care plan which monitored the incidents linked to a person's behaviour with associated cause. However, this monitoring chart had not been completed since February 2015. We asked the manager about this. They were unable to provide an explanation of the reasons the person's behaviour was being recorded or why the monitoring of the records had ceased. Another person had a chart recording exercises they carried out daily. The care plan did not contain a full explanation of the exercises to be carried out, why they were being carried out and what was to be achieved. This lack of information may mean that staff do not provide focussed and consistent care or that people may not receive care which meets their changing needs.

People were not actively involved in decisions regarding their care and treatment. The service arranged an annual holiday but people were not involved in the choice of holiday destination. One person told us, "I'm going on holiday, they choose it but I'm happy to go there." The manger explained that the service chose destinations that could cater for the people's complex needs. We asked the registered manager what involvement people had in planning the weekly menu. They told us that people were not actively involved but they planned these with regard to what they knew people liked.

People were not supported to follow their interests and take part in social activities. When speaking to a person about whether they had enough to do they told us, "I love watching DVD's and playing video games. I like watching football on TV. I don't like to go out to watch football because of the crowds". This person also told us that there was also a pool table at the service but that only the staff played on it. This person's daily records showed that they had spent all of the time in their bedroom either watching TV or listening to music.

Links had not been developed with the local community which could have helped avoid people becoming socially isolated. Some care plans contained a list of activities carried out in the service. These included playing board games and listening to music. The service mini bus which was used to take people on trips out, for example to go shopping. However, we did not find that people were supported to visit destinations of their choice or get involved with the wider community. The lack of involvement also meant there were potentially lost opportunities for people to become interested and involved in local matters. This in turn could support people's independence and choice in their lives.

This was a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 9(3)(a),(b), (c) and (d).

Relatives told us that the registered manager kept in regular contact with them and kept them up to date with any changes to their relative. One person's relative said, "If anything goes wrong [manager] rings me." The manager explained that although there were no formal 'residents' or relatives meetings as they had known the people living in the service for a long time they were able to exchange information regularly on an informal basis such as chat when relatives visited.

The service had a complaints policy. It was not in a format which could be readily understood by people living in the service nor was it readily available to people. The registered manager told that they had not had any formal complaints in the last year and that they believed that this was because they dealt with any issues before they became a formal complaint. It is important that people know how to raise any concerns or commetns about the service so that the provider is able to consider how improvements can be made. In addition if there are similarities or themes from people these areas can be addressed proactively.

Requires improvement

Is the service well-led?

Our findings

Everybody we spoke with was complimentary about the manager. One relative said, "I can always speak to the manager, he knows what is going on." Another said, "I have never had any concerns, the manager is fantastic."

However, we did not see any examples of how people, their family and friends were regularly involved with the service in a meaningful way, helping to drive continuous improvement. Staff felt supported but we did not see that their views were sought or that they were engaged with trying to develop ideas and practices. This was demonstrated in the minutes of the monthly staff meeting and records of one to one meetings which were generic and lacked any action plans or follow-up to promote improvement in the service.

We asked the registered manager what plans they had to develop and improve the service around the environment, which was rather shabby, and the care provided to people. They told us that they were always open to suggestions on improvement but when asked how they planned to improve they were unable to provide a definitive answer. The manager and provider did not have established links in place to help promote and develop best practice within the service.

Quality assurance surveys had been carried out over the last three years. The analysis of these showed that the service received 100% positive feedback in all areas for the last three years. This meant they were not able to be used to drive improvement. However the provider had not explored other professionals, advocates or experts in the type of care they provided for people to help keep them up to date with best practice and drive improvement overall. Although the registered manager told us they subscribed to journals and looked on the internet, they were not actively involved with any organisations which could provide sector specific guidance. This meant that the service could not measure and review the delivery of care and support against current guidance.

The registered manager did not regularly monitor the quality of the service. Regular audits of the premises were not carried out; this had resulted in some parts of the service requiring attention. For example two of the three curtain pelmets in the lounge were coming away and part of the wooden rail on the wall was missing. Audits of care plans were not carried out to ensure they were up to date and contained the required information. This had resulted in care plans not reflecting people's up to date needs as demonstrated previously and not always being accurate. An example of this was one person's care plan which stated they had diabetes, when we asked the registered manager about this they told us the person did not have diabetes and this was an error.

This was a breach of Regulation 17(2) (a) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Medicines were not managed safely

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Appropriate consent was not obtained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Care and treatment did not always meet people's needs and expressed preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The quality and safety of the service was not regularly monitored.