

## Hollybank Trust

# Rowan Court

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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 7 and 13 November 2018 and was unannounced on the first day and announced on the second day. At the last inspection on 17 and 21 August 2017 the registered provider was not meeting the regulations related to safe care and treatment, receiving and acting on complaints and good governance. The service was rated requires improvement in the key questions of safe, effective, responsive and well led.

Following the last inspection, we met with the registered provider and they sent us an action plan to show what they would do and by when to improve the key questions safe, effective, responsive and well led to at least good. At this inspection we checked to see whether improvements had been made and found the registered provider was not meeting the regulatory requirements relating to good governance.

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

Rowan Court is part of Holly Bank Trust which is an organisation specialising in providing education, care and support for young people and adults with profound complex needs. It was registered with the Care Quality Commission to provide accommodation for people requiring nursing or personal care, for up to 15 people. At the time of our inspection it was providing this service to 15 young adults.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The service was delivered in line with these values.

A registered manager was not in place, as they had left the service in 2017 and not yet de-registered. 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. The service had been managed by a manager from another service run by the same provider, and they had applied to register with CQC. They had also left the service in October 2018 after a period of absence and the home was being managed temporarily by a second manager from another service.

Relatives told us they felt their family member was safe at Rowan Court.

Medicines management had improved and a safe system was now in place. Staff had training in safe administration of medicines and staff competency checks on the administration of medicines had been refreshed in the last year. Incidents related to medicines errors were analysed and action taken to prevent future risks to people.

Staff had a good understanding of how to safeguard adults from abuse and who to contact if they suspected any abuse and safe recruitment and selection processes were in place.

Emergency procedures were in place and staff knew what to do in the event of a fire. Risk assessments were individual to people's needs and minimised risk whilst promoting people's independence.

Detailed individual behaviour support plans gave staff the direction they needed to provide safe care.

The required number of staff was provided to meet people's assessed needs.

Staff told us they felt supported. Staff had received an induction and role specific training, which ensured they had the knowledge and skills to support the people who lived at the home.

People were supported to eat a balanced diet, and meals were planned around their tastes and preferences. They were supported with diets of different consistencies and nutritional intake was monitored.

People were supported to maintain good health and had access to healthcare professionals and services. They were supported and encouraged to have regular health checks. The registered provider employed a team of therapists to meet people's complex needs and the home also worked in partnership with community professionals to ensure good outcomes for people.

The service was adapted to meet people's individual needs, with specialist furniture and fittings. Technology was used to promote independence for people, support communication and enable people to live fulfilling lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We saw evidence of good practice involving people with complex communication needs in decisions about their lives. Evidence of consultation with people's representatives in their best interests, where required, was not always available. We made a recommendation about this.

Positive relationships between staff and people who lived at Rowan Court were evident. Staff were caring and supported people in a way that maintained their dignity, privacy and diverse needs. People were supported to be as independent as possible throughout their daily lives.

Systems were in place to ensure complaints were explored and responded to in good time, however this system was not always operated effectively.

Care records contained detailed information about how to support people and included measures to protect them from social isolation. People engaged in social and leisure activities which were person-centred. The relatives we spoke to were concerned about a recent reduction in outings related to transport issues and plans were in place to resolve this.

Thorough and timely responses to concerns and feedback from family members and others was not always evident. The absence of a registered manager had left some gaps in governance, which the registered provider and senior staff at the service were in the process of addressing. Some statutory notifications had not been submitted to CQC as required by legislation.

Relatives told us they were concerned that the management of the service had been unsettled in recent

years, but were hopeful this would improve with the appointment of a new permanent manager.

The registered provider had made some improvements to the systems of governance and audits within the service and quality assurance processes were being further reviewed and improved.

Feedback from staff was positive about the current management team. People who used the service and their representatives were asked for their views informally, and formal feedback methods, specifically related to Rowan Court were beginning to be implemented by the registered provider.

We found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the registered provider to take at the back of the full version of the 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?

Good ●

The service was safe.

Medicines were managed in a safe way for people.

Detailed and thorough risk assessments were individual to people's needs and minimised risk whilst promoting independence.

Staff had a good understanding of safeguarding people from abuse and sufficient staff were deployed to meet people's assessed needs.

### Is the service effective?

Good ●

The service was effective.

Staff received supervision and training to support their professional development needs.

People were supported to maintain a balanced diet.

People had access to a team of therapists as well as access to external health professionals to promote well-being.

People were supported to take part in decision making and mental capacity assessments were comprehensive, although consultation with representatives was not always evidenced.

### Is the service caring?

Good ●

The service was caring.

Staff interacted with people in a caring and respectful way.

People were supported in a way that protected their privacy, dignity and diverse needs.

People were supported to make choices and decisions about their daily lives and to maintain and improve their independence.

### **Is the service responsive?**

The service was not always responsive.

Family members told us they knew how to complain and that staff were always approachable, but responses were not always recorded and followed up in a timely manner.

Care plans were detailed, person-centred and individualised.

People were involved in activities inside and outside the home in line with their care plans.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

The registered providers feedback mechanisms were not always effective and some concerns had not been recorded and responded to in a timely manner.

Statutory notifications had not been submitted to CQC.

The culture was positive, person centred, open and inclusive and the registered provider had made some improvements in governance to meet the regulations.

**Requires Improvement** ●

# Rowan Court

## Detailed findings

### Background to this inspection

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

This inspection took place on 7 and 13 November 2018 and was unannounced. The inspection was conducted by two adult social care inspectors on the first day and one on the second day.

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding team and commissioners. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Most people who used the service used non-verbal communication methods. As we were not familiar with their way of communicating we used different methods to help us understand people's experiences. We spent time in the lounge areas and dining rooms observing the care and support people received. We spoke with four people's relatives. We spoke with three support workers, three senior support workers, the quality officer, the acting manager and the head of direct service. We looked in the rooms of six people who lived there with permission.

During our inspection we spent time looking at three people's care and support records. We also looked at three records relating to staff supervision, training and recruitment, incident records, maintenance records and a selection of audits.

# Is the service safe?

## Our findings

The relatives we spoke with told us they felt confident their family member was safe at Rowan Court. One relative said, "Yes it is safe here. I am not worried [name] is neglected or abused." A second relative said, "From what we have seen [my relative] is safe, yes definitely. I can trust them one hundred per cent. I know [name] is safe and well looked after."

At our last inspection on 17 and 21 August 2017 the registered provider was not meeting the regulations related to safe care and treatment because medicines were not always managed or administered safely and records could not always evidence how accidents and incidents had been investigated and managed. At this inspection we found improvements had been made and the registered provider was meeting this regulation.

A safe system of managing medicines was in place. The service's role in relation to medicines was clearly defined and described in relevant policies, procedures and training. Senior carers who administered medicines had received training, updated annually and been observed and assessed to confirm competency in practise. Information about the medicines people received was available in the form of patient information leaflets and a current British National Formulary (BNF)

A system was in place to ensure routine, monthly medicines were available when people needed them. Emergency, new or changed prescriptions were not always obtained promptly and this issue was addressed by the acting manager during our inspection. Medicines were stored securely in individual baskets in medication rooms on each floor. The service ensured medicines were stored within safe temperature limits and we saw daily records of checks made in medicine rooms and the medicine fridge.

Some prescription medicines contain drugs that are controlled under the misuse of drugs legislation. These medicines are called controlled medicines. We inspected the controlled medicines register and found all medicines were accurately recorded and CDs were checked daily. This meant people were protected against the risks associated with medicines because the registered provider had appropriate arrangements in place to manage medicines.

Staff checked medicines when they were delivered and signed the medication administration records. We saw the count of medicines brought forward to the following month was not always recorded and the acting manager ensured this was rectified during our inspection. Each person had an individual medicines administration record (MAR) folder. These included a current photograph of the person, allergies, and how the person received their medicines. Care files included detailed medication needs assessments, listed all medicines each person received stating why, when and how much and exactly how each person received their medicines.

When people had been prescribed 'as required' medicines there were protocols in place for each one. This included what the medicine was for, how much to give and how the person could communicate. 'As required' medicines were recorded on a separate chart, as were topical preparations, which also all had protocols in place using body maps to indicate where they should be applied.

When people had been assessed as lacking mental capacity to consent to staff administering their medicines, a copy of the assessment and best interest decision was filed in the MAR.

We observed medicines administered via a percutaneous endo-gastrostomy (PEG) tube. This was completed safely and signed for after it was administered. Medicines in skin patch format were applied to different sites to prevent skin damage and ensure adequate absorption. The site was recorded on body map charts.

The registered provider had an effective system in place to reduce risks to people. Comprehensive risk assessments were in place in areas such as bed safety, moving and handling, self-harm, scalding, lap belt security, transport, eating and drinking, skin care, behaviour that may challenge others, finances, medication, and additional person specific assessments for specific health conditions or activities.

Moving and positioning and equipment care plans and risk assessments were particularly detailed and contained clear information, diagrams and photographs, which helped to ensure people were kept safe and optimum support was provided with mobility and positioning.

The risk assessments were up to date and were available to relevant staff so they could support people to stay safe. Staff said they read people's care files and always had pre-shift handovers, which had enough information to enable them to care for people safely.

The service responded to changes in the behaviour of people who used the service and put plans in place to reduce future risks. Risk assessments and care plans contained detailed information about how staff would care for people when they experienced behaviours that may challenge others and the action staff should take in utilising de-escalation techniques. When we spoke with members of staff they were aware of this information.

Staff told us they recorded and reported all incidents and people's individual care records were updated as necessary. We saw in the incident and accident log that incidents and accidents had been recorded and an incident report had been completed. Staff were aware of any escalating concerns and took appropriate action. The incident records we viewed showed the event was subject to senior staff review with any lessons learned translated into care plans. Incident reports were reviewed by the quality officer and followed up if they had not been closed by the manager responsible. The registered provider had an overview of incidents and accidents which meant they were keeping an overview of the safety of the service in order to ensure learning from incidents took place.

Checks had been completed on fire safety equipment, emergency lights and the fire alarm and action taken to rectify any issues. We saw evidence of service and inspection records for gas installation, electrical wiring and portable appliance testing. This meant people who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

People had an individual personal emergency evacuation plan (PEEP) in their care records. PEEPs are a record of how each person should be supported if the building needs to be evacuated. Fire drills had been completed and staff were aware of the procedure to follow. This showed the home had plans in place in the event of an emergency.

Staff we spoke with understood their role in protecting people from abuse and discussed how knowing people well meant they could detect changes. They told us they had received training and showed they understood different types of potential abuse and their role in preventing it. Staff understood how to raise

concerns both within their organisation and beyond, should the need arise, to ensure people's rights were protected. We saw information around the home about reporting abuse and whistleblowing, including in an easy read format. A poster about safeguarding people from abuse with the local authority contact number was displayed in the home. One carer said, "I read that at least once every day." A second staff member said, "If I was concerned about a manager I would go straight to [name of senior manager]. I could go to CQC or local authority safeguarding depending on the nature of the incident."

Records showed safeguarding incidents had been dealt with appropriately when they arose and measures were put in place to ensure people were kept safe. Safeguarding authorities had been notified, however the Care Quality Commission (CQC) had not always been notified. We contacted the registered provider after the inspection and they told us they would ensure notifications were sent.

We observed there were appropriate staffing levels on the days of our inspection which meant people received a good level of support. Relatives and staff said they thought there were enough staff on duty to meet people's needs.

We reviewed recruitment files for three care staff and found safe staff recruitment practices had been followed.

Arrangements were in place for making sure that premises were kept clean and hygienic so that people were protected from infections that could affect both staff and people using the service. The home was clean with no unpleasant odours. Staff understood their roles and responsibilities in relation to infection control and hygiene. They described the key principles of infection control including hand-washing before and after delivering care.

## Is the service effective?

### Our findings

The relatives we spoke with told us they were confident the staff team at Rowan Court could meet their relation's needs. A relative said, "The training and induction is excellent."

Staff consistently cared for the same people who they knew well, which helped to promote effective care and support. People's needs and choices were assessed and care and support was delivered in line with current evidence based guidelines to achieve effective outcomes. For example; we observed a carer access a PEG tube to administer medication and enteral nutrition and they followed good practise guidelines which were detailed in the person's care plans.

Staff had the skills, knowledge and experience to deliver effective care and support. Staff experienced an induction and spent time shadowing existing staff, getting to know the premises and people living there, before working independently. This was followed by completing the Care Certificate. The aim of the Care Certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high-quality care and support.

Staff regularly undertook training to enhance their role and to maintain their knowledge and skills relevant to the people they supported. Staff told us the training was excellent and they were supported to complete nationally recognised qualifications. We saw evidence in staff files and training records they had completed training in areas including first aid, fire safety, health and safety, safeguarding adults and infection control. Staff also received additional specialist training related to the individuals they supported, such as managing epilepsy. This demonstrated people were supported by suitably qualified staff with the knowledge and skills to fulfil their role.

Staff received regular management supervision to monitor their performance and development needs. Staff we spoke with told us they felt appropriately supported by the managers and had regular supervision. Annual appraisals were also completed and planned onto the rota for staff.

People who used the service received additional support when required for meeting their care and treatment needs. The registered provider employed its own multidisciplinary team which included occupational therapists, speech and language therapists and physiotherapists to provide dedicated support to people who used the service. People had access to external health professionals and staff were proactive in ensuring people's health needs were anticipated, monitored and met. Staff said people attended healthcare appointments and we saw from people's care records this had included GP's, consultants, community nurses, opticians, podiatrists and dentists.

People were supported to eat and drink enough to maintain a balanced diet. Care staff prepared food in open plan kitchens and involved people, discussing food and giving choices where people were able to communicate their preference. For example, we observed a carer offer a person a choice of flavoured coffee's. They paid close attention to the person's face, waiting for a 'big smile' which was how they

indicated their preference. People had the equipment they needed to enable them to eat or drink independently, such as specialised cutlery and non-spill cups to access drinks at any time.

Staff we spoke with were aware of people's special dietary requirements such as food allergies and high calorie diets to maintain a person's weight. Individual care plans detailed how each person was supported to take adequate food and fluids. Speech and language therapists (SALT) had assessed people's risk of choking and ability to swallow food and their guidance was recorded in care plans and followed by staff. People were weighed each month and we saw records showed changes in weight were noted and action had been taken when required. We discussed one person's weight loss with the staff on duty who told us this had now stabilised because the person was on a high calorie diet and a dietician had been consulted.

Fluid input charts were in place for some people. Total intake had been noted in daily care records each day, although the amount of fluid the person was expected to take each day was not always recorded. This means it was difficult for staff to assess if the person had received enough fluid. We discussed this with the acting manager after the inspection and they addressed this. We did not have any concerns about poor fluid intake during our inspection.

People's needs were met by adaptation, design and decoration of premises. The premises was purpose built with wide doors and corridors to enable wheelchair access. All bedrooms were equipped with ceiling tracking hoists and adapted bathrooms. The dining tables were adjustable and raised to a height to suit people who used wheelchairs. A sensory room had recently been redecorated and equipped and bedrooms were all equipped and decorated differently to suit the person using it. The registered provider employed their own assistive technology team and used an assisted living flat at the main site to assess and support people to use assistive technologies and to promote independence.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Staff we spoke with understood the principles of supporting people to make their own decisions and making least restrictive best interest decisions. One staff member said, "We use large symbols when doing MCA work with [name of person]. The speech and language therapists provide packs of symbols."

Care plans included information about which decisions each person might be able to make for themselves, how staff should assist them and who would be involved in making decisions on their behalf. Good practice was evident in the way in which people had been enabled to participate in making decisions and mental capacity assessments by using assistive technology and communication aids supported by the SALT team, for example, regarding the decision to use mesh sides on a bed to keep a person safe.

We saw mental capacity assessments had been completed for specific decisions around medication and immunisation, photography and information sharing, use of bedrails and wheelchair straps and harnesses.

These had usually been followed by best interest decisions when people lacked capacity to make the decision. One mental capacity assessments had been completed regarding use of harnesses and a lap strap in a wheelchair, however there was no record of consultation with their representative. Staff told us they always consulted with representatives and relatives told us they were involved in decisions in their relations best interests. The acting manager said they had asked staff to record consultation with families and they would address this with staff.

DoLS authorisations had been applied for appropriately. Long standing DoLS renewals for two out of 15 people had not been applied for prior to expiring for a short time in August 2018. The acting manager told us this was an administrative oversight and we saw it had been rectified immediately when it had been identified. The acting manager told us the overview of DoLS authorisations would be more regularly reviewed by a manager to prevent recurrence. We found three conditions on one person's DoLS authorisation had been complied with and evidence was not available that one of the conditions was met because a mental capacity assessment and best interest decision had not been completed regarding a specific decision.

This was completed by the second day of our inspection, although evidence of best interest consultation with the persons representative was not evidenced. The acting manager told us they would address this straight away.

We recommend the registered provider consults good practice guidance with regards to the Mental Capacity Act (2005).

## Is the service caring?

### Our findings

People were treated with kindness, respect and compassion. All of the interactions we saw throughout the days of our visit were cheerful and kind. All relatives said care was best when staff who knew people very well cared for them. One relative said, "Overall the care is very good." A second relative said, "I think the care is very good, never had a doubt or a problem. They go above and beyond for the residents." A third relative said, "The care staff need valuing. They are such dedicated people." A fourth relative said, "My [relative] is always happy and settled. There are some lovely staff here. Most of the time they promote privacy and dignity." They said they had occasionally had concerns about personal care which had been addressed appropriately when raised with senior staff.

All the staff we spoke with said they would be happy for a relative of theirs to live there if they needed similar support. Staff we spoke with enjoyed working at Rowan Court and supporting people who used the service. We observed staff speak to people gently or with appropriate humour and banter and they were kind and compassionate. We saw people laughing and smiling with staff. One staff member said, "We have a wonderful group of adults." A second staff member said, "I love it. The adults are amazing characters."

People's diverse needs were respected and care plans recorded the gender of carer they preferred to support them, as well as their religious, cultural and sexuality related needs. Staff told us they respected people's diverse needs by ensuring they understood the person through their care plan, spending time with them, talking with representatives and supporting their cultural and lifestyle choices. This demonstrated the service respected people's individual preferences.

People were supported to make choices and decisions about their daily lives and care records evidenced this. We saw people were offered a choice of meals, clothing, activities or where to spend their time. This meant that the choices of people who used the service were respected.

Accessible communication was promoted throughout the service and assistive technology was used effectively to promote choice and independence; for example, eye gaze technology, which enabled one person to communicate their wishes and feelings by moving their eyes. Staff used speech, gestures, picture boards and facial expressions to support people to make choices according to their communication needs. Information was presented in appropriate formats to promote good communication and care plans contained details of how to recognise when a person was unhappy or happy using non-verbal cues.

People were encouraged to do things for themselves in their daily life and technology was used to support this, such as controlling the lighting in their own bedroom. This showed us the home had an enabling ethos which tried to encourage and promote people's choice and independence.

People's privacy and dignity was respected and promoted in care and support plans. One relative said, "Yes they are pretty big on dignity, privacy and independence. Dignity is very good. They make sure the person has privacy when they want it. They always give [my relative] a choice." Staff described how they protected people's privacy and dignity when delivering personal care. One staff member said, "We knock before

entering bedrooms. We do spot checks on dignity, for example with hoisting and we have an intimate care champion." We saw staff knocked and asked permission before entering people's rooms and gave people privacy and space when it was safe to do so. People's private information was respected and records were kept securely.

People appeared well groomed and looked cared for, choosing clothing and accessories in keeping with their personal style. People's individual rooms were personalised to their taste with furniture, personal items, photographs and bedding they had chosen. One person's bedroom had football themed wallpaper chosen because they supported a local team. A second person's bedroom was decorated in pink floral paper which they had chosen.

Staff were aware of how to access advocacy services for people if the need arose. An advocate is a person who is able to speak on a person's behalf, when they may not be able to do so for themselves. This meant people had access to independent support with decision-making when they needed it.

## Is the service responsive?

### Our findings

At our last inspection on 17 and 21 August 2017 the registered provider was not meeting the regulations related to complaints because records relating to the investigation and management of complaints were incomplete. At this inspection we found improvements had been made, although changes to management of the service had led to some inconsistencies of response.

Staff knew their role in dealing with any complaints and relatives told us staff and manager were approachable. One relative told us they had never had to complain. A second relative told us they had never had to complain and if they raised any issues with Holybank Trust action was taken to resolve them.

We saw the complaints record showed where people had raised complaints these were usually documented and responded to appropriately, although action taken following two concerns had not been documented. We found action taken to address a complaint about medicines being dispensed to a person in a timely manner following our last inspection had not been embedded in the service and the same concern had been raised again in October 2018. This complaint was then dealt with appropriately and immediate action taken to prevent recurrence, however this meant in this instance learning had not been used effectively to improve the quality and safety of the service.

This contributed to a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because accurate records were not always kept and feedback was not always used to improve the quality and safety of the service.

Compliments were also recorded and available for staff to read.

Relatives told us they were involved in planning their relations care. One relative said, "Yes we are involved. We go to reviews. If we ask any questions they answer us and we can see the records anytime. Any issues they always run it by us." Two relatives told us they had not been allowed to look at their relative's care records without a mental capacity assessment meeting being held first after the general data protection regulations (GDPR) came into force in May 2018. The acting manager told us this was a mistake on the part of the previous manager and we saw this had been resolved at the time through the complaints process.

People's records were detailed, legible, up-to-date, securely stored and available to relevant staff so that they could support people to stay safe. A laminated summary of care needs for each person was also available in files where carers recorded daily care and activities.

We looked at three people's care plans and daily records. Person centred plans and detailed pen pictures were available in care records to give a rounded picture of the person, their preference and goals. Care and support plans included every aspect of people's routines each day with particularly detailed guidance about how people communicated. Plans included a section entitled, 'My difficult situation' and detailed what staff should do to avoid the situation or how to act in supporting the person if it happened.

Detailed daily routines included a 'Gateway to sleep' care plan detailing each person's bedtime routine and how to enable them to get the best nights rest. For example, a person liked to fall asleep wearing eyeglasses and their care plan instructed carers to gently remove these after they had fallen asleep.

The service worked closely with the registered providers therapy team, especially physiotherapists and occupational therapists who assessed people's needs and supplied printed, laminated, photographic guidance about moving people, using equipment which they supplied, and positioning people effectively in sleep systems. Physiotherapists and occupational therapists also carried out annual reviews and any changes in guidance was transferred to care plans. Care plans were reviewed each month.

Assessments and care plan documentation prompted assessors to consider people's communication needs, preferences and characteristics protected under the Equality act such as gender, religion, sexual orientation and disability. All of the people we met during our visit had sensory or communication impairments and we saw staff knew people's individual communication styles. People were included in conversations and carers waited for a response when offering choices or asking questions.

Relatives told us, and we saw from records, people were enabled to see their families as often as they liked. This meant staff supported people with their social and relationship needs.

Daily records were kept detailing what activities people had undertaken, support provided, what meals had been eaten, mood and any incidents.

People had access to a range of activities in line with their tastes and interests. During the days of our inspection people went out to town and to the cinema, rebound therapy, or spent time in their rooms completing activities of their choice, such as watching DVDs.

One family member said, "There are definitely enough activities. [Name] goes all over. [Name of relative] goes on holiday and has loved it." Three relatives we spoke with were concerned about a recent reduction in activities related to the availability of accessible transport provided by the registered provider. Relatives were hopeful this would soon be resolved. The acting manager told us a plan was in place to better organise people's timetables and trips over to the main site, where therapy and day services could be accessed. Day services would be coming into Rowan Court on some days to provide activities at the home and people still went out locally into the community to access activities.

The relatives we spoke with told us their family members usually took part in activities such as aromatherapy, going to football matches, socialising, computer club, ice skating in winter, sailing in summer and going to cafes and shopping. Staff told us recent activities had included a day trip to Blackpool, shopping at Meadowhall and concerts such as S club seven and holidays had included Keilder Water, a cottage in Norfolk and music festivals. Records showed people also took part in activities within the home such as using a bubble machine and musical instruments.

Care plans had a section for end of life planning but staff said no one living at the service had ever needed end of life care. The acting manager planned to consult people and their representatives regarding end of life plans and wishes. This meant people's end of life wishes would then be recorded to provide direction for staff and ensure people's future wishes were respected.

## Is the service well-led?

### Our findings

At our last inspection on 17 and 21 August 2017 the registered provider was not meeting the regulations related to good governance because the registered manager failed to address concerns with medicines management and administration, records could not evidence how all complaints had been investigated and resolved and the provider and registered manager lacked oversight of the safety and quality of the service.

At this inspection on 7 and 13 November 2018 we found improvements had been made, however, some issues with governance still remained.

A registered manager was not in place at the location as they had left the service in 2017 and not yet de-registered with CQC. The service had been managed by a manager from another service run by the same provider, and they had applied to register with CQC. They had also left the service in September 2018 and the home was being managed temporarily by a second manager from another service. The head of direct services told us interviews for a new permanent full-time manager were in progress and relatives would be involved in the recruitment process.

Accurate records were not always kept and evidence was not always available that the registered provider acted on feedback from people to continually evaluate and improve the service. Records were not available to show that two concerns expressed by a family member were thoroughly investigated and responded to in a timely manner. The matters were looked into informally, verbal feedback given and the person was safe. We discussed this with the head of direct care who felt this was, in part, due to changes in management over recent months. They followed up the outstanding issues to ensure they were recorded and addressed.

A relative showed us they had complained about their relation not having access to emergency medicines in a timely manner in July 2017. We saw from records this concern had been addressed by the registered provider some time later in September 2017, however the measures put in place to prevent recurrence had not been effective and this had occurred again in October 2018. We discussed this with the acting manager who put measures in place to clarify the position for staff and ensure timely access to emergency medicines in the future.

An effective overview of DoLS authorisations and conditions was not in place and records of consultation with representatives was not always available.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because accurate records were not always kept and systems and processes were not always operated effectively to act on feedback from people for the purposes of continually evaluating and improving the quality and safety of the service. The acting manager told us they had asked senior staff to record any issues brought up by family members and raise these with senior managers to ensure any necessary action was taken.

Under the Care Quality Commission (Registration) Regulations 2009, registered providers have a duty to

submit statutory notifications to the Care Quality Commission (CQC) when certain incidents, such as serious injuries or allegations of abuse, happen. We found the above three potential allegations of neglect had not been notified to CQC as required and therefore the registered provider was in breach of regulation 18 (e) of the Care Quality Commission (Registration) Regulations 2009. We wrote to the registered provider following our inspection regarding the submission of statutory notifications.

Relatives told us they felt the home was well led but they were concerned about the impact of changes in management. One relative said, "When there has been a manager they have always been helpful and listened to any concerns." A second relative said, "The support is good in spite of the lack of leadership. The senior management team at Holybank are consistent and we can contact them, but the problem at the moment is the managers changing. No one has kept us informed." A third relative said, "It has been difficult for staff but they have done a good job under the circumstances." And "Yes, I would recommend the home, if they could get a space." A second relative said, "We are very happy with the care. We would absolutely recommend. They are the Rolls Royce of providers."

Staff we spoke with told us they felt supported by the management team. One staff member said, "Holybank ethos is great. We strive for excellence. We have always had support, definitely. The seniors are accessible." A second staff member said, "Yes we are definitely supported. Really good support from the main site."

The acting manager had visited the service regularly during the absence of the manager, although they had not always documented the audits or actions completed during their visits to evidence good governance. They told us they would do this in future.

Staff were aware of the ethos of the service and the registered provider's aim of providing, "Quality of life for life." The acting manager said their aim for the service was to give people the life they would want if they were able to express this verbally. The management team worked in partnership with community professionals to meet people's needs and drive up the quality of the service.

The service promoted a positive culture that was person-centred, open, inclusive and empowering. Senior support workers regularly worked with staff 'on the floor' providing support to people who lived there, which meant they had an in-depth knowledge of the needs and preferences of the people they supported.

The acting manager told us relatives views were taken into account through a provider wide joint forum called the residential services advisory group, which included representatives of family members. The registered provider held the first meeting for relatives of people who lived at Rowan Court the week before this inspection in response to a number of relatives' concerns, although one relative we spoke with had not received any information about this and was not aware of it. The registered provider had not completed quality surveys with relatives in recent years, although relatives told us they could provide feedback verbally to staff. The registered provider issued a regular newsletter to families to share information and events.

Formal mechanisms were not currently in place to gain feedback about the quality of the service from people who used it, although we saw people's views were taken into account in all aspects of their daily lives. The acting manager was considering accessible methods of supporting this.

Staff meetings were held regularly. Topics discussed included individual people's needs, social media, IPC, healthy eating, high risk foods, record keeping, meds errors, events, staff rotas and transport. Actions from the last meeting were discussed and goals were set from the meeting. Staff meetings are an important part of the provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and treatment provided to people living at the home.

Staff compliance with the service's procedures was monitored to improve the quality and safety of the service. There was evidence of internal daily, weekly and monthly quality audits, and actions identified showed who was responsible and by which date. We saw audits were maintained in relation to premises and equipment such as wheelchairs, mattresses and water temperature checks, and a regular health and safety audit was completed.

The registered provider had systems in place to monitor and improve the quality and safety of the service, although this system had not always identified and addressed the issues we found on inspection. Incidents were recorded on an on-line system and open incidents were checked by the acting manager who sent an email to seniors care staff if there were any issues to address. A quality committee and quality team had oversight and analysed any themes in incidents, accidents, safeguarding issues and complaints.

The quality officer had reviewed care plans and daily records, alongside registered managers across the services and implemented new care plans. Further improvements were in progress regarding capturing the quality and outcomes of the daily activities people participated in and rationalising daily recording. The quality officer told us quality systems were being mapped over the next few months and improvements were planned in identified areas.

The acting manager told us she felt supported by the registered provider and we saw managers had received regular supervision and support visits throughout the year.

The registered provider completed regular quality visits which included sampling files, speaking with staff and completing audits. This demonstrated the senior management of the organisation were reviewing information to improve the quality and safety of the service, although some improvements in governance were still required.

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 | Regulation 18 Registration Regulations 2009<br>Notifications of other incidents<br><br>Statutory notifications were not always submitted.   |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Systems and processes were not always operated effectively to act on feedback from people for the purposes of continually evaluating and improving the quality and safety of the service.<br><br>Accurate records were not always kept.<br><br>(1) and (2) (d)(e) and (f) |