

Runwood Homes Limited

Rowena House

Inspection report

Old Road
Connisborough
Doncaster
South Yorkshire
DN12 3LX

Tel: 01709862331

Date of inspection visit:
25 October 2022

Date of publication:
05 December 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rowena House is a care home providing accommodation for up to 40 people, including people living with dementia. The home is purpose built and accommodation is provided on 1 level. At the time of the inspection there were 33 people living at the home.

People's experience of using this service and what we found

People told us they felt happy and safe at Rowena House. Improvements have been made to make sure the service responded to risks related to people's deteriorating health in a timely way.

The provider had effective systems in place to safeguard people from the risks associated with abuse. Staff were trained and deployed effectively to ensure people's needs were met and people's medicines were managed safely overall. We found people were protected from the risk and spread of infection.

There were effective systems in place to monitor the quality of service. There was an emphasis on learning lessons and improvement. There was evidence feedback from people who used the service and their relatives was routinely sought and acted upon. There was also evidence of staff working in partnership with other agencies. This helped staff to deliver individualised care and supported people's access to healthcare services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 May 2021). At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service between 26 February and 1 April 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rowena House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rowena House

Detailed findings

Background to this inspection

The 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Rowena House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rowena House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 25 October 2022 and ended on 22 November 2022. We visited the service on 25 October 2022. We spoke with 7 people who used the service about their experience of the care provided. We spoke with 9 members of staff including the acting manager, care team leaders, care workers and ancillary staff.

We observed staff interacting with people in all areas of the home and reviewed a range of records. This included 4 people's risk assessments, care plans and care records. We saw records related to medicines for 5 people. We also reviewed monitoring records regarding people's weight and accidents and incidents.

Following our inspection visit we continued to speak with the acting manager and regional manager. We reviewed further records remotely, to validate evidence found. This included information regarding infection prevention and control, quality and safety records, audits, policies and procedures and meeting minutes. We received further comments from 3 staff members regarding their experience of working at the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection we found the provider had failed to act upon and mitigate risks relating to people's health, safety and welfare. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks associated with people's care were identified and actions taken to manage them.
- Risk assessments were in place for all elements of people's care and support.
- People's weights and malnutrition universal screening tool (MUST) scores were recorded in their care plans. Although, 1 person's MUST scores had not been updated. The acting manager addressed this as a matter of priority.
- Personal emergency evacuation plans (PEEPs) were completed and ensured that people would be supported appropriately in case of emergency.
- Moving and handling and fire prevention equipment was serviced in accordance with regulations.

Using medicines safely

- The management of people's medicines was safe.
- Medication files were comprehensive and well maintained. PRN (as and when required medicine) guidance was individualised to each person. PRN medicine was given appropriately.
- Controlled drugs were stored correctly. Controlled drugs are medicines controlled under the misuse of drugs legislation due to being especially addictive or harmful. Records of administration were accurate and there was evidence of oversight by the manager.
- There were 2 gaps in the medicines administration records (MARs) we looked at. These errors were reported to the acting manager and addressed at the time. The acting manager carried out a medicines audit following our inspection. No further medicines errors were identified in the audit.

Staffing and recruitment

- The provider had a well-organised recruitment process.
- Pre-employment checks were completed, to ensure people recruited to the service were of good character. This included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs safely. We observed adequate staffing levels during the

inspection visit and no-one we spoke with said there were issues with staffing.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm.
- Staff had received appropriate safeguarding training and demonstrated a good understanding of their responsibilities.
- People told us that they felt safe and well looked after. A relative said, "[Person] is happy and well cared for. I know how to raise a concern or complaint. I feel confident that I would be listened to and appropriate actions would be taken."
- Systems and processes ensured people's interests were protected and their money was held securely, where needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- People were supported and encouraged to visit their loved ones.
- Visitor's temperatures were checked on arrival and there were supplies of PPE and hand gel available.
- People who visited their loved ones told us, "As I visit [my relative] regularly, you get friendly with the staff and I see how they are with the residents. It is very touching, and it has been a relief to know that [my relative] is being looked after in the way they deserve too."

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed. Therefore, themes or trends were identified to mitigate risk.
- Lessons learned following any investigations were shared with staff to help improve the quality and safety of people's care and support.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we recommended the provider reviewed the home's audit and monitoring systems to prevent duplication of records and clarify staff's responsibilities for acting in response to identified risks. At this inspection we found improvements had been made.

- The quality and safety audits completed in the home were effective in identifying and addressing shortfalls and concerns.
- The responsibilities of each staff member's role were clear, and risks associated with people's care were addressed in a timely way.
- The deputy manager had recently commenced in the role of acting manager, to cover for absence of the registered manager. They told us they were well supported by their managers and had the additional support of a mentor, who managed another of the provider's services.
- When we identified areas for improvement, the acting manager responded in a very positive way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The acting manager was keen to promote a person-centred culture and encourage continuous improvement in the service.
 - The atmosphere was welcoming and inclusive of people's diversity. People and relatives gave positive feedback about the service. One person told us they were very happy with the service and said, "I get all round good support and care."
 - The staff we spoke said they found the management team helpful, fair and supportive. They felt part of a good team and worked well together.
 - Some staff were champions, who took on the role of passing on information and promoting good practice within the service. There were champions in several areas of practice including end of life and palliative care. There was a Forget-me-not champion. The forget-me-not scheme helps staff recognise when someone has memory problems or confusion. It reminds staff to, when needed, take more time communicating with people and offer additional support with tasks such as eating and drinking.
- Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and those close to them were regularly asked about their satisfaction with the service. This was in day to day conversation, via annual surveys and at family meetings, with tea and cake. There was evidence of the actions taken to improve the service based on this feedback.
- Easy read surveys were available, to help people to engage. People's responses to a recent catering survey, were very positive. Feedback from people, their relatives, professionals and staff had been documented.
- People told us they were encouraged to make decisions and speak for themselves. One person said, "I decide what I want to do and when." They added, "If you ask for things at the meetings, they happen. I suggested having curry nights and we've had one."
- We saw some people meeting with a member of activity staff. They were talking about their interests and preferences, to help develop future opportunities for engagement, activities and social events.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The members of the management team we spoke with were aware of their responsibilities in relation to the duty of candour.

Working in partnership with others

- We received positive feedback from the local authority regarding a recent contract monitoring review of how the home managed people's personal monies and the recruitment process.
- Other health and social care professional survey responses were positive. One professional had provided feedback to the service which read, "The care at Rowena is second to none. The staff always try to facilitate and provide for their residents' needs. The environment may need money spending on it but this in no way takes away from the feel and care."
- Relatives said they were included and kept well informed about their loved one's health and welfare.