

Hollybank Trust

Rowan Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rowan Court is a residential care home providing personal care to 15 people with a learning disability, physical disability or sensory impairment. At the time of the inspection 15 people lived at the service. The accommodation is provided in one adapted building with bedrooms across three floors.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

All risks to people were not managed safely. The service was not always responsive when concerns were identified and failed to improve care quality in a timely manner. We were notified of a serious injury prior to the inspection. In response to this concern, we found the provider did not take enough immediate action to improve care quality across the service. The provider had failed to manage all risks to people safely and done all that is reasonably practicable to mitigate those risks.

The service had poor audit trails and audit systems were not robust. Governance systems failed to pick upon the issues we found during the inspection. Medicine audit tools were not robust enough to evidence what action had been taken following findings. Some actions on the wheelchair audits had not been followed up until this was highlighted to the registered manager during the inspection. The provider had not operated robust systems and processes to assess, monitor and improve the quality of the service. They had not maintained accurate and complete records.

Relatives told us people living at the service were safe. Staff had a good understanding of how to safeguard people from abuse. People's medicines were managed safely. We observed people receiving medicines in line with their care plan. Person-centred care was promoted, and relatives told us staff knew people well and responded to their needs in a person-centred way.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. Holistic assessments and care plans had been completed which reflected the person's needs, wishes and preferences. Staff knew people's preferences, likes and dislikes. They provided support in line with legislation, standards and guidance to achieve effective outcomes. People told us staff were kind and

sensitive. A relative added, "The carers are wonderful, very professional and caring."

Complaints were investigated and responded to. We found the service had responded to formal complaints in line with the provider's policy. Relatives told us, "[Names of registered manager] listens to you and makes things happen," and, "They [staff] take everything very seriously if you raise anything."

Staff and relatives were positive about the management team and the changes the registered had made to the service. Staff we spoke with felt valued and supported by the registered manager. Staff told us, "[Name of registered manager] is incredible. They are so supportive, but you need to meet their expectations as well. They are happy to help and get involved."

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 January 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been sustained and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safety and the governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Rowan Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Most people who used the service used non-verbal communication methods. As we were not familiar with people's way of communicating we used different methods to help us understand people's experiences. We

used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spent time in the lounge areas and dining rooms observing the care and support people received. We were able to speak with one person who used the service via their communication aid and we spoke with two relatives about their experience of the care provided. We spoke with twelve members of staff including the, registered manager, the interim deputy manager, a speech and language therapist, senior care workers and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at ongoing action plans and quality assurance records. We spoke with three additional relatives about their experience of the care provided.

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 as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Risks to people were not always managed safely. We found no evidence of staff reporting issues with people's wheelchairs in a timely manner. During the inspection, the registered manager was unable to tell us what action had been taken for each wheelchair that had identified issues, as there were no records in place to evidence this.
- Learning from any incidents was not always acted upon robustly and in a timely manner. Prior to the inspection we were notified of a serious incident where a person had injured themselves whilst awaiting replacements for a faulty part of their wheelchair. Although the provider had internal investigations ongoing with this incident, we found enough immediate action had not been taken to reduce the risk of similar incidents reoccurring. For example, no robust systems were put in place regarding wheelchair checks and following up on the actions identified in a timely manner to mitigate the risks.

We found systems were either not in place or not robust enough to demonstrate risks to people were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded after the inspection and carried out a full review of the wheelchair audits. They escalated the issue to the provider for a full review across all their services.

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were detailed and reviewed as part of their care plan reviews, or when needs changed. For example, moving and handling care plans and risk assessments were particularly detailed and contained clear information, diagrams and photographs to guide staff about how to manage people's moving and handling needs. A relative told us, "They [staff] manage [person's] needs well."

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from abuse. However, not following upon wheelchair risks was a safeguarding issue as people were placed at risk of harm. Staff had good knowledge of how to recognise and report any concerns they may have about people's welfare. They told us they followed the provider's protocols to report and record their concerns. One relative told us, "[Person] is extremely happy and well cared for. They are safe there."

Using medicines safely

- People's medicines were managed safely. We observed people receiving medicines in line with their care plan. A relative told us, "Staff manage [person's] medicines well, there hasn't been any issues. Staff are good at giving their medicines and [person] is compliant."
- The service had identified several medicine errors and the provider recognised the need to enhance their medicines training. Staff had to undertake the training before they could administer medicines and staff received regular competency checks to ensure they administered medicines safely. Staff were positive about the new form of training and told us it included face to face training and paper based exams.

Preventing and controlling infection

- The provider had good systems in place to prevent and control the risk of infection. The service was visibly clean and infection control audits took place. Staff were aware of infection control procedures, and had access to protective clothing such as aprons and gloves to reduce the risk of the spread of infection.
- We saw the service had been awarded a 5 star food safety and hygiene rating by local authority in January 2019. This was the highest rating available.

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction. The service used a mixture of permanent staff and regular agency staff. The registered manager told us they were in the process of recruiting more permanent staff to allow more continuity of care.
- There were enough staff to support people. During the inspection we observed appropriate levels of staffing to support the people who used the service. The provider had systems in place to monitor staffing levels. Relatives and staff said they thought there were enough staff on duty to meet people's needs. A relative commented, "There are enough staff around, someone is always available to help and answer any questions."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had care plans in place that reflected how they preferred staff to support them and provide their care. People were involved in their care planning, which was reviewed at regular frequent intervals or when people's needs changed. A relative told us, "I am involved in all reviews. [Person] had a review recently and we were involved. A representative is always present and social workers attend too."
- Staff provided support in line with legislation, standards and guidance to achieve effective outcomes. Information within care records included daily preferences. For example, one person's care plan had a detailed guide to their well-being which included listening to music whilst in the shower. Relatives told us, "[Person's] care needs are being met by the care staff," and, "Staff interact with [person] and know them well."

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA. 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.

At our last inspection we recommended the provider considers good practice guidance with regards to the Mental Capacity Act (2005). At this inspection the provider had made improvements.

- Care records contained information about when a person lacked capacity to make a specific decision and staff supported people to make choices as much as possible. We saw evidence of good practice involving people with complex communication needs in decisions about their lives. People's representatives, families and professionals were involved in best interest decisions.
- Appropriate DoLS applications had been made and staff were aware of the importance of complying with any conditions that were imposed. Staff described their understanding of MCA and DoLS and were able to identify their responsibilities to comply with the legislation. One staff member told us, "MCA is about

understanding if they [people] have capacity to understand and make a decision. If they lack capacity, a best interest decision can be made. For example, a best interest decision to apply for a DoLS for safety."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had a multidisciplinary approach to providing consistent and effective care. The registered provider employed its own multidisciplinary team which included occupational therapists, speech and language therapists (SALT) and physiotherapists to provide dedicated support to people who used the service.
- People had access to external health professionals such as GPs, dentists and dieticians, and staff were proactive in ensuring people's health needs were monitored and met. A relative told us, "Staff are looking after [person's] oral healthcare well, staff arranged a dentist for them. Staff are on the ball and support with appointments."

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs and preferences were met. 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. Staff had received training to support people with modified diets. We observed staff modifying food to different levels of consistency and providing 1:1 support to people with their eating and drinking in line with people's care plans.
- During the inspection we observed the lunch time meal. There was a calm and unrushed atmosphere. Staff were attentive to people's needs and knew their routines with eating and drinking. For example, we saw a staff member use a specific communication method to encourage a person to open their mouth wide enough to allow a spoon to be used.

Staff support: induction, training, skills and experience

- Staff had received an induction into the service when they first started working there and training relevant to their roles had been provided. Staff knowledge was tested through scenario training sessions where staff were given examples of specific incidents which staff had to respond to. Staff told us, "The induction was very good," and, "We have regular training."
- Staff had opportunities for regular supervision and observations of their work performance. One staff member told us, "The training is decent, and supervisions are regular, I am supported all the time." A relative added, "Staff are trained to meet [person's] needs. whenever I ring up a there is always a senior on duty who knows what is happening."

Adapting service, design, decoration to meet people's needs

- People's needs were met by adaptation, design and decoration of premises. The premises were purpose built with wide doors and corridors to enable wheelchair access. All bedrooms were equipped with ceiling tracking hoists and adapted bathrooms. 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.
- The service was suitable for people's needs and provided people with choices about where they could spend their time. We observed a relaxed atmosphere throughout the service and saw people making use of all the communal areas. The communal dining tables were adjustable and raised to a height to suit people who used wheelchairs. Bedrooms were all equipped and decorated differently to reflect each person's interest.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had received training in equality and diversity. People's lifestyle and equality needs had been identified in their care records. People were treated as individuals and staff had a good understanding of how to meet people's diverse needs. One staff member told us, "We don't have any service users with different cultural backgrounds, however we are mindful of people's religions and respect their choices. We also give people access to the same opportunities."
- Staff had a caring approach to their work and they demonstrated kindness and respect when supporting and speaking with people. We asked one person if the staff were kind and they used their communication aid to reply, "Yes." Relatives told us staff were kind, courteous and sensitive and comments included, "Some staff are outstanding, absolute diamonds," and, "The carers are wonderful."

Supporting people to express their views and be involved in making decisions about their care

- People's views and decisions about care were incorporated in their care plans. This helped staff to support people in a way that allowed people to have control over their lives. Staff told us, "We refer to people's communication passports which gives a snapshot of people's needs and how to give people choices. For example, we show people options and things to choose, and some people can tell us yes or no, and some people have communication devices."
- Staff understood how people communicated and ensured they listened and responded appropriately. We observed people expressing their views to staff and making choices about their day. The service had built connections with advocacy organisations and information regarding this was available for people. Advocacy is a process for supporting people to express their views and concerns.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. We observed staff knocking on doors before entering people's bedrooms. Staff closed bedroom doors when supporting people with personal care. We heard staff checking with people, offering reassurance and clearly explaining what they were supporting with. A relative told us, "Privacy and dignity is absolutely there."
- People's independence was promoted. Staff gave us examples about how they involved people doing certain aspects of their day to day activities which supported them to maintain their independence. A relative told us, "Staff encourage independence and encourage [person] to put their arm in their sleeves. [Person] will help as much as they can. [Person] can be a bit lazy, but I've seen them at the table with their plate and spoon and all of a sudden they will pick their spoon up and staff will support them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met in a timely manner.

Improving care quality in response to complaints or concerns

- The service was not always responsive when concerns were identified, had failed to improve care quality in a timely manner and had not always taken enough immediate action to improve the quality of care across the whole service.
- Complaints were investigated and responded to. We reviewed the complaints log and found the service had responded to formal complaints in line with the provider's policy;; the action taken and outcome for each complaint was recorded. Relatives told us, "I am comfortable with raising issues," and, "I do raise issues with staff, issues are resolved more so now."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Holistic assessments and care plans had been completed which reflected the person's needs, wishes and preferences. The care plans provided guidance for staff about how best to support people's needs and preferences. Staff completed daily care records for people. These showed staff were meeting people's individual needs as recorded in their care plans.
- Staff knew people's preferences, likes, dislikes and daily routines through detailed care planning. 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 listen to music in the evenings to help them have a relaxed sleeping routine. A relative added, "I feel [person's] needs are being met. Nothing is too much trouble and staff are always willing to listen and support."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- AIS information was met. Relevant information was provided to people in accessible formats, including easy read versions of key documents, such as the complaints procedure and the service user guide. Staff used a variety of means of communication to support people's understanding, which included, pictures, objects of reference, some symbols and communication aids.
- All of the people we met during our visit had sensory or communication impairments and we saw staff knew people's individual communication styles. Each person had detailed information about how they communicated within their care plan which included how staff should support people to make decisions. A relative told us, "Staff are very good at communication and have an interest in [person's] welfare. [Name of staff] sets up everything and [person] speaks to us every night. It is a skype link and it is brilliant. A carer rings

and we ask questions and [person] responds yes or no."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care records identified people's important relationships and the support they needed to maintain them. During the inspection we observed people's relatives visiting freely and people leaving the service to take part in other activities such as hydrotherapy. A relative told us, "I come in on a weekly basis and staff are welcoming when I visit."

- People participated in activities that met their individual choices and preferences. People had the opportunity to trial activities through taster sessions and have their activities of choice incorporated in their activity planner. During the days of our inspection we observed people enjoying music sessions, baking and rebound therapy. A relative told us, "They [service] have a number of activities to engage the service users and they try to engage them in various activities."

End of life care and support

- The service did not routinely provide end of life care. There was a policy which outlined how people at the end of their lives could be supported to consider their wishes and needs. Care plans had a section for end of life planning and the registered manager told us they were in the process of arranging reviews with people's relatives or representatives to make their end of life wishes known. The registered manager told us they were in the process of delivering end of life training for the staff.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to maintain accurate records and had not continually evaluated and improved the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- We reviewed a range of records and found improvement was required with record keeping. Medicines were administered by staff and recorded on medication administration records (MARs). Although daily records showed people had received their medicines, we found gaps in the signing of the MARs. Daily medicine audits had picked up on the missing signatures, however enough action had not been taken to follow up on all findings.
- The service had poor audit trails and audit systems were not robust. Governance systems failed to identify the issues we found during the inspection. Medicine audit tools were not robust enough to evidence what action had been taken following findings. Some actions on wheelchair audits had not been followed up until this was highlighted to the registered manager during the inspection. Wheelchair audit tools failed to record any action taken following identified faults.
- Audits systems were not always maintained. There had been a lapse in some regular audits. For example, monthly commode audits had not been completed since May 2019.

The provider had not operated robust systems and processes to assess, monitor and improve the quality and safety of the service and to mitigate risks. They had not maintained accurate and complete records. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded during the inspection. Medicine audits were updated to make them more robust and evidence what action had been taken following findings. A review of the wheelchair audits had been completed after the inspection and outstanding actions were followed up.

- Relatives were positive about the management team and the changes the registered manager had made

to the service. Relatives had trust in the registered manager to continue to improve the service. Their comments included, "[Name of registered manager] is very approachable, listens to concerns and shares positive things with the staff," and, "[Name of registered manager] has taken over and tasked with bringing the service up to standards. They have not been in long to implement all the changes but have made significant improvements. I have seen a lot of improvement."

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

At our last inspection the provider had failed to submit all statutory notifications to the CQC. Providers have a duty to submit statutory notifications to the CQC when certain incidents, such as serious injuries or allegations of abuse, happen. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made and the provider was no longer in breach of this regulation.

- We found statutory notifications were submitted as required. At this inspection we saw the rating from our last inspection was displayed in the building and on the provider's website. The registered manager understood their responsibility to let people and their relatives know if something went wrong under their duty of candour .

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Regular management and staff meetings were held. Meetings with people also took place where people had the opportunity to be involved and express their thoughts by using their preferred communication methods. We saw people's views were considered in all aspects of their daily lives.
- Relative's surveys were recently completed, and the service was in the process of analysing the results. Relatives views were also considered through a provider wide joint forum called the residential services advisory group, which included representatives of family members.
- The service worked in partnership with others to meet the needs of people. The registered manager demonstrated how they worked in partnership with local hospitals, the local authority, safeguarding teams and other healthcare professionals.

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

- The registered manager promoted best practice in person-centred care. There was a clear culture based on achieving positive outcomes for people. A relative told us, "We could not manage without [Name of provider] and never doubted the care side. It has been brilliant. I would recommend Rowan Court for sure, they have been brilliant."
- Staff were happy working at the service. They said it had improved considerably over the last few months since the registered manager had been in place who was bringing stability to the service. Staff we spoke with felt valued and supported by the registered manager. One staff member told us, "[Name of registered manager] is really supportive and wants to know what is going on which is good. They are on board with new ideas."

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have systems in place or systems were not robust enough to demonstrate risks to people were managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not operated robust systems and processes to assess, monitor and improve the quality and safety of the service and to mitigate risks. They had not maintained accurate and complete records.