

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Rowan Court

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✗	Action needed
Safety, availability and suitability of equipment	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Holly Bank Trust
Registered Manager	Ms. Deborah Clark
Overview of the service	<p>Rowan Court is part of Holly Bank Trust which is an organisation who specialises 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, although two people were away on holiday when we visited.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 September 2012, observed how people were being cared for and talked with staff.

What people told us and what we found

Due to the complex needs of the people living at Rowan Court, we were unable to seek their views about the service they received. In order to gain an understanding of people's views about the service, we spent a significant proportion of our time observing care practice. We saw positive interaction between staff and people using the service and staff spoke to people in a positive and kind manner. We saw staff knocking on people's room doors prior to entry, which showed respect.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 11 October 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. We looked at three sets of care records and saw that people had been involved in making decisions about their care. Each record included an involvement and discussion sheet detailing discussions and agreements with people who use the services about their safety and welfare. There was evidence in the records of best interest decisions and we saw signed consents for photographs to be used and retention of their own bedroom keys. We also saw that people were asked and encouraged to make choices and decisions about their care. For example, they were asked what they wanted to eat and drink and where they wanted to spend their leisure time or if they wanted to participate in any activities.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

People did not experienced care treatment and support that met their needs and protected their rights, because care plans did not identify all of safety and welfare risks.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People's needs were assessed, but care and treatment plans were not accurate and did not reflect the persons care. We looked at three sets of care records and saw that they provided a range of key information to enable care staff to meet the needs of the individual. For example, the key information included people's daily routines, individual daily activities were described for staff to follow and we saw that recent health reviews had taken place.

We particularly looked at the care records of one person who was receiving care and treatment for an infection. We saw that universal precautions to reduce the risk of cross infection introduced and equipment was available for staff and visitors to use prior to entering the person's room. Staff were able to tell about the universal precautions being followed to reduce these risks. However, when we looked at their care records, we saw from their past medical history that they were vulnerable and prone to develop infections. We were unable to see from the records that the current and long-term infection risks were assessed. Their infection status records was not updated to include their recent infection and a care plan was not developed to enable staff to manage the risks. Daily progress and medical records did include entries on the ongoing care and treatment of their current infection and we did see evidence that their physician reviewed their medical health annually.

In another care record we looked at, we saw that the person's skin integrity was assessed as high risk which means they were at risk of developing pressure sores. We were unable to see a care plan to manage and reduce the risks of the individual developing a pressure sore. We also noted in this person's care file that the information about their daily routine was not clear to follow. For example, their routine about their hair care had been included in their daily routine for eating. This issue was brought to the immediate attention of the staff and manager who said they were unaware of the mistake. In addition, within the same record, information documented within the daily routine directed staff to the numbered risk assessment. When we looked at the risk assessments, these were not numbered and therefore the daily routine was difficult to match accurately to the corresponding risk assessment.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People were protected from unsafe or unsuitable equipment because the provider had systems in place to ensure that equipment was properly maintained and fit for purpose. We looked at the safety certificates for the hoists and bath aides and saw that these were checked every six months to ensure they met the required safety regulations. We also saw that people's individual slings for use with the hoists were checked every six months and care staff told us that they did checks for defaults every time it was used. We saw maintenance records which showed when maintenance work had been carried out on the hoists and what work had taken place.

People had their own individual wheelchair and looked comfortable seated in their wheelchair. The Registered Manager told us that as part of people's weekly physiotherapy session, the physiotherapist checked the wheelchair to ensure it was fit for purpose and people were being positioned correctly. We also saw pictures of the correct seating position and positioning of other equipment such as sleep aides in people's the care plans.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. The Registered Manager led a team of social care officers and domestic support staff at Rowan Court. Other healthcare professionals who work for Holly Bank Trust such as physiotherapist's, speech and language therapists, dieticians and occupational therapist also play an important role in the care and welfare of people living at the Rowan Court.

We spoke with three members of care staff who told us that they felt there was enough staff to meet people's needs. We were told that the staff mainly work with the same people to ensure their continuity of care.

We discussed the staffing levels with the Registered Manager and they told us that during the day there are at least four members of care staff to provide support for the five adults living on each floor. We were informed that between 22.00 and 07.00 there is one member of care staff per floor. Staff told us they felt this was enough as they were able to meet people's needs. Staff on each floor kept in contact with each other via radio so they could call for assistance if they required it. The Registered Manager told us there were very few accidents or incidents at night and felt the staff levels were appropriate. Another member of the care staff confirmed this to us.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The provider took account of complaints and comments to improve the service. We looked at the complaints received and saw a detailed description of the complaint, the investigation which had taken place and the outcome. Of the four complaints received from January 2011 to May 2012, we saw a record that the person making the complaint was satisfied with the outcome of the providers investigation.

On the day of our inspection the trusts's infection prevention and control officer was conducting an audit. The local NHS trust had visited and completed an infection prevention and control audit in February 2012 and the provider achieved a score of 97%. The Registered Manager showed us a copy of the actions recommended from this audit which had ben completed. We also saw that the trust had conducted internal quality assurance audits within the last year which looked at the same outcomes which the Care Quality Commission inspects. We looked at copies of the reports and were told by the Registered Manager that they find these audits useful and they are responsible to address any actions identified.

We looked at the trust's electronic risk management system where all incidents, accidents and near misses were recorded. We saw that these had been acted on appropriately. The Registered Manager told us they had recently used the system to audit medication errors and address issues with identified staff.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
	How the regulation was not being met: Care and treatment plans were not accurate and did not reflect the persons care. For example, in one person who had an infection, we were unable to see that that current and long-term infection risks were assessed. Their infection status records were not updated to include their recent infection and a care plan was not developed for staff to follow to manage the risks. Regulation 9 (1) (a).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 11 October 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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