

***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	✓	Met this standard
Management of medicines	✓	Met this standard
Supporting workers	✓	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	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.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Management of medicines	9
Supporting workers	10
Assessing and monitoring the quality of service provision	11
<hr/>	
About CQC Inspections	12
<hr/>	
How we define our judgements	13
<hr/>	
Glossary of terms we use in this report	15
<hr/>	
Contact us	17

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 10 April 2013, observed how people were being cared for and talked with carers and / or family members. We talked with staff.

What people told us and what we found

Due to the complex needs of people living at Rowan Court and our inability to communicate with them verbally, we were only able to talk with one person to obtain their views about the care they received. They told us they were happy and received good care.

We observed staff were attentive to people's needs and appeared to know them well. Although people did not have capacity to consent to complex care decisions, we observed staff involving people in decisions. For example, asking them what they wanted to eat and drink and what activities they wanted to participate in.

We reviewed people's care records and spoke with a relative of a person living at Rowan Court. The care records we looked at were person centred and provided an accurate and up to date picture of their care needs and how their care needs were to be met. The relative whom we spoke with was very complimentary about the quality of care. They told us, "I can't praise it highly enough".

The staff we spoke with told us they provided good care and received the necessary training and support to enable them to so.

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

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

People who use the service were given appropriate information and support regarding their care or treatment.

The young adults living at Rowan Court had complex conditions which meant most of them had difficulty making decisions and communicating their needs. However we observed staff involving people in decisions. For example, asking them what they wanted to drink and what social activities they wanted to participate in. We saw staff were familiar with the different communication methods people used such as 'eye pointing' and hand gestures.

We looked at three sets of care records and saw evidence that people's capacity to consent had been considered. In most instances the person was assessed as not having capacity to consent. When people had been assessed as not having the capacity to consent we saw the provider had acted in accordance with legal requirements. We saw evidence that best interest meetings had taken place and records showed how decisions had been made.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We were informed that staff at Rowan Court were in the process of implementing new care planning documentation which the provider had introduced. We looked at the care records of three people which included their current care plans and new care plans. We saw both sets of care records provided sufficient information to enable care staff to meet the needs of the individual. However the new care records contained more detailed information and were easier to follow. A care worker who was in the process of developing a person's new care plan told us the new care plans were more detailed and they had been liaising with the person's family.

The information we looked at was person centred and included detailed information about the person's daily routine. Individual daily activities were described for staff to follow and we saw photographs providing guidance about equipment people used and how they should look when it was being used in the correct way.

Appropriate risk assessments were in place for identified risks. The care records also contained reference to guidance from other health professionals such as physiotherapists and speech and language therapists. We could see from the daily communication records and activity planner that people were engaged in a range of therapeutic and meaningful activities.

The staff we spoke with were familiar with people's needs and were able to provide an accurate description of the support they required. This reflected what was written in the care plan. We also spoke with a person's relative who told us they thought the quality of care their relative received was good, they told us, "I can't praise it high enough." They provided us with examples of how staff supported their relative to lead an independent life as possible and that it was, "a client led agenda."

We asked one person living at Rowan Court if they were happy with the care they received and they told us they were happy.

There were arrangements in place to deal with foreseeable emergencies. We saw first aid equipment was available throughout the home. For people who required emergency drugs to treat an epileptic seizure, we saw clear protocols in the care records describing when to administer the drug and how much to administer. Again, the manager told us these protocols were in the process of being updated so they were easier for staff to understand.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were handled appropriately.

All the people at Rowan Court had a medication cabinet within their bedroom which meant their medication was stored separately from everybody else's. This reduced the risk of errors in medication administration. However we also looked at the medication room and saw medication was stored appropriately and safely.

A senior member of care staff explained the medication procedures they followed and this reflected the procedures written in the medication policy. We were told that in order to reduce medication errors, two members of staff were always involved in administering medication. We observed this on the day of our inspection. The member of care staff we spoke with told us they always sought advice if they were concerned about a person's medication.

We saw evidence that staff who administered medication had up to date training and the staff we spoke with confirmed this at the time of the visit.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

A person's relative whom we spoke with spoke highly of the care team including the manager. They told us staff were dedicated and committed and their relative benefited from a regular team of carers. The staff we spoke with told us they felt supported and were aware of what mandatory training they were required to complete during 2013. They also confirmed they received regular supervision such as every 6 weeks which we saw documented in people's personnel files.

The manager told us that as a result of workshop to share the provider strategy and business plan, staff had identified they needed to improve communication. As a result, they told us more frequent staff meetings had been introduced which we saw documented.

We saw a copy of the staff mandatory training matrix which showed staff had been trained in areas such as moving and handling, safeguarding and disability equality. We also saw staff were able to access additional training such as the Diploma in Health and Social Care.

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

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We looked at the complaints and compliments file and saw there had been no complaints made since the last inspection. We saw two entries of compliments about the quality of care provided. A relative also told us they were happy with the care their relative received and told us care staff listened to feedback from relatives. We saw minutes of meetings which had involved people who use the service. The minutes demonstrated the meeting was conducted to meet the communication needs of the people attending. We discussed the frequency of these meetings with the manager who agreed that they should happen more frequently than we saw documented.

We saw evidence of a variety of procedures which were followed in order to assess and monitor the quality of the service. For example, we saw monthly audits of mattresses and people's slings were conducted in order to identify and health and safety risks. We also saw an infection prevention control action plan which had been developed as a result of an infection control audit. The majority of minor issues raised had been actioned.

The manager told us they felt supported by the provider and we saw they attended the management meeting organised by the provider. However, the provider may wish to note that we did not see evidence of a provider quality assurance visit since April 2012.

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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