

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

## Rowanberries

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Date of Inspection: 17 December 2012

Date of Publication: February 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
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<b>Care and welfare of people who use services</b>	✓ Met this standard
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<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
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<b>Requirements relating to workers</b>	✓ Met this standard
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<b>Complaints</b>	✓ Met this standard
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## Details about this location

Registered Provider	Methodist Homes
Overview of the service	Rowanberries Domiciliary Care Agency operates within the Rowanberries Housing with Care Complex in the village of Clayton, about three miles from Bradford City centre. The agency is part of an integrated care scheme, which aims to support older people, some with dementia to live as independently as possible within their own home. The agency is contracted by Bradford Social Services to provide the service on a block contract basis with some privately funded services also.
Type of services	Domiciliary care service Extra Care housing services
Regulated activity	Personal care

## Contents

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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

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### What people told us and what we found

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We spoke with seven people who used the service. Everyone we spoke with confirmed that they felt they were treated with respect by the staff. They all confirmed that staff knocked on their door and waited before entering their apartment and that staff were polite and respectful. One person said "Yes, they always knock or ring the bell." One person told us "The staff are all good here, I have never regretted coming". Everyone we spoke with who used the service told us they felt safe. One person said "I couldn't feel safer".

We saw that people were supported through a care planning process to be supported with meeting their needs. People's wishes and choices were recorded and systems were in place to ensure that people were supported to raise complaints and be supported with any allegations of harm.

There was a recruitment process in place which ensured that checks were undertaken to verify that people were suitable to work in the service prior to them commencing in their role.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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We spoke with seven people who used the service. Everyone we spoke with confirmed that they felt they were treated with respect by the staff. They all confirmed that staff knocked on their door and waited before entering their apartment and that staff were polite and respectful. One person said "Yes, they always knock or ring the bell."

Staff gave us good examples of how people's privacy and dignity were respected. This included knocking on people's doors and waiting for a reply before entering their apartments and ensuring that people were covered when supported with personal care. Additionally they would explain to people what task they were there to support the person with and that they would ask if this was acceptable to the person.

When we asked people about choices in their day one person said "I can wear what I want and staff help me to get dressed but then I can do the rest, staff are very good."

Staff gave us examples of the choices people could make each day. This included what to wear and what food or meals the person would like. Also whether to remain in their own apartment or to join with other people in the communal areas of the service. When we looked at people's files we saw that these recorded the choices that people liked to make each day, including whether to remain in their apartment or to go to the in-house café for lunch.

When we asked the manager about the use of advocacy in the home she confirmed that although no-one currently accessed this type of service there was information available regarding two different advocacy agencies. She told us that no-one had been supported through the use of a Best Interest meeting or an assessment through the Mental Capacity Act 2005. Best Interest meetings would be organised by social care professionals and would include health care professionals, relatives and other interested parties. The people who attended the meeting would be invited to make decisions about a person's life when they were unable to make a decision for themselves

All of the files included written and signed confirmation that people had been involved in

the preparation of their care file/plan and that they agreed to the content. Additionally people had signed to give their permission to their photograph being taken for their files and that their personal information could be shared as necessary, for example with other professionals. A separate document recorded the person's wishes regarding staff holding a key to their apartment and staff access to their apartment.

People who use the service understood the care and treatment choices available to them

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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Everyone we spoke with was happy living in the service. One person told us "The staff are all good here, I have never regretted coming."

When we looked at people's files we saw that these all included a resident care and support plan that recorded the details of the person, their medical history, significant life events, their needs including personal care and religion and their future goals and wishes. An additional document was then produced that recorded the person's care and support needs including personal care, dietary needs, household and financial support. This provided staff with the information they required to be able to support someone with meeting needs.

There were separate assessments and profiles for assisting people with the meeting of needs regarding medication and these included details of how the person undertook this themselves. This included any risks and assistance required for maintaining their independence with this.

People's files included risk assessments to assist them to live their lives as safely as possible. These included risks when mobilising, the use of bed rails and any environmental risks. There were risk assessments for the risk of people falling and when necessary an additional falls assessment tool which identified if the person required the support of physiotherapy services. Where required people also had a falls diary to record any falls and to be able to assess any patterns for this and areas of support. We saw that these were reviewed regularly and when necessary There was also a personal egress plan for each person if there was an emergency, for example a fire in the service.

We saw that the majority of records had been reviewed on a monthly basis to ensure that staff were aware of the latest needs of the people they were supporting. The provider may wish to note that two of the records had not been updated in the last month. This did not ensure that the latest needs of people were known.

When we spoke with staff they reflected a good knowledge of the people they supported. They told us that they knew peoples needs by reading their care plans and that they checked daily logs and discussed care practices in their supervisions sessions.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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Everyone we spoke with who used the service told us they felt safe . One person said "I couldn't feel safer".

We looked at the procedures in the service and this included information on the Safeguarding of Vulnerable Adults (SOVA) and the different types of abuse. It recorded the actions to be taken should an allegation of abuse be raised in the home. This included reporting the allegation immediately to the local authority safeguarding adult's team also that staff should not 'interview' the victim. Additionally there was a copy of the local authority policy regarding the safeguarding of vulnerable adults. The manager told us how notifications to this team were completed by email.

When we spoke with staff they told us they had all completed training on the safeguarding of vulnerable adults (SOVA). When we looked at the staff training matrix we saw that all of the staff team had completed the SOVA training. When asked staff were all positive in the actions they would take should an incident of alleged abuse occur in the service.

We spoke with the administration person in the service who showed us how the service supported some people with the handling of their personal finances. Wherever possible people handled their own money but on occasions people required this support from the service.

There were systems in place for the safe storage of monies and records were kept of all receipts and expenditures, with receipts for any expenditure. The provider may wish to note that when money was received on behalf of a service user a receipt was provided to the depositor. However no copy of the receipt was kept in the service. This did not provide a clear audit trail and had the potential for errors to occur. Additionally staff did not sign to confirm receipt of money when purchasing items on behalf of service users. Although all entries were signed and monthly and annual audits were undertaken of the system and records kept.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We looked at three staff files and saw that these all included an application form that recorded the person's skills and experience relevant to this employment. People had provided two written references and a Criminal Records Bureau check (CRB). This recorded if someone held a criminal conviction that would prevent them from working with vulnerable people.

One member of staff we spoke with confirmed the recruitment process to us. This included attending for an interview and providing references and a CRB check.

Appropriate checks were undertaken before staff began work.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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When we asked people about raising complaints everyone confirmed that they felt comfortable in raising any concerns, although several people added that they had "No concerns to raise. "

When we talked with staff about handling complaints they were aware of the system within the service for referring complaints to the manager.

We saw that a copy of the complaints system was on display within the service. We saw that the policies in the service included a policy for the handling of complaints and that this was also available in a shortened booklet version.

We looked at the complaints records held in the service and saw that when a complaint had been received records were kept which recorded any investigation undertaken and the outcome of the complaint. The provider may wish to note that these records were written as a summary and did not include full details of the work undertaken and actions completed, including any feedback from the complainant. This did not ensure that a comprehensive audit trail was available.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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