

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

Rowanberries

3 Baldwin Lane, Bradford, BD14 6PN

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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
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Methodist Homes
Registered Manager	Mrs. Carolyn Julie Bartle
Overview of the service	<p>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.</p>
Type of services	<p>Domiciliary care service Extra Care housing services</p>
Regulated activity	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	5
Care and welfare of people who use services	6
Cleanliness and infection control	8
Staffing	9
Assessing and monitoring the quality of service provision	10
<hr/>	
About CQC Inspections	11
<hr/>	
How we define our judgements	12
<hr/>	
Glossary of terms we use in this report	14
<hr/>	
Contact us	16

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 25 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with five people who used the service. The people we spoke with were all positive about the care and support they received. People told us they had been consulted about the care package they received and their support plans had been discussed with them. We found the provider had assessed people's needs and there was evidence support plans had been amended to reflect people's changing needs.

In addition to the manager and deputy manager we spoke with five members of staff employed by the agency. The staff told us they enjoyed working at Rowanberries and always respected people's rights to privacy and dignity when they provided care and support. They also told us they helped and encouraged people to retain their independence and provided care and support in line with their agreed care plan.

We found the provider had enough staff to ensure the safety and welfare of people who used the service and had effective systems in place to prevent, detect and control the spread of health care associated infection. We also found the provider had effective systems in place to monitor the quality of the service provided.

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.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The manager told us they were familiar with the requirements of the Mental Capacity Act (MCA) and all staff had completed training (E Learning) on the MCA and Deprivation Of Liberty Safeguards (DOLS). This legislation is used to protect people who might not be able to make informed decisions on their own.

The staff we spoke with told us they respected people's rights to make choices and decisions about the way they wanted their care and treatment to be delivered and showed a good understanding of people's different needs. We also saw the agency had a policy and procedure document in place which included guidance to staff on how they should obtain people's consent before they provided any care and support.

We asked the staff what they did to make sure people were in agreement with any care and treatment they provided on a day to day basis. They told us they always asked people's consent before they provided personal care and continued to talk to people while they assisted them so they understood what was happening. The staff told us they respected people's right to refuse care and treatment and never insisted they accepted assistance against their wishes.

The people we spoke with confirmed staff sought their consent before they assisted them with any personal care tasks and respected their right to refuse treatment if they chose to do so. There was also evidence within the care documentation we looked at which showed where people were unable to consent to care and treatment their preferences were discussed and reviewed and a best interest decision made. This demonstrated to us that before people received any care or treatment they were asked for their consent and the provider acted in people's best interest.

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

We looked at four support plans and found they provided staff with the information they required to make sure people received appropriate care and support. However, the provider may find it useful to note that some support plans simply stated "assist with personal care" or "assist with shower." There was no guidance to staff about the level of assistance the person required or how they preferred their care and support to be delivered. This was discussed with the manager who confirmed the matter would be put on the agenda for the next staff meeting and additional care planning training would be provided if necessary.

We saw people who used the service or their relatives had signed their support plans to acknowledge they had read and agreed the content. This demonstrated to us that people had been involved in the care planning process and their support plan had been discussed and explained to them.

We saw support plans were reviewed on a six monthly basis or sooner if there were significant changes in people's needs or circumstances. Risk assessments were also in place where areas of potential risks to people's general health and welfare had been identified. These included assessments relating to people's mobility, nutrition, medication and the environment.

Staff told us they completed and read the daily reports at each visit and if they had any issues or concerns, these were reported to the manager or another member of the senior staff team. The staff we spoke with felt any issues or concerns they had were responded to quickly by the manager and said a member of the management team was always on call outside of normal office hours to provide support if required. People who used the service confirmed staff were aware of the needs and always completed the daily report sheets when they visited.

However, the provider may find it useful to note some daily reports we looked at showed staff had only taken 10 or 15 minutes to assist people with their personal care needs. This indicated to us people had been rushed if staff had completed all the tasks agreed in their support plan within such a short period of time. This matter was discussed with the

manager who told us they felt staff were not recording the times correctly and assured us staff never rushed people when assisting them with personal care. People who used the service confirmed this. One person said "I am very happy with the service provided, the staff are all lovely and I am sure they usually spend more time assisting me than they really should because my mobility is now very poor." Another person said "I cannot fault the service we receive, the staff never seem rushed and always have a time for a chat before they leave.

People who used the service also told us they were involved in planning their care and support and were very pleased they were supported by a regular team of care staff as this helped to provide them continuity of care.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We found the service had infection control policies in place which included guidance on supporting people with infectious diseases and correct hand washing procedures. The manager told us all staff updated their infection control training on an annual basis and this was evidenced by the training records we looked at.

In addition, all the staff we spoke with told us they had completed infection control training. They also told us about the procedures they followed when they provided personal care and handled clinical waste which helped to reduce the risk of infection. This included such things as wearing appropriate protective clothing and using correct hand washing techniques.

The people we spoke with confirmed staff always wore protective clothing when they assisted with personal care and washed their hands thoroughly before and after they provided assistance. One person who used the service told us, "The staff are very good and always make sure they follow the correct procedures." Another person said "The staff make sure all the communal areas in the building including the toilets are kept clean and there is always liquid soap and paper towels available. This demonstrated to us there were effective systems in place to reduce the risk and spread of infection.

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

The manager told us sufficient staff were employed for operational purposes and there was a good skill mix within the staff team. The manager told us there were staff on duty twenty four hours a day as two night staff were employed. They confirmed the night staff assisted people during the night only if it was part of their agreed care package but would respond if other emergency situations occurred. .

We saw three new "bank staff" had been employed in the last six months to complement the permanent staff team and to cover for annual leave and sickness. The staff we spoke with told us they had sufficient times between visits and the rotas were manageable.

The manager told us on employment all new members of staff completed an induction programme that took into account recognised standards within the care sector and was relevant to their workplace and their roles. They confirmed no staff were allowed to work unsupervised until both they and the manager felt they were confident and competent to do so. The manager confirmed training was either provided by E Learning, in house training or facilitated by an external training provider.

We saw that staff meetings were held so staff were kept up to date with any changes in policies and procedures and any issues that might affect the running of the service or the care and support people received. The staff we spoke with told us there were clear lines of communication and accountability within the agency and they were supported through a planned programme of supervision and training.

The people we spoke with told us staff were professional in their approach to providing care and support, there always enough staff on duty and staff appeared competent and well trained. One person said "The carers are all very good, they will do anything you ask of them and always make sure I am safe and well before they leave." Another person told us "It's so nice to have the the care staff based within Rowanberries because you know if you have a fall or other accident there is always someone around to assist you which might not be the case in the community. I am very pleased with the service I receive."

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 to regularly assess and monitor the quality of service people receive.

Reasons for our judgement

We saw there was a quality assurance monitoring system in place that continually monitored and identified shortfalls in the service and any non compliance with the essential standards of quality and safety. The system included an annual audit planner which highlighted which audits had to be carried out on a monthly basis throughout the year.

We saw the manager audited care documentation and records on a regular basis so that action could be taken quickly to address any errors that had been identified. We saw the manager also carried out an audit of staff files and checked the staff training matrix and supervision schedules on a routine basis to make sure they provided accurate and up to date information. The manager told us the audit results were reviewed and analysed for themes and trends. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented.

The manager told us as part of the quality assurance monitoring process the agency sent out annual survey questionnaires to people who used the service to seek their views and opinions of the care and support they received. The manager confirmed the information provided was collated and an action plan formulated to address any concerns or suggestions made.

The manager told us the survey for 2013 had been carried out by an external agency and the information had not yet been collated. However, the manager confirmed that people who used the service had a six monthly review of their care package and were always asked at that time if they had concerns about the service they received or had any suggestions about how the service could be improved. In addition people we spoke with told us the manager was very approachable and operated an open door policy which meant they could contact them at any time if they had any concerns about the care and support they received.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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