

Wellington Healthcare (Arden) Ltd

Rowan Garth Care Home

Inspection report

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Liverpool
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rowan Garth Care Home is a residential care home providing personal and nursing care to up to 150 people. Accommodation was spread across 5 separate units. Each unit specialised in different types of support for people with a variety of health and care needs, including people living with dementia. At the time of our inspection, 1 unit was not in use and there were 72 people using the service.

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

Systems had been introduced to improve the manager and provider oversight of the quality of the service people received. A new manager had recently been appointed. Changes in the management team had impacted on the embedding of these new systems. This meant positive progress against our last inspection findings had been made in many areas, but not all. Further improvements were needed to fully review aspects of people's care which included the experiences of people living at the home at mealtimes and opportunities to reduce the risk of social isolation.

There was a lack of awareness of who the new manager was and further work was needed to develop and maintain positive and trusting relationships and to embed a person centred culture within the home.

Although we found some improvements were still required at Rowan Garth Care Home, most people did speak positively of the care they received.

Appropriate checks on staff were in place to ensure they were suitable for the role before working with people. We observed staff had a caring nature and knew people well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Policies and systems were in place to support best practice. The communication needs of people were clearly documented, and people had access to appropriate healthcare services.

Checks were in place to ensure people lived in a safe environment. Ongoing refurbishment and redecoration of the home was planned and ongoing.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 10 November 2022) and the provider was in breach of multiple regulations. The provider submitted regular action plans after the last inspection to show what actions they were taking to improve. At this inspection we found the provider remained in breach of 1 regulation.

At our last inspection we recommended that the provider sought advice and updated their practices around the implementation of the Mental Capacity Act 2005. At this inspection we found they had made improvements.

This service has been in Special Measures since 9 November 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified an ongoing breach in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

We have also made recommendations to improve the choice and quality of food available and to ensure all people are supported in a way which reduces the risk of social isolation.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Rowan Garth Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 3 inspectors, a Specialist Professional Advisor, who was a nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Rowan Garth Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rowan Garth Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was no registered manager. A new manager had been in post for 2 months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with 12 people who used the service and 4 family members about their experience of the care provided. We also observed interactions between staff and people who used the service.

We spoke with 15 members of staff including the manager, members of the management team, the receptionist, ancillary staff, nurses and carers.

We reviewed a range of records. This included 15 people's care records and multiple medication records. We looked at 7 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

At our last inspection the provider had failed to ensure safe and effective systems were in place to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments and care plans were in place to mitigate risk. This had improved since we last inspected. Further work was needed in some areas in relation to detail however information was sufficient. Whilst risks were reviewed on a regular basis some care plans needed updating to reflect when a person's needs had changed. This was immediately rectified once raised with the management team.
- Staff were knowledgeable and able to describe people's care needs. Throughout our inspection, we observed safe working practices, such as moving and handling being carried out.
- Systems to record accidents and incidents had improved. Accidents and incidents were being reviewed on a regular basis by the manager and the provider.
- Routine checks on the environment and equipment were up to date and certificates were in place to demonstrate this.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure systems and processes to safeguard people from the risk of abuse were established and operating effectively. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Improved systems were in place to protect people from the risk of abuse.
- Referrals had been made to the local authority safeguarding team when abuse had been suspected and appropriate investigations had been completed. A family member told us they were unhappy with the length of time taken to investigate concerns. We shared this with the manager who told us they would ensure the family member was updated.

- Staff received training and understood the actions they must take if they felt someone was being harmed or abused.
- Most people told us they received safe care and felt secure living at Rowan Garth Care Home. A person told us, "I feel safe here, definitely safe. [Staff] look after me, and I mean look after me."

Staffing and recruitment

- Staffing levels were safe however, we received mixed feedback from people about the responsiveness of staff if they called for assistance. Comments included, "I mainly stay in my room so I don't know how many staff are on but they are quite prompt at answering when I call," "I don't know how long I have to wait but they seem to just be there" and, "There never appear to be enough staff as I ring them but they rarely arrive on time, I feel sorry for them but it's distressing for me."
- Staff were safely recruited. Appropriate checks had been made before being offered employment.
- Staff rosters demonstrated some reliance on agency workers to maintain staffing levels. Safe recruitment checks were made however there was a lack of recorded inductions. The manager had identified this as an area of improvement prior to our inspection and had implemented new documentation to be completed. Nursing staff confirmed the new process.

Using medicines safely

- Medicines were safely managed. Records of administration were maintained and in line with best practice.
- Medicines were stored securely and only administered by staff who were suitably trained.
- People told us they received their medicines as prescribed. A person commented, "I know what medication I take; and I get them more or less on time."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was enabling visiting in line with government guidelines.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Improvements were needed to improve the experience of people during mealtimes. The quality of service and food available varied between units. This was supported by mixed feedback from people who used the service.
- There was a lack of condiments or napkins offered to people on some units. There was also inconsistency whether a temperature probe was used to ensure meals were served at an appropriate temperature. A person had commented, "My food is always served cold."
- There was a lack of accessible menu available and a lack of choice when people needed their diet modifying due to choking risks. People had not been consulted recently on menu choices, or on the quality of food provided.

We recommend the provider undertakes a review of the mealtime experience, consults with people who use the service about meal choices and take action to update their practice accordingly.

- People's care needs had been assessed before they moved to the service. Care plans had been developed based on these assessments, as well as advice and guidance provided by other health and social care professionals.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- A number of people had been assessed as lacking capacity to consent to living at the home, or to aspects of care designed to mitigate risk; such as needing bed sensors and bed rails. Appropriate applications for DoLS had been made.
- We identified some DoLS applications had not yet been authorised; however, systems to review care plans did not routinely check DoLS application to ensure any changing needs were included on the application. We raised with the manager and discussed the importance of building this into existing auditing systems.

Staff support: induction, training, skills and experience

- Regular staff received an induction when they started employment and the training they needed to support people effectively.
- Records of all training completed were maintained and monitored by the manager. This was an improvement since the last inspection.

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

- Staff worked with other agencies to ensure people received consistent, effective and timely care.
- Records confirmed people were supported to access their GP and other health services when required. A family member told us, "[Staff] will ring me if there is anything."

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

- People had the equipment they needed to be supported effectively and, where they had chosen to, personalised their own bedrooms.

Is the service caring?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

At our last inspection the provider had failed to establish effective systems to ensure people received person-centred care and treatment. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People were well treated and supported. We observed positive and caring interactions throughout our inspection.
- People told us they received a caring service. A person told us, "The staff are marvellous." A family member added, "[Name] is well cared for here and it stops us worrying about him."
- Care plans identified peoples' protected characteristics under the Equality Act 2010.
- Care plans demonstrated where people had been involved in decisions about their care. Where appropriate, family members had also been consulted.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and they were supported to be as independent as possible when receiving care. Comments included, "I get up when I want to," "[Staff] come and help me when I need them" and, "[Staff] will help me with things if I ask them, I get dressed myself."
- During the inspection we observed staff respect people's privacy and dignity by knocking on closed bedroom doors before entering and speaking and explaining to people before delivering an aspect of care.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

- People were not always supported to follow their interests and to take part in activities which were socially and culturally relevant to them.
- We received feedback from people who either chose to spend their time in their bedroom or spent time in bed due to health needs. Comments included, "I'm very bored here, there is nothing to do. I just stay in my room and sleep" and, "I like conversation, they don't do it here."
- However, other people who spent time in their bedroom told us they did have things to do to keep themselves occupied. We were told, "I do crochet, knitting and embroidery to keep me going" and, "I have a library in my wardrobe of my books."
- Other people who lived at Rowan Garth Care Home were supported to take part in activities which were relevant to them. We observed people enjoying quizzes, musical acts, arts and craft activities and going out with staff into the local community.

We recommend the provider engages with people who use the service to ensure a varied plan of activity is available to everyone which reduces the risk of social isolation of those people cared for in their bedrooms.

- People were supported to keep in touch with loved ones. Family members visited regularly. One person was being supported to attend a family celebration during our inspection.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and information on how to make a complaint was clearly visible.
- People knew how to raise a complaint. A person told us, "I can talk to any of the staff if I have a problem."
- Other people told us however they didn't know who the new manager was and not all people felt confident their concerns would be dealt with. We shared this feedback with the manager and discussed the importance of forging positive relationships with people who use the service and their loved ones.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were familiar with people's needs and preferences. Important information was recorded. This

included important information about how people communicated.

- Most people we spoke with were positive about the care people received. A person commented, "The staff are great, they are kind to me and paint my nails and everything."
- A family member told us, "I'm very happy with this Home. [Name] came here [as] he wasn't managing at home with carers. He has really come on here and it's brought him out of himself."

End of life care and support

- Care plans demonstrated personal wishes were documented. Where appropriate, Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) orders were in place and readily accessible.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure governance procedures were always effective to monitor and improve the quality and safety of the service. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

- Since our last inspection, the provider had made a number of improvements to monitor the quality of the service. Care plans had improved; systems were in place to monitor documentation completed for people; events which occurred were appropriately recorded, reported and reviewed. The new manager was also introducing further systems to improve the service.
- However, the current management team was still developing their own working relationship as well as with the staff team. This meant the improved systems had not been fully introduced or embedded. Gaps still remained in the quality of people's care plans and the records maintained by staff.
- The provider had also enlisted support from an external consultant to assess the quality of the service and identify further areas of improvement. The resulting report and existing systems had picked most of the issues we identified; however, inconsistency and changes of management since the last inspection meant sufficient action had not yet been taken to address all areas of shortfall.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Aspects of the service needed to be further improved to demonstrate a positive person-centred culture.
- Most people told us they didn't know who the new manager was. A person commented, "The new manager hasn't been round to meet me. I don't know who it is but have heard there is a new person here." A family member expressed frustration at the delays changes in management had caused for a thorough investigation to be concluded following an incident which had occurred.
- Team meetings and staff supervisions had also been inconsistent in recent months. This meant staff had not always been able to discuss any issues or contribute their views about how the service could be improved.
- The lack of regular meetings and changes in management also left some staff feeling unsupported in their

role and lacking on confidence in approaching the management team with personal issues. A staff member said, "The deputy is supportive. We hope the new manager will be too. It's been hard because it's more changes but we try and do our best for the residents."

- We shared this feedback with the management team and discussed the importance of developing meaningful relationships. The manager showed us evidence of arranging regular meetings and sharing information through newsletters; but accepted further work needed to be done.

Governance systems were not always effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. There was also a failing to ensure contemporaneous records were consistently maintained. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The manager demonstrated an understanding of their responsibilities under duty of candour.
- Information contained within care plans and received as part of our inspection demonstrated the staff at Rowan Garth Care Home worked in partnership with other agencies.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Governance systems were not always effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.</p> <p>There was also a failing to always ensure contemporaneous records were consistently maintained for people who use the service.</p> <p>Regulation 17(1) (2)(a)(b)(c)</p>