

Bupa Care Homes Limited

Rowan Garth Care Home

Inspection report

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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

This inspection took place on 7 and 8 June 2017 and was unannounced.

Rowan Garth Care Home is a large care service in Liverpool which comprises of five separate units, set within extensive grounds, the service can accommodate up to 150 people. Each of the five units are single-storey and can accommodate up to 30 people. The service supports people with a range of care needs from nursing and end of life care, to short term respite care and residential care. Rowan Garth is situated in a suburb of Liverpool, close to transport links. Clover unit closed on 30 September 2016 so only 4 units were occupied at the time of the inspection. The units provide residential, nursing, dementia residential and dementia nursing care. During the inspection, there were 99 people living in the home.

At the last inspection in October 2016 the provider was found to be in breach of Regulations in relation to medicines management, risk management, staffing and staff support systems, application of Deprivation of Liberty Safeguards (DoLS), person centred care, dignity and the governance of the service. Following the inspection the service was rated as inadequate overall and placed in special measures. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Since the last inspection the registered provider for the service has changed, but remains part of Bupa and its senior management structure. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection we identified breaches of regulation in relation to keeping people safe. The breaches were in relation to staffing, medicine management and risk management. During this inspection we found that improvements had been made and the provider was no longer in breach of regulations regarding these areas.

During the last inspection we found that medicines were not always managed safely as prescribed directions were not always followed, there was no guidance to advise when to give PRN (as required)

medicines and stock balances were not all accurate. During this inspection we looked at the way medicines were handled in all four units within the home. We looked at records about medicines, arrangements for ordering and storing medicines and we observed medicines being administered. We found that medicines were managed safely.

At the last inspection we found that when people were identified as at risk, actions taken were not clearly recorded. We also found that the environment was not always maintained safely and vulnerable people had access to areas of the home that could pose risk to them. During this inspection we reviewed how risk was managed and found that improvements had been made.

The care files we viewed showed that staff had completed risk assessments to assess and monitor people's health and safety and records reflected that appropriate actions had been taken to address identified risks. Areas of the home that could pose risk to people were kept locked when not in use.

Arrangements were in place to monitor the environment to ensure it was safe. External contracts were in place to check the safety of gas, electrics, fire equipment, lifting equipment and water safety and internal checks were regularly made in other areas. We found that risk was assessed and managed safely for people living in the home and the provider was no longer in breach of regulation regarding this.

In October 2016 we identified that there were not always adequate numbers of staff on duty to meet people's needs in a safe and timely way. During this inspection people living in the home told us there were enough staff on duty to meet their needs and staff we spoke with told us staffing levels had improved. The provider was no longer in breach of regulations regarding this.

In October 2016 we identified breaches of regulation in relation to staff support systems and the use of restrictive practices. During this inspection we checked whether the necessary improvements had been made and found that they had.

DoLS applications had been made appropriately and included any restrictions in place and consent was sought in line with the principles of the Mental Capacity Act 2005. The provider was no longer in breach of regulation regarding this.

At the last inspection we found that staff were not always supported sufficiently in their role. During this inspection staff told us they received regular supervisions and an annual appraisal and that the registered manager was always available for support. All new staff completed an induction that met the requirements of the Care Certificate and records showed that most staff had completed refresher training in areas the provider considered mandatory. We found that systems were in place to support staff and the provider was no longer in breach of regulation regarding this.

At the last inspection we found that care was not always provided in such a way to ensure people's dignity was maintained as staff interactions were not all caring, people's clothes went missing and there were no locks on communal bathrooms. We also saw that people became distressed when they had to wait to receive care. During this inspection we looked to see whether people's dignity was protected and found that it was.

Interactions we observed between staff and people living in the home were warm and caring and people did not have to wait long for support. Locks had been installed on communal bathroom doors since and no concerns were raised regarding laundry services during this inspection.

People we spoke with told us staff were kind and caring and treated them well. We found that improvements had been made and people's dignity was maintained and promoted. The provider was no longer in breach of regulations regarding this.

In October 2016 we identified breaches of regulation in relation to person centred care and care planning. Care plans did not provide sufficient information, care provided was not always recorded accurately or timely and not all staff knew the people they were supporting. During this inspection we reviewed care planning records and found that improvements had been made.

Most care plans were detailed, person centred and informative and plans were in place for all identified needs. Staff were very knowledgeable regarding people's needs, but this was not always clearly recorded in care plans. We found that the planned care was evidenced as provided, such as regular blood sugar monitoring.

Systems were in place to help ensure people and their families were involved in the plan of care. Improvements had been made and the provider was no longer in breach of regulations regarding person centred care and care planning.

At the last inspection we found that there was a lack of meaningful activity available to people. During this inspection we reviewed activities available and saw that improvements had been made. Activities were now provided both in groups and on a one to one basis, based on people's preferences.

When we carried out a comprehensive inspection in October 2016, we identified a breach of regulation in relation to how the service was ran and the systems in place to assess and monitor the quality and safety of the service. During this inspection we found that improvements had been made and the provider was no longer in breach of regulations regarding this.

Audits were completed regularly by the registered manager and clinical services manager and when actions were identified, we found that they were addressed. The regional manager visited at regular intervals and completed a 'First impressions' audit of the home. Daily walk around checks of all units were also undertaken and actions taken appropriately to drive forward improvements.

We found that staff were recruited safely to ensure they were suitable to work with vulnerable people.

Appropriate safeguarding referrals had been made and staff were knowledgeable about safeguarding processes and how to report any concerns. We looked at accident and incident reporting within the home and found that incidents were recorded and reported appropriately.

Feedback regarding meals was positive. People told us they had a choice of meal and they always had enough to eat and drink. Staff we spoke with were knowledgeable about people's dietary needs and preferences and when required, people's intake was monitored and recorded.

Staff told us there was no set daily routine. People living in the home confirmed they had choice regarding daily routines and records showed that when people refused care, this was respected.

People's preferences were reflected throughout care plans we viewed. This helped staff to get to know people and provide care based on their needs and preferences.

We observed relatives visiting at various times throughout the day. We saw that visitors were welcomed by

staff and people living in the home told us their relatives could visit them at any time. For people who had no family or friends to represent them, contact details for a local advocacy service were available.

Systems were in place to gather feedback from people and listen to their views. The registered manager told us they had an open door policy and people felt listened to when they raised any issues.

There was a complaints procedure in place and this was displayed on notice boards within the home and people we spoke with told us they knew how to make a complaint should they need to.

There was a new registered manager in post since the last inspection and feedback regarding the management of the home was very positive.

Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications.

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 safe.

Medicines were usually managed safely within the home.

Risk assessments had been completed to assess and monitor people's health and safety and appropriate actions had been taken to address identified risks. The environment was also safely maintained.

Staffing levels had improved and we found that there were adequate numbers of staff to meet people's needs in a timely way.

Safe staff recruitment procedures were adhered to.

Appropriate safeguarding referrals had been made and staff were knowledgeable about safeguarding processes.

The breaches of regulations we identified in October 2016 had been met. We have revised the rating for this domain following our inspection, however to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Requires Improvement ●

Is the service effective?

The service was effective.

We found that Deprivation of Liberty Safeguards applications had been made appropriately and consent was sought in line with the principles of the Mental Capacity Act 2005.

Staff were supported in their role through induction, training and regular supervisions.

Advice was sought from relevant health professionals to help maintain people's health and wellbeing.

Feedback regarding meals was positive and staff were knowledgeable about people's dietary needs and preferences.

The breaches of regulations we identified in October 2016 had

Requires Improvement ●

been met. We have revised the rating for this domain following our inspection, however to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Is the service caring?

Good ●

The service was caring.

Interactions between staff and people living in the home were warm and caring and people did not have to wait long for support. People told us staff were kind and caring and treated them well.

Care plans promoted people's choice and independence.

People's preferences were reflected throughout care plans. This helped staff to get to know people and provide care based on their needs and preferences.

Visitors were able to visit when they chose and details of advocacy services were available for people who required them.

The breaches of regulations we identified in October 2016 had been met.

Is the service responsive?

Requires Improvement ●

The service was responsive.

Care plans were detailed, person centred and informative and plans. Staff were very knowledgeable regarding people's needs and planned care was evidenced as provided.

People and their families were involved in the creation and review of the plan of care.

Activities were provided both in groups and on a one to one basis, based on people's preferences.

Systems were in place to gather feedback from people and listen to their views. People knew how to make a complaint should they need to.

The breaches of regulations we identified in October 2016 had been met. We have revised the rating for this domain following our inspection, however to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Is the service well-led?

Requires Improvement ●

The service was well-led.

Systems were in place to monitor the quality and safety of the service.

There was a new registered manager in post since the last inspection and feedback regarding the management of the home was very positive.

Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home.

The breaches of regulations we identified in October 2016 had been met. We have revised the rating for this domain following our inspection, however to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Rowan Garth Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 and 8 June 2017 and was unannounced. The inspection team included three adult social care inspectors, two pharmacy inspectors, a specialist advisor who was a registered 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.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, the clinical service manager, the maintenance person, an activity coordinator, 11 members of the care staff, and 15 people living in the home, 7 relatives, the chef, a hostess, a hairdresser, the regional support manager, training manager and the regional director. We also spoke with a visiting health professional and spoke to another health professional on the telephone who visited the service regularly.

We looked at the care files of nine people receiving support from the service, four staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service. We also observed the delivery of care at various points during the inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

When we carried out a comprehensive inspection of Rowan Garth in October 2016, we identified breaches of regulation in relation to keeping people safe. The 'safe' domain was judged to be 'inadequate'. The breaches were in relation to staffing, medicine management and risk management. This inspection checked the action that had been taken to address the breaches of regulation.

During the last inspection in October 2016, we found that medicines were not always managed safely. During this inspection we looked at the way medicines were handled in all four units within the home. We looked at records about medicines and arrangements for ordering and storing medicines. We found that medicines were managed safely.

We watched people being given their lunchtime medicines on one of the units. Nurses gave medicines in a kind and patient way and signed the records after the person had taken their medicine. With one exception medicines that should be given at specific times to be effective were given at the right times. We found one error in medicines administration had occurred that morning. This was reported following the home's incident procedure and the person was not harmed. Systems were adapted to help ensure the error would not be repeated.

One person was given their medicines straight into their stomach via a percutaneous endoscopic gastrostomy (PEG) tube. With the person's consent we watched the nurse administering these medicines and saw that a safe procedure was followed. Three people were given their medicines covertly (disguised in food or drink without their knowledge). We saw documentation showing this had been agreed by relevant people as being in their best interest. The pharmacist had advised the home how to disguise each medicine without reducing its effectiveness.

We looked at a total of 26 medication administration records (MARs). We didn't see any 'gaps' in administration records and any handwritten entries were signed by two people (checking by a second person reduces the chance of a mistake). One person was prescribed oxygen and this was recorded on their MAR. Some people were prescribed one or more medicines to be taken only 'when required'. Extra guidelines (protocols) were kept with their MAR explaining why the medicine had been prescribed and how it should be used so the person gained maximum benefit. People also had an additional plan of care if they were prescribed an antibiotic medicine.

Other people were prescribed a powder to thicken all their drinks because they had difficulty swallowing. A record was made each time the powder was used and protocols were in place for each person stating the required consistency for liquids.

Nurses or senior care staff applied people's prescribed moisturising and barrier creams and recorded this on their MAR. We saw that these creams were applied regularly so people's skin was cared for properly.

Medicines were kept safely and at the right temperatures, which were monitored and recorded each day. If

medicines are not stored at the right temperature it can affect the way they work. Controlled drugs (medicines subject to stricter legal control because they are liable to be misused) were stored and recorded in the right way.

We looked at staff records and saw that 25 staff members had been assessed to make sure they were competent to handle medicines safely. Monthly, weekly and daily checks (audits) were completed to check that medicines were used safely, and in accordance with the home's medicine policy. Recent audits had found very few concerns about medicines handling, but we saw that when an issue was identified, it was actioned. For example, an audit highlighted that one unit needed a new denaturing kit (used to destroy controlled drugs) and we saw that this had been obtained and was in place on the day of the inspection.

We found that improvements had been made with regards to medicines management and the provider was no longer in breach of regulation regarding this.

At the last inspection we identified a breach in regulation regarding risk management. This was because when people were identified as at risk, actions taken were not clearly recorded. We also found that the environment was not always maintained safely and vulnerable people had access to areas of the home that could pose risk to them. During this inspection we reviewed how risk was managed and found that improvements had been made.

The care files we viewed showed that staff had completed risk assessments to assess and monitor people's health and safety. We saw risk assessments in areas such as falls, nutrition, mobility and pressure relief. Most of these assessments were reviewed regularly and records reflected that appropriate actions had been taken to address identified risks. For instance, when people were assessed as being at risk of developing pressure ulcers, care plans were in place to advise staff of what support each person required, such as the type of mattress best suited to their needs and whether they required support to relieve their pressure areas. We found that when people had falls, appropriate actions were taken. However one person's moving and handling risk assessment had not been updated to reflect the falls and the actions taken, although it was within the care plan.

At the last inspection we found that the environment was not always safe as the doors to kitchen areas were left open. This meant that vulnerable people were at risk of scalds due to the instant hot water dispensers within the kitchens. During this inspection we found that when staff were not working in the kitchen, the doors were locked. Records also showed that the temperature of bath water was tested and recorded before people were supported to access the bath, to ensure it was not too hot.

Arrangements were in place to monitor the environment to ensure it was safe. A fire risk assessment of the building had been completed in September 2016 and people who lived at Rowan Garth had a PEEP (personal emergency evacuation plan) to ensure their safe evacuation in the event of a fire. External contracts were in place to check the safety of gas, electrics, fire equipment, lifting equipment and water safety. We viewed certificates for these checks and they were all in date. Internal checks were regularly made in areas such as portable appliance testing, call bells, wheelchairs, water temperatures, fire alarms, bed rails, carbon monoxide and window restrictors.

We found that risk was assessed and managed safely for people living in the home and the provider was no longer in breach of regulations regarding this.

During the last inspection we identified that there were not always adequate numbers of staff on duty to meet people's needs in a safe and timely way. We began this inspection at 6.30 am to be able to gather

views from as many staff as possible and ensure staffing levels were adequate at all times. Staff we spoke with told us staffing levels had improved and new shift patterns had been developed to help ensure more staff were available at busy times throughout the day. Staff told us they had time to sit and chat to people now and records showed that there were often more staff on duty than required according to the provider's staffing analysis tool.

During this inspection people living in the home told us there were enough staff on duty to meet their needs and one person said, "Staff are lovely, I never wait for anything." Relatives we spoke with agreed and a health professional who visited the home regularly also told us that staffing levels had increased, "Immensely" and that this improved the safety of the care people received.

We observed staff responding to people's needs in a timely way. When staff provided support to people they did not appear rushed and we heard that call bells were answered quickly. We found that staffing levels had improved and the provider was no longer in breach of regulations regarding this.

Most people we spoke with told us they felt safe living in Rowan Garth. One person told us, "I lock my door to my own room, I think that is good" and another person said, "If I am feeling unsteady staff help me, it is no trouble." All staff we spoke with told us they felt people living in the home were safe and received safe care.

We spoke with staff about adult safeguarding, potential signs of abuse and how to report any concerns they may have. All staff we spoke with were clear regarding their responsibility in relation to safeguarding and how to concerns. One staff member told us, "Safeguarding is about making sure our residents are safe, so anything that happens I would report to my manager and make sure I document it." A safeguarding policy was in place to guide staff and details of the local safeguarding team were available. The registered manager maintained a record of all referrals, including the outcome of the referral and any actions required. We found that appropriate safeguarding referrals had been made.

We looked at how staff were recruited within the home. We looked at four personnel files and evidence of application forms, photographic identification, appropriate references and Disclosure and Barring Service (DBS) checks were in place. DBS checks consist of a check on people's criminal record and a check to see if they are suitable to work with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. We found that safe staff recruitment procedures were adhered to.

We looked at accident and incident reporting within the home and found that incidents were recorded and reported appropriately. A log of incidents was maintained and each unit manager reviewed this monthly, looking for any potential trends in the incidents. Records showed that appropriate action was taken following incidents, such as referrals to the falls prevention team, implementation of a falls diary, review of risk assessments and GP reviews when necessary.

The home appeared clean and regular cleaning audits were completed. Staff had access to personal protective equipment such as gloves and aprons and we saw these used appropriately when providing care. Bathrooms contained liquid soap and paper towels and cleansing hand gel was available at various points around the units in line with infection control guidance.

The breaches of regulations we identified in October 2016 had been met. We have revised the rating for this domain following our inspection, however to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Is the service effective?

Our findings

When we carried out a comprehensive inspection of Rowan Garth in October 2016, we identified breaches of regulation in relation to staff support systems and the use of restrictive practices. The 'effective' domain was rated as 'requires improvement'. This inspection checked the action that had been taken to address the breaches of regulation.

At the last inspection we found that restrictive practices were in use and the necessary agreements were not always in place. During this inspection we checked whether the service was working within the legal framework of the 2005 Mental Capacity Act (MCA). 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 Act 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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

There were no DoLS authorisations in place at the time of the inspection but all relevant applications had been made. Care files we viewed included information regarding any restrictions in place and we saw that these were reflected within the DoLS applications. For instance, one person used a reclining chair. This was classed as a restriction as they were unable to get out of the chair independently due to the recline and they were unable to consent to its use. Their care file evidenced that this had been discussed with relevant people and the least restrictive option agreed in the person's best interest. The DoLS application and care plan also reflected the use of this chair.

The registered manager maintained a log of all applications made and each unit had a board in the staff office which informed staff who had a DoLS application in process.

When people were able to consent to their care and treatment, we saw that they had signed to consent to the plan of care in place. People we spoke with who were able to consent told us they were involved in decisions regarding their care. One person told us, "I decide" and a relative we spoke with told us, "The home is very good. They take me through everything and talk about best interest."

When there was concern regarding a person's ability to understand and consent, we found that decision specific mental capacity assessments had been completed and decisions made in people's best interest, involving relevant people.

We found improvements regarding restrictive practices had been made and consent was sought in line with the principles of the MCA. The provider was no longer in breach of regulation regarding this.

At the last inspection we found that staff were not always supported in their role through regular

supervisions and an annual appraisal. During this inspection we looked at the systems in place to support staff and found that improvements had been made.

Staff told us they received regular supervisions and an annual appraisal and that the registered manager held a 'drop in' session one evening per week specifically for staff who may want to speak with them. Records we viewed reflected that supervision had been provided to most staff within the past few months. Appraisals had also been completed and those staff who had not yet received one in 2017, were due to take place throughout the year.

All new staff completed an induction that met the requirements of the Care Certificate. The Care Certificate is an identified set of standards that care workers have to achieve and be assessed as competent by a senior member of staff. Staff we spoke with told us their induction included a full weeks training and they felt it was sufficient to prepare them for their role.

Records showed that staff had completed training in areas such as MCA and DoLS, nutrition, medicines management, prevention of pressure ulcers, moving and handling, infection control and the use of bed rails. All staff completed fire safety training as part of their induction and most had attended regular updates. Safeguarding training was also included within the induction and the majority of staff had completed refresher training recently.

We spoke with the company training manager who told us annual refresher courses were scheduled in for all staff. We saw upcoming training dates were advertised in the office within each unit for individual staff members. Staff we spoke with told us the training was regular and sufficient to enable them to support people effectively. One staff member told us, "We have dementia training and that is great. We have the next level training happening soon and I can't wait." Another staff member said, "The training here is great. I have learned so much."

During the inspection we observed an unforeseeable incident occur whilst staff were supporting a person to transfer using an electric hoist. The staff managed the situation calmly and efficiently, whilst ensuring the person was comfortable and reassured until the issue was rectified. This showed that staff had the knowledge and skills necessary to adapt to situations and ensure people's needs were met.

We found that staff were well supported in their role and the provider was no longer in breach of regulations regarding this.

Care files we viewed showed that people at the home were supported by the staff and external health care professionals to maintain their health and wellbeing. The care files reflected advice, care and treatment from relevant health and social care professionals, such as the GP, Optician, dentist, community matron, speech and language therapist and tissue viability nurses. We found that referrals were made appropriately and in a timely way. For instance, one person's nutritional risk assessment showed they were at risk due to recent weight loss and staff had made a referral to the dietician for their professional advice. A new care plan had been created to reflect the advice received regarding the person's diet.

The home also had access to an electronic 'Tele med' system which gave them fast access to health advice. One care record we viewed showed that a person had complained of pain; staff used this system to contact the GP who prescribed pain relief. Staff filled the prescription straight away and the person received pain relief within 20 minutes of the electronic consultation.

We asked people about the food available and people told us, "The food is lovely, I like it anyway", "You can

always get something", "I get plenty to drink", "I choose what I want" and "We have menu's, they are very good." People told us they always had a choice of meal. There was a hostess available during the day on Oak House and Heather House to assist with meals and drinks. One hostess told us they were kept informed if there were any concerns regarding people's dietary intake and we saw that information regarding people's needs and preferences was available in the kitchen. This helped to ensure people received meals and drinks appropriate to them. Staff we spoke with were all aware of people's individual needs, such as the consistency of fluids required.

We saw that when people required their intake to be monitored, this was recorded and balances checked to adequate diet and fluids had been taken.

We spoke to one person who had difficulty communicating their needs. Staff were attempting to understand what the person was trying to request using a communication board. When staff realised the person's request related to food, they got one of the pictorial menus. The person then quickly identified what they wanted and they were very pleased once their request had been understood. When we returned to speak with the person the following day, they informed us they had received what they requested. We found that staff utilised all methods available to meet the person's dietary preferences.

We saw that jugs of juice were available in the lounge areas for people to access at any time. Dining tables were set with tablecloths, flowers, a menu and napkins and the atmosphere during lunch was calm and relaxed. When people required support to eat, staff assisted them in a caring and dignified way and people were not rushed with their meals.

We looked around all of the units and found that they had been decorated to a high standard following a recent refurbishment. The registered manager had taken steps within the units for people living with dementia, to ensure the environment promoted safety and independence. For instance, those units included memory boxes by bedroom doors with photographs and other items significant to the individual. There were pictorial signs indicating where bathrooms and toilets were located, orientation boards and sensory items were located along the walls in the corridors.

The breaches of regulations we identified in October 2016 had been met. We have revised the rating for this domain following our inspection, however to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Is the service caring?

Our findings

When we carried out a comprehensive inspection of Rowan Garth in October 2016, we identified a breach of regulation in relation to protecting people's dignity. The 'caring' domain was rated as 'requires improvement'. This inspection checked the action that had been taken to address the breaches of regulation.

At the last inspection we found that care was not always provided in such a way to ensure people's dignity was maintained. This was because we observed interactions between staff and people living at the home that were not always caring; there were no locks on communal bathrooms; people told us their clothes regularly went missing and we saw people become distressed when waiting for care.

During this inspection we looked to see whether people's dignity was protected and found that it was. Interactions we observed between staff and people living in the home were warm and caring. We observed staff support people in a way that maintained their dignity. For instance, when helping people to eat or drink, staff sat with people and engaged with them whilst supporting them. People did not have to wait long for support when they required it and we heard that call bells were answered quickly. We saw staff knock on bedroom doors and wait for a response before entering and personal care was provided in private.

We heard staff speak to people in a respectful way. For example, whilst observing interactions within a lounge, we heard staff say, "We are just going to transfer you now, is that ok?", "Do you need an extra blanket or are you ok?", "Where would you like to sit" and "Do you want the door open or shut?"

People we spoke with told us staff were kind and caring and treated them well. Comments included, "I'm cared for here", "The girls are lovely", "Staff are very good to me", "[Staff] treat me like a person" and "I'm involved in things, I'm always being asked." Relatives we spoke with agreed and one relative told us, "My [relative] is very looked after" and another relative said, "I feel assured." A visiting health professional said, "Care staff do a very good job, they treat residents with dignity and respect, even if they cannot move or speak, they are very caring."

We asked people their views of the laundry service and nobody had any concerns. The registered manager told us they had worked with the laundry team to help improve the way it was ran and that it ran more smoothly now. Records showed that there had not been any recent complaints regarding the laundry service.

Locks had been installed on communal bathroom doors since the last inspection. This helped to protect people's privacy. A unit manager told us there was a dignity champion who regularly observed practice and made sure staff were addressing people in a dignified manner.

We found that improvements had been made and people's dignity was maintained and promoted. The provider was no longer in breach of regulations regarding this.

We found that people were provided with information regarding the service and had access to a service user guide. This provided information about all aspects of the home and what people could expect. A weekly newsletter was also available to people. On display within each unit was a notice advising what feedback had been received recently and what changes had been made based on the feedback. We spoke with people living in Oak House, which had recently been refurbished and they told us they had been involved in choosing the colours and fabric for the new lounge and dining room areas. This showed that people were involved in the running of the home and were provided with relevant information.

Care plans we viewed were written in such a way as to promote choice and independence. For example, care files included a plan called 'Choices and decisions over care.' This plan provided staff with information regarding the extent people wished to be, or were able to be involved in their care. Plans reminded staff to encourage people to make choices, such as what clothes to wear each day, where to spend their time or eat their meals. Care plans also gave staff detailed information as to what people could do for themselves and what they required staff to support them with. This helped to ensure that staff could encourage people to participate in their care appropriately. Daily records of care provided reflected that these choices were encouraged by staff.

Staff we spoke with told us there was no set routine within the home and one staff member said, "It is all about resident's choice." People living in the home confirmed they had choice regarding daily routines, such as when to get up in the morning and when to go to bed. One person told us, "[Staff] let me have a lie in if I want one." Records we viewed showed that people sometimes refused care they would usually receive and that this refusal was respected by staff.

'My day, my life, my portrait' documents were also evident within care files. These provided detailed information regarding people's lives, their preferences, family members, past occupations, holidays and significant dates. Preferences were reflected throughout care plans we viewed. For example, one person's file informed us what music they liked to listen to, what activities they enjoyed, how they liked to take their medicines and their preferred night time routine, such as whether they liked a light on and how many pillows they preferred. This helped staff to get to know people and provide care based on their needs and preferences.

Care files were stored securely in an office within each unit of the home in order to maintain people's confidentiality.

There was nobody with any specific cultural or religious needs at the time of the inspection, although the chef told us they had previously provided meals to cater for people's individual needs, such as halal, gluten free and vegetarian diets.

During the inspection we observed relatives visiting at various times throughout the day. We saw that visitors were welcomed by staff and people living in the home told us they their relatives could visit them at any time. The registered manager told us there was no restriction as to when people could visit, which encouraged relationships to be maintained and relatives told us they could visit their family member in private if they chose to.

For people who had no family or friends to represent them, contact details for a local advocacy service were available within the home for people to access and details for local services were also advertised within the service user guide. This guide is provided to all people when they move into Rowan Garth.

Is the service responsive?

Our findings

When we carried out a comprehensive inspection of Rowan Garth in October 2016, we identified breaches of regulation in relation to person centred care and care planning. The 'responsive' domain was rated as 'requires improvement'. This inspection checked the action that had been taken to address the breaches of regulation.

At the last inspection we found that care plans did not provide sufficient information to enable staff to meet people's needs effectively, care provided was not always recorded accurately or timely, people had not been involved in the creation of their care plans and not all staff knew the people they were supporting. During this inspection we reviewed care planning records and found that improvements had been made.

We viewed care plans in areas such as senses and communication, choices and decisions, lifestyle, safety, moving around, skin integrity, washing and dressing, eating and drinking and mental health and wellbeing. We found that most care plans were detailed, based on the individual person and informative. Care files contained a pre admission assessment; this ensured the service was aware of people's needs and that they could be met effectively from the day of admission to the home.

Staff we spoke with were very knowledgeable regarding people's planned care and what worked best for people; however we found that care plans did not always reflect the care staff provided people. For example, a staff member told us how they supported a person when they became agitated. They were very specific about what worked for the person and told us how the person responded when they used certain techniques. When we looked at the person's care plan, we found this information was not included. We spoke with the unit manager regarding this who told us they would ensure the plan was updated to help ensure all staff could provide consistent, effective care to the person.

A person living in the home described how they became upset when other people entered their room due to confusion. They told us staff had been responsive to their needs and arranged for a key to their bedroom door so they could lock it when they were not in their room. The person told us this made them feel much happier.

We saw that care plans were also in place for identified medical needs, such as epilepsy and diabetes. For example, one person's diabetes plan provided staff with information regarding the condition, possible symptoms they could experience and required care. We found that the planned care was evidenced as provided, such as regular blood sugar monitoring.

Care plans we viewed showed that people and their families were involved in the plan of care through a variety of means. For instance, there were signed consent forms, evidence of best interest decisions involving relevant people and conversations that staff had documented when they informed family members of any changes to their relatives care. Most relatives we spoke with agreed that they were involved in reviewing the plan of care and one relative told us, "I was involved from day one, I still am." Relative meeting minutes we viewed showed that family members were invited to participate in reviews.

Care plans were reviewed regularly and most had been updated when any changes occurred. Improvements had been made and the provider was no longer in breach of regulations regarding person centred care and care planning.

At the last inspection we found that there was a lack of meaningful activity available to people. During this inspection we reviewed activities available and saw that improvements had been made.

There was a weekly and monthly schedule of activities advertised within the home, which were ran by a team of activity coordinators. We found that activities were planned based upon people's preferences and reviewed afterwards to determine if they had been enjoyed through the use of feedback forms. We saw photographs on display of recent activities, which included meeting the local fire brigade, parties, fundraising days and 'Rowan Garth has talent.' People we spoke with also told us they enjoyed bingo, trips out in the minibus and move and groove and other activities available were quizzes, sing a longs, nail painting and crafts. A cinema room also had been created in one of the units, including cinema style seats and red curtains.

Activities were provided both in groups and on a one to one basis. Activity staff had recently implemented a pen pal activity. This involved people writing letters to people living in other BUPA homes locally. During the inspection we observed a person making a craft item and they told us they were going to send it to their pen pal. We also viewed records from a recent meeting between an activity coordinator and people living in the home. These records reflected that one person had shared how much they enjoyed writing to their pen pal and hoped to visit them soon.

These records also showed that people were asked what activities they wanted. One person had suggested a wine tasting session and we saw from completed activity records, that this had taken place since and was enjoyed. We also saw that a person had stated how much they liked dogs and the activity coordinator told them they would arrange for a 'pet therapy' dog to visit them in the home. One person was supported to go for a pub lunch and on the day of the inspection, an activity coordinator had supported two people to go and vote.

People had access to call bells in their rooms to enable them to call for staff support when required. When people were unable to use the call bells due to memory difficulties for instance, assistive technology was utilised which included sensor mats and fall alarms. This enabled staff to respond in a timely way and provide support to people when they needed it.

We looked at processes in place to gather feedback from people and listen to their views. Records showed that regular meetings took place with people living in the home and their families and included discussions regarding care, meals, activities, refurbishment of the home and management of the service. Feedback recorded from the meetings was positive as well as the feedback from the quality assurance surveys completed by people in 2016. The results from this survey showed that people were either satisfied or extremely satisfied with the care provided at rowan Garth.

The registered manager told us they had an open door policy and welcomed speaking to people or their relatives at any time to gain their feedback. They told us they would always take action if feedback suggested improvements could be made. For instance, each unit has a small kitchen area where staff can prepare toast and drinks for people overnight, however the registered manager received feedback regarding the lack of snacks available to people overnight. They have since worked with the chef and created a 'Night Bites' menu which is now available on all units. This means that people now have access to prepared sandwiches, soup, biscuits and fruit, in addition to the snacks that were already available to people.

People we spoke with agreed that they were asked for their feedback. Comments included, "We are asked what we think", "We are involved", "There are meetings we can go to" and "Forms come out for us to fill in." There was also a suggestion box available in the foyer of the units to enable people to share their views.

People had access to a complaints procedure and this was displayed on notice boards within the home as well as within the service user guide. The registered manager maintained a complaints log which showed that complaints had been managed in line with the provider's policy. We found that no complaints had been received since the new registered manager had been in post. People we spoke with told us they knew how to make a complaint should they need to.

The breaches of regulations we identified in October 2016 had been met. We have revised the rating for this domain following our inspection, however to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Is the service well-led?

Our findings

When we carried out a comprehensive inspection in October 2016, we identified a breach of regulation in relation to how the service was ran and the systems in place to assess and monitor the quality and safety of the service. The 'well-led' domain was rated as 'inadequate'. This inspection checked the action that had been taken to address the breaches of regulation.

At the last inspection we found that the systems in place to monitor the service did not identify all of the concerns highlighted during the inspection, when the audits did identify actions they were not always addressed and sufficient action had not been taken to make the necessary improvements in areas identified at previous inspections.

During this inspection we looked at how the provider and registered manager monitored the quality and safety of the service. We found that improvements had been made and the provider was no longer in breach of regulations regarding this.

We viewed completed audits which included areas such as medicines, care plans, accidents, infection control and the environment. We saw that they identified areas that could be improved and that action was taken to address these. For instance, a care plan audit we viewed identified that some of the paperwork had not been fully completed; this was raised with the unit manager and when the audit was repeated, all of the actions were signed as completed. We also saw that medicine audits identified that a piece of equipment was not available in one of the clinic rooms. This was purchased and we saw it in place during the inspection.

The regional manager visited at regular intervals and completed a 'First impressions' audit of the home. This looked at a range of areas, including the safety and presentation of bathrooms and communal areas. The audit identified that one bathroom had a number of pieces of lifting equipment stored within it. Although the audit did not evidence whether or not this had been addressed, we saw during the inspection that it had.

The registered manager or clinical services manager completed a daily walk around check of all units. This looked at the environment, any incidents or accidents, completion of care records and any appointments required. Actions were clearly identified and assigned to specific people to address within a set timescale and they were then signed off once achieved. This showed a clear process and meant that the systems in place to monitor the quality of the service were effective.

We also found that actions identified from external checks were addressed by the service. For example, a fire risk assessment of the home identified that additional signage was required in places around the home. We walked around the home and could see that this signage was now displayed. The risk assessment also highlighted the need for individual smoking risk assessments to be in place and to ensure they addressed concerns regarding paraffin based creams if applicable. This was in response to risks identified outside of the company, but showed that the service used opportunities to learn from others and reduce risk to people living in Rowan Garth. We saw that risk assessments had been completed for people who smoked.

There was a new registered manager in post since the last inspection and feedback regarding the management of the home was very positive. Without exception, all people we spoke with told us the registered manager was approachable and that they could raise any concerns they had with them. One staff member told us, "The manager is available and will look at any concerns raised. I have seen massive changes from top to bottom." Another staff member said, "[Registered manager] has turned the place around." Staff described the management team as, "Hands on", "Visible", "Supportive" and "Brilliant." Staff told us they were proud to work at Rowan Garth and one staff member said, "Everyone gets on, we are a team and work together to make a difference."

A person living in the home told us, "It's managed much better now" and another person said, "[Registered manager] has time for us." Relatives also agreed that the service was managed well. Their comments included, "We have seen improvements since December", "I always see [registered manager] when I visit" and "It really has improved."

We found that the registered manager actively sought feedback regarding the service and took action based on this. As well as the regular quality assurance surveys and resident and relative meetings, there were also monthly staff meetings held to enable staff to share their views. Staff told us they were encouraged to voice their opinion and were listened to.

Records showed that meetings included discussions regarding training, the outcome of audits, meals, concerns and any safeguarding referrals. It was evident that best practice was promoted during these meetings and staff were encouraged to use the 'Mum test.' This encourages staff to consider if the service being provided would be good enough for their mum, or any other loved one. Records also showed that staff were asked what the barriers were for them and what they needed to be able to provide the best possible service to people. The minutes from one meeting showed that a staff member had highlighted that paving outside one of the units was uneven and posed a trip hazard to people. We saw that work had since been undertaken to level the flooring in this area.

There were a range of policies and procedures in place to guide staff in their roles. Staff we spoke with were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had. Having a whistle blowing policy helps to promote an open culture within the home.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Rowan Garth. The registered manager kept a log of all notifications submitted.

Ratings from the last inspection were displayed within the home as required. The providers website also reflected the current rating of the service. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

The breaches of regulations we identified in October 2016 had been met. We have revised the rating for this domain following our inspection, however to improve the rating to 'Good' would require a longer term track record of consistent good practice.