

Mr & Mrs I J Hirsch

Rowans Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Good 

Overall summary

This unannounced inspection of Rowans Residential Care Home was conducted by one inspector on 29 October 2015. The service provides accommodation and personal care for up to nine people who do not require nursing care. At the time of this inspection there were nine people living at the service.

The service had a registered manager but on the day of our inspection they were unavailable. 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 and associated Regulations about how the service is run.

Summary of findings

The service was previously inspected in December 2013 at which time we found they had fully complied with the requirements of the regulations.

People told us they were safe and well cared for at Rowans Residential Care Home. We saw people were relaxed and comfortable in the service. People readily approached staff when they wished to be supported and staff respected people's privacy and dignity. People told us, "all the staff are really good", "I am well looked after" and "[the staff] are lovely, good as gold, no faults at all." While people's relatives commented, "my relative is well looked after we have no complaints."

Professionals were complimentary of the service and the high standard of care and support it provided. Comments from professionals included; "I think it's a good home", "It's lovely and friendly. I was trying to get [my relative] in here but there was no room" and, "if I was searching for a place for a relative I would wait for a place here."

We found there were sufficient staff available to meet people's care needs and professionals commented, "They seem to have enough staff." People told us, "If I press the bell they come straight away, I am never kept waiting." We observed that call bells were consistently positioned within people's reach and that staff responded promptly to people's requests for care or support.

The service had a very stable staff team and no new staff member had been employed since our previous inspection in December 2013. Staff records demonstrated all staff had received regular training updates and appropriate supervision. Staff told us, "the supervisions are good but we are such a small home we can work things out together."

The service was well led by the provider who lived next door. Staff were well motivated and focused on ensuring people needs were met. Staff told us "[The provider] is lovely" and one person told the provider "you are useful aren't you."

People's care plans had not been regularly updated to ensure they accurately reflected people's current care needs. Although these documents required improvement this had not adversely impacted on the quality of care that people received. Staff demonstrated throughout our inspection a detailed understanding of people's individuals care needs.

Staff knew people well and quickly recognised any changes to their health or care needs. Prompt referrals were made to relevant healthcare services by staff to ensure the wellbeing of the people they supported. One person told us, "the dentist came here yesterday as I lost a filling in my tooth" while professionals commented, "they do follow advice and will let us know if it doesn't work."

The provider and staff understood the requirements of the Mental Capacity Act 2005 (MCA). Staff consistently respected peoples' choices and there were appropriate systems in place to ensure that if the service needed to make decisions on someone's behalf they were made in the person's best interests.

Activities within the service were predominantly provided on a one to one basis as most people chose to spend time in their rooms. Staff regretted the declined in group activities within the home but had respected people decisions. Staff comments about activities included; "We have a singer once a month and people will come down for that, it's a good social event", "and, "we try to come up with new ideas but people don't want to and that is their choice to make". People told us they enjoyed the regular religious services and musical events but confirmed they now preferred to spend more time in their own rooms.

The provider valued people's feedback and was in the process of conducting an annual survey at the time of our inspection. Initial responses had been complimentary and we found the service had not received any complaints since our last inspection.

Summary of findings

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. There were sufficient staff available to meet people's care needs.

Staff understood both the providers and local authority's procedures for the reporting of suspected abuse.

Medicines were managed in accordance with best practice. There were appropriate infection control procedures in place.

Good



Is the service effective?

The service was effective. The stable staff team were well trained and there were appropriate systems in place for the induction training of new staff when necessary.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

The service was clean and well maintained and people's rooms had been decorated and furnished to reflect their individual preferences.

Good



Is the service caring?

The service was caring. The well-established staff team had developed caring and supportive relationships with people at Rowans Residential Care Home.

People's privacy was respected and care provided in accordance with people known likes and preferences.

Good



Is the service responsive?

The service was not entirely responsive. Improvements were necessary to ensure people's care plans accurately reflected people's current needs.

People choices and decision were consistently respected by staff.

Staff supported people to engage with a variety of activities on a one to one basis within the service.

Requires improvement



Is the service well-led?

The service was well led. The well-motivated and established staff team received appropriate leadership and support from the provider.

Quality assurance systems were appropriate and people were encouraged to provide feedback on the standard of care they received.

Good



Rowans Residential 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 checked 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 29 October 2015 and was unannounced. The inspection team consisted of one inspector.

Prior to the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with the four people who used the service, three relatives who were visiting, three members of care staff, the provider and three health professionals who regularly visited the service. In addition we observed staff supporting people. We also inspected a range of records. These included three care plans, three staff files, training records, staff duty rotas and the services policies and procedures.

Is the service safe?

Our findings

People told us they felt safe at the Rowans Residential Care Home and staff said; “people are very safe, we look after them” and, “we make sure people are safe.”

There were appropriate procedures in place to help ensure people were protected from all forms of abuse. Staff had received training on how to identify abuse and understood both the providers and local authorities’ procedures for the safeguarding of vulnerable adults. Information about recent changes to the local authorities safeguarding procedures was readily available to staff. Staff told us they had no concerns about any working practices or people’s safety. They were confident that any concerns they reported to the provider would be dealt with appropriately.

There were systems in place to assess and manage risk within the service. Where accidents or incidents had occurred these had been accurately documented and investigated by the provider to identify any improvements that could be made within the service to further improve people’s safety.

All lifting equipment had been regularly serviced to help ensure it was safe to use. Hoists and stand aids were assigned to specific individuals within the home and slings were not shared. This meant people were assured of getting the appropriate equipment and protected from the risk of infection. Records showed all necessary routine maintenance tasks had been completed. The service’s chair lift had been regularly serviced and water quality, gas and electrical safety checks had been completed in accordance with current guidelines. The service’s fire safety equipment was appropriately maintained and regular weekly alarm tests had been completed.

The service was clean and we saw there were appropriate infection control procedures in place. All Control of Substances Hazardous to Health (COSHH) materials were stored securely when not in use and staff used Personal Protective Equipment (PPE) appropriately when required.

The service had appropriate emergency plans in place. These included all relevant contact telephone numbers and details of how people’s care needs were to be met in the event that the building was no longer habitable following an emergency.

One the day of our inspection we found there were enough staff on duty to meet people’s care needs. We were initially concerned that during the afternoon only one member of staff was on duty. However, staff told us, “there is always someone available if I need extra help, the provider is next door or one of the girls from the [domiciliary care] office.” The office was located in the service’s back garden. We saw people’s call bells were consistently located within reach and people told us, “they don’t take long if I press the bell” and, “If I press the bell they come straight away, I am never kept waiting.” Professionals commented, “They seem to have enough staff.”

The service had a very stable staff team and no new staff member had needed to be recruited since our previous inspection in December 2013. The provider understood the importance of robust pre-employment checks and told us that disclosure and barring service checks would be completed before any new member of staff was permitted to provide care at the service. Staff records showed the service had previously operated robust recruitment processes.

Medicines were stored appropriately and detailed records kept of the support each person had received in relation to the management of their medicines. Medicines Administration Record (MAR) charts were fully completed and all hand written entries had been countersigned to confirm their accuracy in accordance with best practice. There were appropriate storage arrangements available for medicines that required stricter controls but none of these medicines were present at the time of our inspection. Care staff had all been provided with specific training on how to support people with their medicines and regular medicines audits had been completed by the registered manager.

Is the service effective?

Our findings

People told us, “all the staff are really good”, “they are all lovely, as good as gold” and, “[the staff] are good fun.” Training records showed all staff had received regular training in topics including; safe moving and handling practices, infection control, first aid, dementia awareness, and food safety. One member of staff told us “I have done plenty of training, I am doing some safeguarding refresher training at the moment.” The provider was aware of recent changes in best practice induction training. As the stability of the staff team meant no new staff been recently employed they had not yet updated the induction programme.

Staff received bi-monthly supervision and annual appraisals. In addition the provider conducted spot checks of staff performance regularly. Staff told us, “the supervisions are good but we are such a small home we can work things out together.” This process provided an opportunity to review the staff member’s performance and identify any areas of additional training they would like to complete.

The established staff team knew people well and had developed caring and supportive relationships with the people who lived at the Rowans Residential Care Home. Professionals told us, “They have continuity of staff and a stable staff team which is good.” Staff commented, “you can recognise when someone is not quite right” and described how their detailed knowledge of the people they supported meant they quickly recognised any changes in their health. Staff described how this knowledge helped them to recognise the importance of small changes in way people acted. For example staff described how changes to one person’s fluid intake often indicated the onset of an infection. Prompt referrals were made to relevant healthcare services when any changes to people’s health or wellbeing were identified.

People’s care records showed that professionals including, GPs, dentists, opticians, district nurses and, chiropodists regularly visited the service. People’s comments in relation to health professionals included; “the dentist came here yesterday as I lost a filling in my tooth” and, “I’ve taken up reading again. The optician came here, I’ve got new glasses so I can see to read again.” While relatives said, “the doctor

visits regularly” and professionals told us, “[the provider] is an ex nurse so that improves communication with us” and, “they do follow advice and will let us know if it doesn’t work.”

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The provider and staff understood the requirements of the Act. The service had appropriate procedures in place for use in the event that the service needed to make decisions on behalf of people who lived at the Rowans Residential Care Home. Throughout our inspection we observed that people’s decisions and choices were consistently respected by staff. We saw that the service’s doors were not locked and people were free to move around the building and gardens as they wished.

People told us, “the food is brilliant”, “I really look forward to the meals” and, “The food is great I have put on weight.” We found people were asked what they wanted for each meal and their food was cooked to order. Staff told us they were currently working to support one person to extend the range of their diet as it had been very limited when the moved into the service. Staff report that had been successful and described the increased variety of meals the person now enjoyed. Staff told us, “we have a couple who are addicted to pickled onions” and we found there was a plentiful supply available in the service’s fridge.

The building was well maintained, clean and free from odours. A stair lift was available and appropriate adaptations had been made to the building to help people to mobilise independently. We saw there was an ongoing program of maintenance and that the majority of rooms had en suite toilet facilities. The service was decorated in a homely style and people were able to bring their own furniture with them to the service if they wished. People’s rooms were decorated with pictures and other personal items of their choice. The service’s front gardens were enclosed and well-tended. A number of raised beds and pot plants were available to enable people to engage with gardening if they wished.

Is the service caring?

Our findings

Everyone we spoke with told us the staff at the Rowans Residential Care Home were caring and compassionate. People told us “they do look after us”, “I am well looked after”, “I get on very well with all the staff here” and, “[the staff] are lovely, good as gold, no faults at all.” While people’s relatives said, “I am very pleased, it’s a community here” and, “my relative is well looked after, we have no complaints.”

Staff told us that they aimed to provide care and support in a relaxed and family like environment. Staff comments included, “I treat people how I would like my nan and granddad to be treated”, “we have a good lot of girls here, very reliable” and, “it’s like a big family here.” While professionals told us, “it’s nice and warm” and, “it’s a lovely friendly home.” The provider’s confidence in the caring approach of the staff team was clearly demonstrated by the fact that one of the provider’s family members was cared for within the service.

We saw people knew and got on well with their care staff. When people requested support this was provided promptly and compassionately by the attentive staff team. Staff told us, “we get to know people so well” and, “you get to know everyone individually.” Staff and the provider understood each person’s specific care needs and when asked were able to provide accurate and detailed descriptions of people’s individual likes and preferences.

Throughout our inspection we saw that staff consistently interacted with people in a friendly and respectful manner. Staff always knocked on doors and waited for an answer before entering people’s rooms. Where staff offered

support this was done discreetly and compassionately by staff. We saw staff supporting one person with their hearing aid. The person was encouraged to be as independent as possible with staff only providing direct support when necessary. People told us their staff knew them well and provided care and support in accordance with their preferences. One person said, “They know what I like and do things my way.”

People were able to make day to day decisions about how and where they spent their time. On our arrival at the service at 9:30 some people were still asleep and we saw their breakfasts were prepared when requested. Most people chose to spend their time in their rooms reading newspapers or books, knitting, watching television or listening to music. Staff encouraged people to have lunch together in the service’s dining room but this offer was regularly declined and staff respected these decisions.

People’s bedrooms were decorated to reflect their personal tastes and preferences. People had photographs and other personal items on display in their room. Some people had chosen to bring their own furniture and bedding into the service and had arranged their bedrooms to satisfy their own preferences.

Relatives told us they were encouraged to visit whenever they wanted and were always made to feel welcome by staff. In addition cordless phones were available to allow people to make private calls from their own rooms when they wished.

Professionals told us, “I think their end of life care is good” and we saw people’s care plans included information about their preferences and wishes in relation to care at the end of their lives.

Is the service responsive?

Our findings

Before people moved into the Rowans Residential Care Home the provider visited the person at home to assess their specific care needs and ensure the service was able to meet those needs. Information gathered during the assessment process was used to develop people's individual care plans. People's relatives told us, "[The provider] visited to assess [my relatives] needs before they moved in." Care plans were detailed and clearly demonstrated that people had been involved in their development.

Each month staff reviewed people's care plans and a running record of changes identified to care needs was maintained. However, people's care plans had not been regularly updated to ensure they reflected the person's current care needs and the changes identified during the monthly review process. For example, one person's care plan described how the person was able to mobilise independently around the home and access local shops using their mobility scooter. We visited this person and discussed their current care needs with staff. This person now required the assistance of a hoist for all transfers and was unable to mobilise independently.

Although improvements were required to ensure that people's care plans accurately reflected their current care needs this had not adversely impacted of the standard of care people received. Staff knew the people they supported extremely well, had recognised changes to people's medical conditions and understood how to safely meet their care needs. We asked staff how they knew what care people required, staff told us, "I go from the daily records and my knowledge of people."

Accurate daily care records were maintained by the staff at the Rowans. These records included information about the care and support people received with details of how the person had chosen to spend their time. People's relatives told us they were always kept well informed of any changes to their family members' health or well-being.

People were able to make decision and choices about how and when their care was provided. People chose when they got up, what time they went to bed and which of the offered activities they took part in. Some people had chosen to engage with activities less frequently and, although disappointed, staff had respected people decisions. A professional told us, "the home is run for the people who live here."

Activities within the service were predominantly provided on a one to one basis. Staff visited people in their rooms and offered hand massages or assisted people with hair, nails and makeup. Staff told us they had recently done some pottery with one person in their room and another person was knitting dolls for charity at the time of our inspection. One person told us they regularly played word games with the provider. Staff expressed disappointment that as a result of the aging process and people's changing health needs people were less keen to engage with group activities within the service. Staff told us, "We have a singer once a month and people will come down for that, it's a good social event", "we have tried to do activities, quizzes and things but people don't want to any more", "It's a shame really as there less going on now" and, "we try to come up with new ideas but people don't want to and that is their choice to make". People told us they enjoyed the service's regular religious services and musical events but confirmed that they now preferred to spend more time in their own rooms.

The service had well stocked book shelves and daily newspapers were provided. People told us they enjoyed the range of reading materials available within the service. During our inspection we saw that staff moved a CD player around for one person who enjoyed listening to music and reminiscing with staff about their dancing experiences.

The service had appropriate systems in place for the investigation of complaints however; people and their relatives constantly told us they had no complaints to make about the service. Staff commented, "we don't get any complaints, lots of thank you cards but not complaints" and the provider told us, "we have not had any complaints."

Is the service well-led?

Our findings

People were happy living at Rowans Residential Care Home and told us, “I have been to three other homes and they were nowhere near as nice as here”, “I am quite happy here” and, “I think it is a good standard all the way through.” Staff said they enjoyed their role and commented, “we are a small happy place.”

Professionals were complimentary of the service and the high standard of care and support it provided. Comments from professionals included; “I think it’s a good home”, “It’s lovely and friendly. I was trying to get [my relative] in here but there was no room” and, “if I was searching for a place for a relative I would wait for a place here.”

The service was well led by the provider. The long serving staff team were highly motivated and clearly focused on ensuring people’s care and support needs were met. People and staff valued the provider’s support. One person told the provider during our inspection, “you are useful aren’t you” while staff told us, “[The provider] is lovely” and, “you can go to [the provider] with anything and things are always sorted out.” The provider and staff team worked effectively together and had recently completed an extreme running event as a team building exercise.

The provider was an active participant in local peer support groups and provider forums. These groups were valued by the provider and they provided opportunities to share information and best practice with other local services. In addition the provider had visited local high performing services to learn from their experiences and identify any improvements that could be introduced at the Rowans.

The service had good links with the local community and regularly hosted fund raising events in the gardens. The service’s garden parties were well attended and provided an opportunity for local people to visit the service and meet people.

The service valued feedback on its performance and used a combination of annual survey and regular informal questioning to enable people to comment on the quality of care they received. Staff told us, “we always ask family members about how they think we are doing” and formal quality assurance surveys were completed each year. At the time of our inspection the service was in the process of conducting its annual survey. Initial responses had been very positive. People’s comments included; “The staff are wonderful” and “I feel I am very lucky to be in such a pleasant and safe home.”

The service’s records were well organised and staff were quickly able to locate all information requested during the inspection process. The service had an exhaustive number of policy documents that had been adapted to reflect the service’s needs.

There were appropriate systems in place to ensure the service provided high quality care. Each month the provider completed a detailed medicines audit and full stock check. In addition a variety of other internal audits were completed regularly. These included monthly environments and safety checks by the service’s maintenance contractor, spot checks of staff performance by the provider and weekly audits of the service daily care records.