Veatreey Development Ltd

Rowan Tree Lodge

Inspection report

30 Dover Road
Southport
Merseyside
PR8 4TB

Tel: 01704566312

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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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Rowan Tree Lodge is a large detached house converted into a nursing and care home for 16 older people. It is situated in a residential area of Southport with access to local amenities and public transport in the town centre. The service provides accommodation over three floors, with lift access between floors. The home has 14 single bedrooms and one double bedroom. There is a lounge area and a small dining room to the front of the property and enclosed gardens to the rear.

This was an unannounced inspection which took place on 19 & 20 April 2017. The home re-opened in January 2017 following a long period of closure for refurbishment and general maintenance.

The service was last inspected in August 2015 and at that time we found breach of Regulation 9 HSCA (RA) Regulations 2014 with respect to people not having an effective plan of care to meet their needs; risks to people's health and safety were not always recorded to help form the plan of care.

This inspection was a comprehensive inspection, during which we reviewed the previous breach. We found improvements had been made and the breach was met.

There was a registered manager 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.

There was a calm, 'homely' and relaxed atmosphere in the home. We observed staff providing care and support; this was carried out in a caring, kind, respectful and unhurried manner. Staff were on hand to help people when they needed it.

Arrangements were in place for monitoring the standard of the environment and equipment to ensure it was safe. This included health and safety checks and service contracts.

Risks to the people living at the home were appropriately assessed and recorded in care records.

People had a plan of care which set out their health and social care needs. We saw people and relatives were involved with the plan of care and care reviews. People were supported to maintain their health and well-being by accessing a range of external health professionals.

People we spoke with and their relatives told they had confidence in the staff's ability to care for them.

Staff received training and support and had a good understanding of their roles within the service and what was expected of them.

Staff were recruited safely subject to the completion of appropriate checks to ensure they could work with vulnerable people. We saw the required checks had been made.

We found there were sufficient staff on duty to meet people's care needs. We saw care and support given when this was needed and requested.

Medicines were administered safely to people and the registered manager completed medicine audits to ensure the safe management of medicines.

The staff we spoke with described how they would recognise abuse and the action they would take to report any actual or potential harm. Training records confirmed staff had undertaken safeguarding training.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed in that an assessment of the person's mental capacity was made.

When necessary, referrals had been made to support people on a Deprivation of Liberty (DoLS) authorisation. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The applications were being monitored by the registered manager of the home.

We saw people's dietary needs were managed with reference to individual preferences and choice. Lunch was a relaxed occasion and people said they liked the meals served.

Social activities were organised in the home though the registered manager appreciated these need to be developed further.

We saw a complaints procedure was in place and people, including relatives, we spoke with, were aware of how they could complain.

The registered manager was able to evidence a range of quality assurance processes and systems to monitor standards within the home and to drive forward improvements. This included a number of audits (checks) for various aspects of the service.

Staff and people said the home was well managed and the registered manager approachable and supportive.

The registered manager had a good understanding of their role and responsibilities in relation to what was expected from them as a registered manager with us, the Care Quality Commission, (CQC).

The registered manager had notified us, the CQC, of any notifiable incidents in the home in accordance with regulations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us that they felt safe living at the home.

Suitable systems and processes were in place to ensure the premises and equipment were maintained and safe to use.

People were protected against the risks associated with medicines because arrangements to manage medicines were consistently followed.

People's care needs had been risk assessed to ensure their well-being and safety.

Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

We found there were protocols in place to protect people from abuse or mistreatment and staff were aware of these.

There were sufficient numbers of staff on duty to support people in a safe and consistent way.

The home was clean and we there were systems in place to manage the control of infection.

Is the service effective?

Good

The service was effective.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed in that an assessment of the person's mental capacity was made.

Staff were suitably trained and supported to ensure that they were able to meet the needs of the people living at the home.

People's nutritional needs were assessed according to dietary preference and need. There was a good choice of food available.

People had a plan of care which provided detail about their health and social care needs.

People told us the staff had a good understanding of their care needs and how they wish to be supported.

People had access to external health professionals to oversee their health and well-being.

Is the service caring?

Good

The service was caring.

There was relaxed and calm atmosphere in the home.

People told us they were listened to and their views taken into account when making choices; this included how they wished to spend their day.

Staff interacted with the people living at the home in a manner which was caring, kind and respectful.

People we spoke with and relatives told us the staff involved them with the plan of care.

Is the service responsive?

Good

The service was responsive.

Information recorded in people's plan of care helped to establish an individual approach to care.

Care plans were reviewed to ensure they were current and in accordance with people's needs.

There were some social activities though the registered manager was aware that these needed to be further developed.

A process for managing complaints was in place and people we spoke with and relatives knew how to raise a concern/complaint.

Is the service well-led?

Good

The service was well led.

The service had a manager who was registered with the us, the CQC.

The registered manager was long standing and provided efficient and effective leadership of the home.

Staff said they felt supported by the registered manager and that the management of the home was good. They told us they enjoyed working at the home.

The registered manager had systems and process in place to monitor the standard of the service. This includes audits (checks) on how it was operating.

Staff were aware of the whistle blowing policy and were confident in its use.

The registered manager had notified us, the CQC, of any notifiable incidents in the home. This was in accordance with regulations.

Rowan Tree Lodge

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 was 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 was an unannounced inspection. The inspection team consisted of an adult social care inspector.

Prior to the inspection we reviewed information we had about the service and contacted a local authority to gain their opinions.

During the visit we were able to speak with five of the people who were staying at the home. We spoke with two visiting family members.

We spoke with five of the staff working at Rowan Tree Lodge including care and nursing staff, a member of the domestic team, chef and the registered manager. We looked at the care records for three of the nine people staying at the home including medication records, two staff recruitment files and other records relevant to the quality monitoring of the service. These included safety audits and quality audits including feedback from people living at the home and relatives. We undertook general observations and looked round the home, including people's bedrooms, bathrooms, dining/lounge area, laundry, kitchen and external grounds.

Good

Is the service safe?

Our findings

We asked people living at the home and their relatives if they felt the staff provided a safe service. We received the following comments from people, "Yes absolutely, I feel very secure", "I do feel safe when the staff are here" and "It is a nice place to live and the staff make me feel safe." A relative said, "Yes, I feel it's very safe."

We found arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed on a regular basis where obvious hazards were identified. Any repairs that were discovered were reported and acted on quickly by the maintenance person to ensure people's safety. During the inspection work we noted some trailing electrical leads in a bedroom which could cause a potential trip hazard. This was reported to the registered manager and during the inspection an external contractor carried out the necessary work to make the wires safe The registered manager acted promptly to resolve this health and safety issue.

A 'fire risk assessment' had been carried out. We saw personal evacuation plans (PEEP's) were available for the people resident in the home to help ensure effective evacuation in case of an emergency. We spot checked safety certificates for electrical safety, gas safety, lift, Legionella and fire safety. These were up to date. The fire alarms and emergency lighting were checked regularly by the staff.

We looked at how staff were recruited and the processes followed to ensure staff were suitable to work with vulnerable people. The registered manager informed us that no new staff had recently being employed however we looked at two staff files. We asked the registered manager for copies of appropriate applications, references and necessary checks that had been carried out. We saw appropriate checks had been made and staff records were clear and it was easy to access information.

There were nine people living in the care home during our inspection and the registered manager was aware that as they admitted more people then the staffing numbers would need to be increased. Staff worked at Rowan Tree Lodge and also Ascot Lodge Nursing Home, the provider's sister home in Southport. We saw that staff were deployed at Rowan Tree Lodge to cover days and nights. During the inspection the registered manager was on duty with a registered nurse, two care staff, a domestic member of staff and maintenance person. At night the home was staffed by a registered nurse and a carer.

We checked to see if there was sufficient staff to carry out care in a timely and effective manner. During the visit we made observations in the day area/lounge and spoke with people who were living at the home; we found the home had sufficient staff to meet people's needs. We saw that people received care on time; staff were present in the lounge/dining area and this room was not left unattended for long periods. People and relatives we spoke with told us the staffing levels were good at present and there were always staff 'around'.

Staff told us there were enough staff on duty to provide care and support to people and that everyone worked as a team. A staff member said, "The staffing levels are fine and we have enough time to look after people properly."

We looked at how medicines were managed at the service. We saw medicines were administered safely to people.

A medication policy was in place Staff who administered medicines had received medicine training to ensure they had skills and knowledge to administer medicines safely.

We found medicines to be stored safely when not in use. Some medicines need to be stored under certain conditions, such as in a medicine fridge, which ensures their quality is maintained. If not stored at the correct temperature they may not work correctly. There were no medicines that currently needed to be stored in the medicine fridge and the registered manager therefore had not recorded the temperature. During the inspection the temperature of the fridge was checked and recorded and it was agreed that it would be checked regularly to ensure it was working correctly.

Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs legislation. No one was prescribed a controlled medicine at the time of our inspection.

People had a plan of care which set out their support needs for their medicines, including 'as required' (PRN) medicines. A PRN protocol was in place to support the administration of PRN medicines. We checked six medicine administration records (MARs) and found staff had signed to say they had administered the majority of medicines. Records were clear and we were easily able to track whether people had had their medicines; this included the application for topical preparations (creams) which were applied appropriately and recorded using a cream chart. These were kept in people's rooms and completed by the care staff. Some creams were applied by the nursing staff and these were signed on the MAR.

A number of people living at the home were prescribed a 'thickening' agent to thicken their drinks. Thickening agents can be used for people who may have swallowing difficulties or are at risk of choking; these are added to drinks once prescribed by a dietician following an assessment of their nutritional needs. For one person we saw staff were signing on administration of the thickening agent to obtain the required consistency of 'stage one' thickened fluids. The thickening agent was being used in accordance with dietetic advice and as prescribed on the MAR. The product type was added to the person's fluid chart to ensure staff were aware of which thickening agent to use. The thickening agent is a prescribed medicine which needs to be stored safely. We discussed with the registered manager the safe storage of thickening agents as for one person we saw this was not locked away when not in use. The registered manager took action to resolve this.

Risks to the people living at the service was appropriately assessed and recorded in care records. We saw risk assessments in areas such as falls, nutrition, mobility, pressure relief, skin integrity and the use of bed rails. Each risk assessment focused on maximising the person's independence while safely managing any risks.

We looked at risks associated with clinical care. Key areas of clinical care were being monitored effectively with an assessment and plan of care in place. For example, a person had a plan of care for a pressure ulcer. Pressure ulcers are caused by 'sustained pressure being placed on a particular part of the body'. The person had a clear plan with specified use of specialist equipment such as a pressure relieve mattress. We found this area of care to be managed appropriately.

Staff understood their responsibilities in relation to safeguarding and were able to explain what signs they would look out for if they suspected that somebody was being abused or neglected. They were also clear about what action they would take if they suspected abuse was taking place. Staff confirmed they felt able

to report any concerns to management and external agencies.

We saw that the local contact numbers for the safeguarding team were available along with the home's safeguarding policy for staff to refer to. There has been no safeguarded incidents since the last inspection.

The registered manager told us there had been no accidents or incidents since the home opened in January 2017. The registered manager was aware of the need to evaluate these to look for patterns or themes should the need arise.

When we looked round the home we found it to be clean. Staff had access to personal protective equipment (PPE), such as aprons and gloves and we saw they used this when providing care. Cleaning records were in place though we found they had not been completed for the last few days. This was brought to the registered manager's attention and rectified. People and relatives we spoke with told us the home was always 'clean and tidy' and that their room was cleaned most days.

Good

Is the service effective?

Our findings

People living at the home and relatives told us the staff were prompt in seeking medical attention when required and visits by a GP were arranged at the home. A person said, "I only have to ask and an appointment is made."

Staff were required to complete a training programme and we reviewed this along with the support given to the staff. The registered manager showed us a copy of a staff training matrix and we saw training certificates on file for course attendance. The staff training programme was on-going and forthcoming training dates were displayed. Staff had access to a number of courses, for example, safeguarding, Mental Capacity Act 2005, deprivation of liberty standards, diabetes, end of life care, infection control, pressure ulcer prevention, moving and handling, health and safety, equality and diversity and first aid. Talking with staff confirmed they had a good understanding of their roles within the service and knew what was expected of them

The registered manager told us that approximately 90% staff had a formal qualification in care, National Vocational Qualification (NVQ) / Diploma in level 2, 3 and above. Staff told us they received an induction when they commenced employment and one new member of staff was commencing the 'Care Certificate'. This is the government's blue print for induction for all care workers. Staff support included supervision meetings and appraisals conducted by the registered manager with individual staff. Staff we spoke with felt they were supported by the registered manager and the home's training programme.

During our inspection we reviewed the care of three people living at the home. People had a plan of care to identify care needs. A nursing care plan provides direction on the type of care an individual may need following their needs assessment. Care planning is important to help ensure people get the care they need when they are at a care home. An initial care needs assessment had been completed and people's plan of care contained information and guidance for staff on people's health and social care needs, for example, continence, mobility, skin care, washing and bathing, dressing, nutrition, medicines and sleep.

People living at the service were supported to maintain good health by accessing a range of community services at the appropriate time. For example, a dietician and the speech and language therapy (SALT) team. For one person who had recently arrived at the home from hospital the staff were following a treatment plan to help them regain confidence with their walking with the use of mobility aids.

Medical conditions that required clinical intervention were recorded and treatment plans were followed by the staff to monitor people's health. An example of this was for a person who had a urinary catheter and for another person a tube for enteral feeding. Both people had a plan of care for staff to follow. Enteral feeding refers to the delivery of a nutritionally balanced feed via a percutaneous endoscopic gastrostomy tube (PEG). The PEG is passed into a patient's stomach to provide a means of feeding when their oral intake is not adequate. Staff were providing care for the PEG site/tube however there was a lack of written information regarding this care. The registered manager made contact with health professionals to seek clarity around this for the staff.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager was able to discuss examples where people had been supported and included to make key decisions regarding their care. For example, the use of bed rails and DNACPR (do not attempt cardio pulmonary resuscitation) decisions which had been made. We could see the person involved had been consulted and agreed the decision. We discussed with the registered manager a more formal route for recording best interest meetings to evidence people's involvement and that of relatives and/or other interested parties in decisions made.

Staff had applied for five people to be supported on a Deprivation of Liberty (DoLS) authorisation. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The applications were being monitored by the registered manager of the home and the registered manager said when reviewing people's plan of care reference would be made to these applications to ensure staff were fully aware of the proposed application.

We observed staff provide support at key times and the interactions we saw were positive between staff and people they cared for. Care and support was given to people when they needed it and requested it.

Staff had a good knowledge of people's care needs and how they wish to be supported. For example, staff told us about the equipment people needed to help people with their walking and transferring and support for people who needed assistance at meal times. People we spoke with and relatives told us they had confidence in the staff's ability to care for them.

We observed the lunch time meal. People sat at the dining room table or lunch was served to them in their own room or at individual tables in the lounge. People were asked where they would like their lunch served. The dining room table was laid for lunch and people were given ample time to enjoy their meal. People told us they were offered a choice of two hot meals and two desserts; this we saw at lunch time.

We spoke with people who told us there was no problem with the provision of food and drinks. Although the main meals were prepared at the provider's sister home, Ascot Lodge Nursing Home, snacks and lighter refreshments were prepared and served at Rowan Tree Lodge.

At the inspection we saw the temperature of the food was checked and recorded prior to being delivered to Rowan Tree Lodge from Ascot Lodge Nursing Home and also prior to be served at the home. We saw meals were transported in appropriate containers to maintain the temperature. People we spoke with did not raise any concerns around the temperature of the meals. They were complimentary regarding the choice, portion size of the meals and confirmed the meals were served hot.

We met with the chef who described how they used their knowledge around meeting people's nutritional needs and meal preferences. The chef told us about the seasonal menus and we saw the spring/summer menu which was available for people. The menu was four weekly and offered a well-balanced, appetising and varied range of meals.

We saw people being offered plenty of drinks and snacks during the inspection and jugs of juice were available in the lounge and in people's rooms.

Good

Is the service caring?

Our findings

People told us they were content living at the home. A person said, "I just love it here, the staff are wonderful. I could not ask for a better place to live." Likewise another person said, "I like it here, the staff are so nice." A relative told us their family member had settled in very well and the staff had been so welcoming when they arrived.

People living at the home and relatives told us the staff were polite, caring and respectful in their approach. A person confirmed that the staff always knocked on their door before entering and waited to be asked to enter. Another person told us that they preferred to spend time in their room, rather than coming down to the lounge, and that staff understood and respected this wish.

There was a calm, 'homely' and relaxed atmosphere in the home. We observed staff providing care and support; this was carried out in a caring, kind, respectful and unhurried manner. Staff were on hand to help where needed. We saw staff supporting a person to walk; this was carried out in a sensitive and calm manner. Staff ensured the person's comfort at all times and provided encouragement and reassurance. A number of people were being nursed in bed. We saw the staff carrying out 'safety' checks to ensure their comfort and to provide a change of position so as to prevent pressure on the skin. Staff communicated with people in a positive way when they were with them.

Our observations showed that that the people staff supported were known to them; staff had a good understanding of people's individual needs, preferences and how they wished their support to be given. We saw that the staff understood and respected people's personal wishes and requests. Staff told us they each took responsibility for a small number of people to help oversee their support and to make sure they had everything they needed. This was not carried out to the detriment of other people who they were looking after. This support formed part of the carer's key worker role.

Care plans we viewed contained evidence of people and /or their relatives being involved in the plan of care. We saw people and relatives had signed a consent form and there were records of discussions held with them. A relative told us communication was very good in the home and they were informed of any change in their family member's care or treatment.

Friends and relatives could visit at any time. A relative said they visited at different times of the day and that the care and attention by staff was always good and consistent. We saw there were no restrictions in visiting, encouraging relationships to be maintained.

People had access to advocacy support if needed though no one required this service at the time of the inspection. The local advocacy service was displayed for people to see.

End of life care had been discussed with people living at the home to enable staff to provide care and support in accordance with people's wishes and needs. Staff received training for end of life care to help promote an awareness and understanding on how to deliver this specialist care.

Good

Is the service responsive?

Our findings

At the inspection in August 2015 we found breach of regulation with respect to people not having an effective plan of care to meet their needs. Risks to people's health and safety were also not always recorded to help form the plan of care.

We asked the provider to take action to address these concerns. The provider submitted a provider action report which told us the improvements they had made to meet this breach. At this inspection we checked the progress of the action plan by speaking with the registered manager. We also reviewed a number of care plans and supporting care documents which showed staff had the information they needed to provide care and support in accordance with people's individual needs. This breach had been met.

We asked people if the routine was flexible and staff knew about their likes, dislikes and how they wished to supported. People told us they were able to make choices in respect of how they wished to spend their day. For example, taking part in social activities, choice of meals, time of getting up or retiring at night and going out with relatives. Our observations showed that the people living at the home were involved in discussions about care on a day to day basis. A number of people wished to stay in their room whilst other sat in the lounge. This wish was respected by the staff. We saw a person going out for lunch with their family. They told us how much they enjoyed this and the staff were supportive of these outings and helped to organise them. A person told us how they liked to sit in the garden at different times of the day and that staff made themselves available to sit with them.

People said staff talked with them about the care and support they needed and that this information was recorded in a plan of care. A relative told us how they had been very involved with the initial care needs assessment and the information they gave had helped formulate a plan of care for their family member. They went on to tell us that their family member was responding really well with the care and support given by the staff.

Records contained a review of people's medical history, to highlight any health concerns that may need support. Care documents provided information for staff on how people wish to be supported, meal preference, social interests and preferred routine, for example. A life history was recorded from young adulthood through to the current day.

In respect of diet, people had a dietary needs list. This recorded detailed information about food, portion size likes, dislikes, supplements, allergies and whether meals needed to be pureed. The dietary needs list was updated when needed and discussions with staff confirmed their knowledge of people's nutritional requirements.

We saw people's care was reviewed to report on any change in care or treatment and daily evaluation reports provided an over view of how people's care needs were being met. We saw an example of this for wound care. The progress of the wound and efficacy of the treatment was recorded.

The home re-opened in January 2017 and the registered manager told us that the social arrangements were still being developed. They told us about forthcoming activities which included a singer attending the home this month and also in May 2017, two members of the public intend to visit the home to spend time with people and to read stories. An activities calendar was displayed and social activities were arranged by the staff. Staff told us they had time to sit with people on a one to one basis as often people just wanted to have a chat. A person said there was musical entertainment arranged and they could choose to join in if they so wished.

People had access to a complaints procedure and this was available to people within the home. People we spoke with and relatives told us they knew how to raise concerns. The registered manager informed us they had not received any complaints.

Prior to the inspection we received information of concern around the home's catering arrangements in respect of how meals were transported from Ascot Lodge Nursing Home where they were prepared. The registered manager investigated these concerns and provided us with assurance around how food hygiene standards were maintained.

In respect of gaining feedback from people and relatives regarding the home, the registered manager said satisfaction surveys would be sent out later in the year, as the home has only been open for four months. We saw a residents' and relatives' meeting had been held earlier this month though no one had wished to attend. An afternoon tea party has been arranged for later this month for people and their families to get together to enjoy a social occasion and for them to share their views about the home.

Good

Is the service well-led?

Our findings

We reviewed some of the current quality assurance systems in place to monitor performance and to drive continuous improvement. We were shown audits and checks carried out regularly. We saw the quality assurance processes and systems were well developed and evidence good monitoring of standards in the home.

We reviewed a number of audits (checks) on various aspect of the service. These included a weekly medication audit and also a more general medication audit on a monthly basis; mattress audit; infection control audit; and a recent review of the home's policies and procedures and risk assessments for the premises. This was to ensure health and safety standards were maintained. The audits seen showed compliance in all areas and no issues were identified.

In respect of future development of the service we discussed with the registered manager the need to improve the rear garden. The home had a large rear garden but the grounds were overgrown in places and devoid of any flowers or plants. It was also being used for storage of items though the registered manager said a skip had been ordered to have these removed. Following the inspection the registered manager informed us that the garden would be landscaped for people to enjoy this space during the warmer months. We also found some areas of the home needed some painting. There was a programme of decoration in progress and the registered manager said the areas that required painting would be prioritised.

We found the registered manager provided good leadership. The management of the home was effective and efficient. The registered manager welcomed ideas, suggestions and was receptive to information shared and feedback given during the inspection. An example of this was when we suggested increasing the number of hours allocated for cleaning the home. We found the home to be clean however there was limited cover during the week and with the home now admitting more people there was a risk that the cleaning schedule would not be completed. The registered manager responded promptly by increasing the hours to 25 a week with immediate effect. The registered manager confirmed this would be raised again as the number of people accommodated increased. Following the concern raised regarding food hygiene standards, the registered manager acted promptly to investigate the concerns and provided people with a food survey to gain their views on the menus and how meals were served. The responses were positive all round.

Staff were complementary regarding the registered manager and their overall management style. They told us registered manager was approachable, 'open' and had a consistent presence in the home. Staff also told us they attended staff meetings and that they enjoyed working at Rowan Tree Lodge.

Staff were aware of the whistleblowing policy and said they would use it and had confidence that their concerns would be listened to and acted on.

The registered manager had a good understanding of their role and responsibilities in relation to what was expected from them as a registered manager with us, the CQC. The registered manager had notified us any

notifiable incidents in the home in accordance with regulations.

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 rating from the previous inspection for Rowan Tree Lodge was displayed for people to see.