

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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Rowans Residential Care Home is a residential care home providing personal care to up to 9 people. Some people were living with dementia. At the time of our inspection there were 8 people using the service.

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

People were protected from the risk of abuse and avoidable harm. People told us that they felt secure in the service and risks in relation to people's care were identified and managed to keep them safe. A relative told us, "We are overwhelmed with the kindness shown to [person's name]. It is just like a home from home".

There were enough staff to meet people's needs and ensure their safety.

Appropriate recruitment procedures ensured prospective staff were suitable to work in the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's medicines were administered and managed safely. We looked at infection prevention and control and were assured the provider was protecting people, staff and visitors from the risk of infection.

The environment had equipment available to support staff when delivering care and support. Health and safety checks of the environment and equipment were in place. Systems were in place to support people in the event of an emergency.

The manager-maintained oversight of complaints, accidents and incidents and safeguarding concerns. The manager and staff engaged well with health and social care professionals.

The systems in place to monitor the quality of care within the service were effective. The manager promoted a positive person-centred culture and fully understood their responsibilities as a manager.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

The last rating for this service was good published 20 March 2018.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well led

Details are in our well led findings below.

# Rowans Residential Care Home

## **Detailed findings**

### Background to this inspection

#### Inspection team

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Rowans Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection the manager was in the process of applying to register as manager with the commission.

#### Notice of inspection

This inspection was announced. We notified the manager 24 hours before due to the inspection being undertaken outside normal working hours. We needed to be sure essential staff would be available and there was full access to records.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the manager and 1 staff member of duty. We spoke with 3 relatives and 3 people who live at Rowans Residential Care Home.

We reviewed a range of records. This included 2 people's care records and 2 medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- The service had effective systems in place to protect people from abuse.
- The manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.
- Staff knew how to report and escalate any safeguarding concerns. People told us they felt safe living at Rowans Residential Care Home. Comments included "Yes I feel very safe here. Everyone is so kind" and "The girls are so patient. Always a smile and a chat. Nothing is too much trouble"

Assessing risk, safety monitoring and management

- Risks were managed safely. People's care plans had individual risk assessments which guided staff in providing safe care. For example, one person was at risk of falls and a had been provided with a low mattress to mitigate risk. All risks were reviewed monthly or sooner if required.
- Risk assessments for weight management and nutrition and dependency levels had been undertaken.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- People had personal emergency evacuation plans (PEEPs) in place to assist staff to support people in an emergency.

Staffing and recruitment

- There was very little movement in the staff team. The most recent member of staff was employed in 2021. Staff were recruited safely. This included pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. During the inspection staff were responsive to requests for assistance and recognised when people needed support.
- A staff member told us they worked well as a team. Comments included, "It's a small home but most of the staff have worked here for a long time so we know everyone really well. We do work well and support each other".

Using medicines safely

- People received their medicines in a safe way, as prescribed for them.
- Staff received training and were checked to make sure they gave medicines safely.
- There were suitable arrangements for ordering, storing, administration and disposal of medicines

including those needing cold-storage and extra security. The refrigerator temperatures were stable and suitable.

- Some people were prescribed medicines to be taken when required. Staff knew people well and administered these medicines safely and in a caring manner.
- Where people required medicines, which required stricter controls systems were in place to safely manage them.

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

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

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

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

- Capacity assessments were completed to assess if people were able to make specific decisions independently, or where restriction might need to be in place. For example monitoring people's movement.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits. A family member told us, "I feel very safe when I visit. They [manager and staff] have been very careful in respect of COVID-19."

Learning lessons when things go wrong

- Appropriate action was taken to learn from the events or seek specialist advice from external professionals to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as GPs, and other health professionals after incidents where people had fallen.



# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the staff team and a member of staff told us they felt supported by the manager. A staff member told us, "Love working here. Its small and we all feel well supported by [managers name]".
- The manager and the staff team were caring and supportive. A person living at the service told us, "I like to stay in my room because I have everything I need, but do have my meals with others living here. We have a little natter and the staff are always popping in".
- People's care plans and risk assessments had been kept under regular review. Records demonstrated a person-centred approach to the care and support provided for people. For example, staff knew each person's individual choice about how they liked to spend their day. A relative told us, "[Person's name] just loves the manager and all the staff. It's a home from home".
- The manager and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs and this helped to ensure people received care and support that promoted their well-being. Where people had sensory loss the manager and staff worked with to support them.

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

- The ethos of the service was to be open, transparent and honest. The manager understood responsibilities under the duty of candor and reported accidents and incidents.
- Staff were encouraged to raise any concerns in confidence through a whistleblowing policy.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager was supported in their role by the provider. There were clear lines of responsibility and accountability across the staff team.
- There was good oversight of the governance systems in the service.
- There was a positive attitude in the staff team with the aim of trying to provide the best care possible for people living at the service.
- There were effective quality assurance and auditing systems in place designed to drive improvements in the service's performance. There were regular audits in place to check systems were effective.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had systems in place to positively engage with all stakeholders. The most recent feedback was positive. Comments included, "The manager is very approachable," "Such a lovely home," "No criticism at all" and "Very pleased with my care and the personal approach".
- The manager and staff had a good understanding of equality issues and valued and respected people's diversity.

Continuous learning and improving care

- The manager and provider were committed to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- There were regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Staff meetings took place and staff told us they were able to share their views and that the manager frequently worked with them so communication was always good.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.