

Rowans Care Limited

# Rowans

## Inspection report

50 Newbridge Road  
Tiptree  
Essex  
CO5 0HX

Tel: 01621819850

Date of inspection visit:  
11 April 2019

Date of publication:  
01 May 2019

### 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

About the service: Rowans is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Rowans can accommodate up to eight people who may have a learning disability, in one adapted building. At the time of the inspection, there were seven people using the service.

People's experience of using this service:

- Everyone we spoke with had nothing but praise. Comments made were, "[Name] has lived there for 25 years. I have to be honest, I couldn't wish for a better place for [Name] to live. They understand [Name] down to a T." And, "They are human being's, and they are put at the centre. It's like a family environment and everyone is very, very happy."
- Some improvements were needed to make the environment safer. We could access the electric cupboard and a cupboard with hot pipes. This posed a potential risk to people. We have made a recommendation about risk management.
- Some areas were cluttered, and the environment needed some improvements. The registered manager told us they were planning to improve the environment.
- The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice, and independence.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.
- A range of activities was provided, which included involvement and use of local and wider community-based activities.
- People were cared for and supported by staff that understood their needs exceptionally well. Staff could understand people's small gestures and noises and understood what they were saying.
- Staff treated people with dignity and respect and were sensitive to their needs. Staff worked with insight and could anticipate people's needs in an individualised way.
- The service had systems in place to keep people safe, and staff followed these guidelines when they supported people. There were enough staff available to meet people's care needs and people received their medication as prescribed and on time.
- A robust recruitment process in place. Staff had been recruited safely with the skills and knowledge to give care and support to people.
- People's health and emotional needs were assessed, monitored and met in order for them to live well.
- The service worked closely with relevant health care professionals and people received the support they needed to have a healthy diet that met their individual needs and choices.
- Systems were in place to drive improvement and audits were carried out on a regular basis, which looked at the quality of the service people received. The registered manager had a clear oversight of the service.
- The needs of people were met by staff who had the right competencies, knowledge, skills, attitude, and

behaviours, to carry out their role and responsibilities.

Rating at last inspection: This service was last rated Good. (9 September 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive, and inspect the service, if risk is indicated.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Rowans

## Detailed findings

### Background to this inspection

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

Inspection team: This inspection was carried out by one inspector.

Service and service type: Rowans provides accommodation and personal care to people. Seven people were receiving a service at the time of the inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection: The inspection site visit took place on 11 April 2019, to see the registered manager and office staff; and to review care records and policies and procedures.

What we did: Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed this information to help plan our inspection.

At the time of this inspection there were seven people living at the home. We were able to meet with people, but due to the complex nature of their disabilities they were unable to verbally tell us about their experiences of life at the service. So, we observed the care being delivered, including the midday meal, and within the communal living room.

On the day of inspection, we spoke with six people's relatives, three members of staff and the director of the company.

We looked at the written records in relation to three people's care and looked at records relating to the management of medicines, staff training, recruitment records and systems for monitoring the safety and

quality of the service.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of abuse.
- Training had been given to staff about how to safeguard people. One staff member said, "I have had all the training. We would report abuse to the manager, or social services, or the CQC, if they didn't do anything."

Assessing risk, safety monitoring and management

- Some improvements needed to be made to the environment to ensure it was safe. For example, we could access the electric cupboard and a cupboard which had hot pipes. Whilst these doors could be locked, we could freely access them. The registered manager assured us they would carry out an investigation into this, and ensure these doors were locked and would not be easily accessed in the future. We recommend that the registered manager ensure that the exposure to this type of risk is managed more effectively.
- Risk assessments were personalised and tailored to meet people's individual needs. Risk assessments were in place for medical conditions, specific behaviours, and activities they engaged in within the home or community.
- Risk assessments were updated regularly, and people and their relatives were included in the process. One relative said, "We have had extra involvement because of the way [Names] needs have changed. We have been involved and are advised what the outcome is." Another relative said, "We are in constant contact. I know what's going on. We have been involved in [Names] reviews and discuss any changes that may need to happen. We are in constant contact."

Staffing and recruitment

- The registered provider ensured there were enough staff to meet people's needs in a safe and effective way. One relative said, "We think it's fantastic. They keep a very good standard and we have always been very happy. When we pop in, there are always staff around. It's never been a problem, they are very welcoming."
- The registered manager ran a safe and effective recruitment system. The recruitment process included completion of an application form, a formal interview, the provision of previous employer references, proof of identity and a check under the Disclosure and Barring Scheme (DBS). This scheme enables the provider to check candidates are suitable for employment.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration, and disposal of medicines.
- Staff with the responsibility for the administration of people's medicines had received training and their competencies had been tested annually.

### Preventing and controlling infection

- Some areas of the service were cluttered and one of the bathrooms could benefit from having a deep clean. The registered manager told us they would rectify this.
- Staff were trained in infection control and had the appropriate personal protective equipment needed, to prevent the spread of infection.

### Learning lessons when things go wrong

- The registered manager looked at ways the team could learn when things had gone wrong and used this information to look at how the service could be improved. For example, debriefs were given at team meetings, so learning from incidents could be shared. One staff member said, "In our team meetings we share any concerns for discussion, and we learn from this. The communication between us is really good."



# Is the service effective?

## Our findings

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

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- Rowans was an adapted bungalow, which had been modified to meet people's individual needs. Some areas were cluttered, and the environment would have benefitted from improvements. The registered manager told us they were planning to improve this area.
- People had personalised bedrooms, and each room reflected the individual's personality and was equipped to meet their needs. One relative said, "We have been involved with [Names] room to make it personalised. We are happy. It's personalised."
- There was accessible garden space for people to use in good weather, and people had space for privacy when they wanted it. One fence panel needed to be replaced, and the patio area needed to be decluttered.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Detailed assessments considered people's physical, mental, emotional, and social needs.
- Care plans had been reviewed regularly or when people's needs changed.

Staff support, induction, training, skills, and experience

- New staff completed a two-week induction which included shadowing a more experienced member of staff. They then continued to complete the care certificate. The Care Certificate is an agreed set of standards for the health and social care workforce.
- Staff had been trained in mandatory topics and additional subjects specific to the needs of people using the service.
- Regular supervision and appraisals were offered to staff to support them to carry out their roles effectively.

Supporting people to eat and drink enough to maintain a balanced diet

- People chose what they wanted to eat and were involved with choosing their menus. Portion sizes were of a good quality and met people's nutritional needs. One relative said, "We are over here regularly, and [Name] doesn't have a problem eating. They wolf it down. They are offered food they like. The registered manager even makes them a special curry. [Name] isn't wasting away."
- Staff kindly and gently, encouraged people to slow down if they were eating too quickly and interacted with people, who were eating very slowly or seem disinterested. We saw people enjoying their meals and having a lot of satisfaction out of the interaction, with staff who were positive, and kind.
- We saw people had access to a variety of drinks throughout the day. Staff being very patient, encouraging and kind to people, if they needed additional support.

- Staff understood the risks posed to people who needed additional support to eat and drink in a safe way, and this had been clearly detailed within their care plan.

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

- People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals. Any changes to people's care was discussed at handover meetings.
- Relevant health and social care professionals were involved when required. One health professional had complimented the service. They said, "I have been impressed with the high standards of care that you and your staff provide. This includes excellent record keeping, knowledgeable monitoring of neurological signs and symptoms, and remarkable attention to detail. Residents have responded very well to medical treatment and some of them has shown signs of recovery from chronic and often disabling neurological symptoms."

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 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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The principles of the Mental Capacity Act 2005 (MCA) had been followed when obtaining consent to care.
- Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate Deprivation of Liberty Safeguards (DoLS) authorisations had been requested.
- Staff had been trained in MCA and DoLS and understood how this related to their role.
- Appropriate MCA assessments were in place, which were individualised and decision-specific.
- When best interest decisions had been made, the registered manager had considered people's wishes, consulted with people's relatives and any relevant health professionals, and thought about the least restrictive option to ensure people's rights were protected.
- When authorisations to deprive someone of their liberty had been granted, the registered manager had not always notified the commission of this. We brought this to the attention of the registered manager and they were submitted after the inspection.

# Is the service caring?

## Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were happy and at ease with staff, who had developed a good rapport with people.
- We saw natural interactions and staff treating people with warmth, and kindness.
- The atmosphere within the service was welcoming, relaxed, and homely. The staff all spoke of people with fondness and knew them well. One relative said, "The staff really work hard to make [Names] life as nice as possible. I am really happy, they are very friendly and involve us. We are over the moon with it."

Supporting people to express their views and be involved in making decisions about their care

- Staff were responsive to any changes in people's behaviour they provided proper reassurance and when necessary diverted people's attention effectively. This reduced people's anxiety.
- Staff had a good knowledge of people's backgrounds, their current needs, and strengths and anxieties.

Respecting and promoting people's privacy, dignity, and independence

- We observed staff interacting with people in a positive and caring way.
- There was a calm and relaxed atmosphere throughout, and we could see people had developed positive relationships with staff. One relative said, "The staff have the up most care and attention. I can't praise them enough." Another relative said, "The staff have empathy and understanding. They do understand the issues and do their very best for [Name]."
- Staff provided active and individualised support that enabled them to take part, when they could, in day to day living activities such as shopping, cleaning, laundry, cooking and bed changing.

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded, and highlighted in care plans. These needs were shared appropriately with others.
- Staff were knowledgeable and understood how people communicated and expressed themselves. They could interpret certain gestures that people made which helped them communicate together. One staff member explained, "[Name] uses Makaton signs, but they also will tell you what they want making a sound. They also will touch their left elbow to indicate if they would like juice or a biscuit."
- The registered manager considered each person's individual methods of communication and had used pictures which enabled them to understand the information they were being presented with.
- The care plan recorded, how the person communicated and any difficulties that may be present. One relative said, "The staff are well trained they absolutely know and are very tuned in to what [Name] likes and what [Name] doesn't like. They can communicate with [Name]. To the untrained ear it is difficult to understand what they are saying but the staff understand."
- Care plans continued to be informative and person centred. They included information about the person's preferences, interests, and details of individual daily needs such as mobility, personal hygiene, nutrition, and health requirements
- People's care plan included how to support people to maintain their oral health. People's oral health was considered, and decisions were made in people's best interest when dental treatment was needed.

Improving care quality in response to complaints or concerns

- Since the last inspection, no complaints had been raised. One relative said, "I have no complaints. If I did have concerns, I would shout it from the roof top."
- People were made aware of how to make a complaint and an effective complaints policy and procedure was in place.
- Compliments about the service had been received. One said, "We appreciate you so much. You are indeed very special people."

End of life care and support

- At the time of the inspection, the registered provider was not delivering end of life care to people.
- Staff had been trained in end of life care and policies were in place.

# 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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People who used the service, relatives and staff were regularly consulted about the quality of the service they received.
- The registered manager conducted regular audits and improvements were carried out when identified.
- The quality of the service was monitored and assessed consistently.

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

- The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- People's relatives spoke positively about the management and leadership of the service and were confident in the way the way it was managed.
- The registered manager was aware of the CQC guidance of 'registering the right support.' This is CQC policy on registering and variations to registration for providers supporting people with learning disabilities.
- There were no plans to increase the current provision. The current provision meets the requirements of registering the right support.

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

- Staff consistently described the registered manager, as being knowledgeable, friendly, caring, and approachable.
- People's relatives held the registered manager in high regards. One relative said, "The standard of the service, in terms of care, is always first class. We all think it is fantastic. They keep a very good standard and we have always been very happy."

Continuous learning and improving care

- People and their relatives told us they were actively encouraged to share their views and give feedback about the service. The results were analysed to look for any areas that needed improvement.
- People consistently gave positive feedback about the service. One relative said, "We do get a survey and are asked our views. There is a form to complete."

Working in partnership with others

- The registered manager had links with the local community and had developed strong links with GP's and consultants.