

Ramnarain Sham

# Rowan Lodge

## 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 ●

# Summary of findings

## Overall summary

We undertook an unannounced inspection of Rowan Lodge on 21 August 2017. The service was last inspected on 8 and 9 December 2015 when we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because medicines were not managed safely, recruitment procedures were not being followed robustly and the service was not being monitored so shortfalls were not being identified and addressed. The provider sent us an action plan on 2 February 2016 telling us about the improvements they planned to make by 31 March 2016. At this inspection, we found that improvements had been made.

Rowan Lodge Care Home provides accommodation and personal care for up to three people with mental health needs. There were three people using the service at the time of our inspection.

The provider is registered as an individual and as such is not required to have a registered manager in place. The provider runs and manages the service with the assistance of an operations manager who is a family member. 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 were activities provided at the service, however these did not always meet the needs of people.

We have made a recommendation in relation to the provision of activities.

People's individual needs had been assessed and recorded but not all care plans were regularly reviewed. Monitoring charts and records were not always updated.

Incidents and accidents were acted upon appropriately. However, records of these were not always fully completed and did not always include a management review and an action plan about how to mitigate the risk of reoccurrence.

Recruitment checks were in place to obtain information about new staff before they supported people unsupervised.

There were systems in place to ensure that people received their medicines safely and the staff had received training in the management of medicines.

There were procedures for safeguarding adults and the staff were aware of these. Staff knew how to respond to any medical emergencies or significant changes in a person's wellbeing.

Feedback from people and stakeholders was positive. People we spoke with said that they were happy with the level of care they were receiving from the service. We saw that people's needs were met by caring and respectful staff.

People's needs were assessed and support plans were developed from the assessments. People had taken part in the planning of their care and there were regular reviews.

The manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

The service employed enough staff to meet people's needs safely and had contingency plans in place in the event of staff absence. However there was not always enough time for staff on duty to provide meaningful activities for people who used the service.

People's health and nutritional needs had been assessed, recorded and were being monitored.

New staff received an induction and shadowing period before delivering care and support to people. They received the training and support they needed to care for people.

There was a complaints procedure in place which the provider followed. People felt confident that if they raised a complaint, they would be listened to and their concerns addressed.

There were systems in place to monitor and assess the quality and effectiveness of the service, and the provider ensured that areas for improvement were identified and addressed.

People and staff told us that the management team was approachable and supportive. People and staff were supported to raise concerns and make suggestions about where improvements could be made.

## 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.

Incidents and accidents were acted upon appropriately but records of these did not always include the action taken to prevent reoccurrence.

The risks to people's safety and wellbeing were assessed and there were detailed plans in place for all the risks identified.

There were procedures for safeguarding adults and staff were aware of these.

There were systems in place to ensure that people received their medicines safely and the staff had received training in the management of medicines.

The service employed enough staff and recruitment checks were undertaken to obtain information about new staff.

### Is the service effective?

Good ●

The service was effective.

The manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff received the training and support they needed to care for people.

People's health and nutritional needs had been assessed, recorded and were being monitored.

### Is the service caring?

Good ●

The service was caring.

Feedback from people was positive about both the staff and the provider.

People said the staff were kind, caring and respectful. They said

they were offered choices and their wishes were respected.

People were involved in decisions about their care and support.

### Is the service responsive?

The service was not always responsive.

Activities provided at the service did not always meet the needs of people.

People's individual needs had been assessed and recorded but not all care plans were regularly reviewed. Monitoring charts and records were not always updated.

There was a complaints policy and procedure in place. People felt confident their concerns would be addressed appropriately.

The service obtained regular feedback from people, relatives and external professionals about the quality of the service provided.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

The provider had a number of systems in place to monitor the quality of the service. However these had not always identified shortfalls.

People and professionals we spoke with thought the home was well-led and the staff and management were approachable.

The service worked well with external professionals to make sure people received the care, treatment and support they needed.

**Good** ●

# Rowan 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 August 2017 and was unannounced. The inspection was carried out by a single inspector.

Before the inspection, we reviewed the information we held about the service, including notifications we had received from the provider informing us of significant events that occurred at the service, the last inspection report and the action plan the provider had sent to us.

During the inspection we looked at the care records of all three people who used the service, three staff files and a range of records relating to the management of the service. We spoke with all three people who used the service, the provider who was also managing the service, the operations manager and a care worker.

Following the inspection, we contacted and received feedback from three external professionals who were involved with people who used the service.

# Is the service safe?

## Our findings

At our last inspection of 8 and 9 December 2015, we found that people were at risk because medicines were not being safely managed. At this inspection, we found that improvements had been made. We looked at the storage, recording of receipt, administration and return of medicines and records in relation to the management of their medicines.

People told us they felt safe at Rowan Lodge. One person told us, "Yes I feel safe here. I get everything I need, everything is good."

Medicines were stored in a locked medicines cabinet in the lounge. Medicines that required refrigeration were stored in a lockable medicines fridge and daily fridge temperatures were being checked and recorded. We saw that these were within recognised safe ranges.

The medicines administration record (MAR) charts for all the people who used the service indicated that medicines administered for the last four weeks had been signed as given. Most of the medicines were supplied in blister packs from the pharmacy. We saw that people had been given these medicines as prescribed. We checked all the medicines supplied in boxes and found that the stock reconciled with the signatures on the MAR charts. We also checked the records for all controlled drugs and saw that these had been signed by two staff members at every administration and the amount of tablets in the packs corresponded to the amount recorded. This indicated that people had received their medicines as prescribed.

The provider had a policy and procedure for the administration of medicines. We saw from the training records that all staff had completed a course in the management of medicines as well as regular refresher training and had their competencies assessed. People told us they received their medicines at the expected time and they received the assistance they needed.

All unused medicines were returned to the pharmacy at the end of the cycle. We saw all returned medicines were appropriately recorded in the returns book.

The provider undertook monthly audits of medicines and we saw evidence of these. They told us the local pharmacist also carried out yearly audits of all medicines, although the provider was unable to provide evidence of these.

At the last inspection of 8 and 9 December 2015, we found that people were not protected because recruitment practices were not always being followed because the provider had allowed a staff member to work prior to receiving their Disclosure and Barring Service (DBS) check. At this inspection, we found that improvements had been made.

We viewed a range of staff records and saw that recruitment practices ensured staff were suitable to support people. These included checks to ensure staff had the relevant previous experience and qualifications which

were carried out before staff started working for the service. These included obtaining references from previous employers, reviewing a staff member's eligibility to work in the UK, checking their identity and ensuring a DBS criminal record check was completed. At the time of our inspection, the provider was awaiting clearance for a newly recruited staff member before allowing them to work at the service.

A staff member told us, "It would be nice if we could have another staff for 2 or 3 hours a day to provide some activities. We don't always get the time to do everything." The service employed one member of staff during the day and one staff slept in at night. We discussed staffing levels with the provider and operations manager. The provider told us they ensured they visited each day for several hours to spend time and chat to people who used the service. The operations manager also told us they visited regularly and took people out as needed. However on the day of our inspection we saw that people did not have anything to do and appeared bored. The member of staff on duty was working constantly, and carried out cleaning and cooking duties as well as providing care and support to people. Although people's basic needs were met, their social needs were not always met.

Staff had completed training in safeguarding adults and were able to demonstrate knowledge in this subject when we spoke with them. The service had a safeguarding policy and procedures and the member of staff we spoke with was aware of this. We saw that the manager had worked with the local authority's safeguarding team when they had identified concerns for the safety of a person who used the service, and had put appropriate measures in place to protect the person.

There had been very few recent accidents or incidents at the service. However; some incident records were not completed appropriately. For example, one record did not include the date, time or location of the accident. We also saw that although there was a full explanation about what happened, there was no management review or follow up action recorded. We were reassured when we checked the person's records that the staff had taken appropriate action. This included a referral to the GP and daily monitoring. We discussed this with the provider who told us they would put a more robust procedure in place and speak with staff to ensure they completed records appropriately.

We viewed the care and support plans for all the people who used the service. Detailed person specific risk assessments were in place and regularly reviewed and updated. They included risks to general health, mobility and personal safety, mental health and the person's ability to complete tasks related to everyday living such as washing, dressing and nutrition. Where risks were identified, staff were given clear guidance about how these should be managed. Staff told us risk assessments were reviewed as and when people's needs changed and we saw evidence of this.

The provider had taken steps to provide care in an environment that was safe and adequately maintained. We were informed and witnessed that the staff maintained all aspects of the home, including the cleaning and gardening.

We viewed the maintenance records and records of equipment servicing. We saw that these were up to date and regular and included checks of the lift, emergency lighting, gas and electrical appliances and fire safety equipment such as fire extinguishers. There were regular water temperature checks and fridge and freezer temperatures were recorded daily. There were call bells available in each bedroom, bathroom and toilets and people confirmed they knew how to use them.

Systems were in place for the monitoring of health and safety to ensure the safety of people, visitors and staff. This included weekly fire alarm tests and regular fire drills to ensure that people using the service and staff knew what action to take in the event of a fire. Records we viewed confirmed that they were detailed



and regular. There was a general fire risk assessment. However there were no Personal Emergency Evacuation Plans (PEEPS) in place. We discussed this with the operations manager who told us they would discuss this with the provider and put this in place. They added that because there were only three people using the service, they were confident that all the staff knew people's individual needs and would be able to safely evacuate people in the event of a fire.

## Is the service effective?

### Our findings

People were supported by staff who had the knowledge and skills they needed. One person said, "They are very good, they know what they are doing." We saw that people were being cared for by staff who had received the necessary training to deliver care effectively. The provider had identified training courses as mandatory. They included first aid, infection control, administration of medicines, health and safety and safeguarding adults. They also undertook training specific to the needs of the people who used the service which included mental health and dementia. The training records we looked at confirmed that training was regular and refreshed regularly. All staff had been working at the service for a number of years and had been supported to complete a recognised qualification in health and social care. This meant that staff had received a range of training to support them in providing appropriate and safe care. Staff told us and we saw evidence they met with the provider for supervision sessions to discuss their work and their progress. However they did not receive a yearly appraisal.

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.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider understood the principles of the MCA and had followed its requirements. The provider had made applications for DoLS authorisations for people who were at risk of harm when going out by themselves and these had been approved by the local authority. We saw that a best interest assessment had taken place and that the relevant people had been involved. These included family members and social care professionals. This meant that people using the service were not being unlawfully deprived of their liberty.

Staff received training in the MCA, however the staff we spoke with had very little understanding of its principles and how it applied to people living at the service. We discussed this with the provider who told us they would address this in their next supervision meeting.

Staff told us that they encouraged people to be as independent as they could be. One staff member said, "Some people like helping in the kitchen, and [person] likes taking care of her room. We encourage them." People confirmed that staff gave them the chance to make daily choices. Our observations throughout the day confirmed this.

The staff recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally

and as an important aspect of their daily life. People's individual nutritional and cultural needs, likes and dislikes were assessed and recorded in their care plans. For example, people's care plans stated, 'Sugar intake must be monitored' and '[person] does not like tea and does not like any vegetables'.

Staff told us that they involved people in the planning of menus and people we spoke with confirmed this. People told us the food was good and they could eat whenever they wanted to. We viewed the weekly menus and saw that there was a variety of freshly cooked meals. One person told us, "You get your meals, the food is good" and another said, "Yes the food is alright." People's weight was monitored and we saw evidence of this in their care records. All the records showed that people's weight was stable which indicated they were receiving adequate nutrition.

People told us they were supported to maintain good health and had access to the healthcare services they needed. The care plans we looked at contained individual health actions plans. They contained details about people's health needs and included information about their medical conditions, mental health, dental, medicines and general information. Records of healthcare appointments included the outcome of the appointment and any action needed. These included routine appointments and specialist appointments such as psychiatrist, diabetic clinic and optician. Staff supported people to attend appointments and people confirmed this.

## Is the service caring?

### Our findings

People were complimentary about the care and support they received. One person told us, "A lot of the staff are very kind, they do everything I need. It's all good." A healthcare professional told us that each time they visited the service, they found people to be relaxed and happy, the home clean and hygienic and the staff welcoming and friendly. They added, "People always seem happy and clean. The staff always seem to know what is going on and are in touch with people's needs. I have no concerns at all."

We saw staff and management treated people with respect and in a caring, professional manner throughout our inspection. Staff we consulted spoke respectfully about the people they cared for. They talked of valuing people and respecting their rights and their diverse needs. For example, a local church representative visited the service monthly because people had expressed an interest. The operations manager told us people looked forward to these visits.

People told us that their views were respected and that they were consulted about their care. We saw that care plans were person-specific and included details of people's likes, dislikes and preferences as well as their needs and abilities. We viewed the care notes for all the people who used the service and saw that these were written in a respectful way and detailed how people had spent their days, any concerns and information about health or emotional needs.

People told us that staff respected their privacy and we saw evidence of this throughout the day of our inspection. People were treated with dignity and staff encouraged them to do as much for themselves as they could. Comments we viewed in people's care plans included, '[Person] is very independent. Respecting this would greatly enhance her supported living experience' and '[Person] needs assistance with personal care and shower. Staff to respect [person's] independence and encourage [person] to do what they can manage'.

We visited the bedrooms of two of the people who lived at the service, with their permission, and saw that they were clean and tidy. We saw that people had been able to personalise their rooms to their own requirements.

## Is the service responsive?

### Our findings

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and care plans were developed from these assessments. They included background information which helped staff understand each person and their individual needs. A social care professional told us that the staff provided a service according to people's individual needs. However we saw that some records were not always updated according to people's changing needs. For example, one person's care plan stated that they needed to be checked frequently at night due to continence issues. When we discussed this with the staff, they told us that this was no longer an issue, but the care plan had not been updated to reflect this change. The operations manager told us that the senior member of staff who usually reviewed and updated people's records was away on holiday and assured us they would undertake a review of each record.

The staff were responsive to people's changing healthcare needs and we saw that they recorded the instructions of healthcare professionals. For example, when someone's medicine had been increased following a check up, we saw that the GP had been contacted, the medicine had been prescribed and supplied by the pharmacy without delay and the appropriate dose was given to the person. However on 27 June 2017, and again on 31 July 2017, we saw that a specialist had requested for staff to check a person's blood sugar levels every two days. We viewed records of these checks and noticed some discrepancies that indicated checks were not always carried out as required. On one occasion, there were no recorded checks for four days, and on another occasion for three days. The staff could not offer an explanation for this, and we could not determine if they had forgotten to record the checks, or if these had not been carried out. The operations manager told us that the person in question knew how to manage their condition and would know if they were appropriately checked. The person confirmed that checks had been done every two days as required.

Each person who used the service had a 'This is me' document. This provided a snapshot of the person, their needs, what was important to them, what made them anxious or upset and any other important information to help others support them in an unfamiliar place, for example if they had to be admitted to hospital.

On the day of our inspection, people watched TV for a while before the radio was switched on for the whole day. Some people became restless and expressed the wish to go out. We saw the weekly activity plan. This highlighted that on a Monday, there were newspapers, table games, domino or puzzles. We did not see this taking place. One person who used the service told us, "We do nothing much. I need to go out and do something. That person [Pointing at another person using the service] needs to do something. She should be active. She will be ill." In the afternoon, the operations manager took two people out to buy some toiletries. The provider told us they often took people out and trips were organised such as trips to the park, Windsor and the farm.

We saw the 'activities folder'. This contained some basic artwork, and the lyrics of 'The wheels on the bus go round and round'. There were some photographs of people doing some exercises in the garden. However

these were dated March 2016 and we did not see any more recent photographs.

Care plans showed evidence that people were consulted about their choice of activities. One person's care plan stated, '[Person] prefers to do her exercises at home, in the garden and in her room', '[Person] enjoys music every Monday and signing and chatting' and '[Person] likes helping with house chores (washing up, watering plants)'. This person confirmed that they often helped with household chores. The care plan for a person using the service stated that '[Person] is encouraged to attend Strength and Balance program but prefers daily exercise at home' and '[Person] is encouraged to attend 'Vitality entertainment' on Thursdays which includes ball games, physical activities, singing, reminiscence and quizzes. The operations manager confirmed that every person who uses the service attended the vitality entertainment twice a week.

We recommend that the provider seek relevant guidance with regards to the provision of activities.

The service had a complaints procedure in place and this was available to staff and visitors. People knew who to complain to if they had any issues but told us they had not needed to make a formal complaint. One person told us, "If I had a problem, I would talk to the staff." We saw that there had not been any complaints in the last year, and previous complaints had been responded to appropriately and in line with the complaints procedure.

Feedback about the service was sought from people who used the service, relatives, staff and external professionals. We viewed a sample of these and saw that they showed an overall satisfaction. Comments from people who used the service included, 'Happy with the level of care. No concerns', 'Yes I'm happy here' and 'I'm happy with the care. I love my food'. Other comments included, 'The care staff look after the residents excellently', 'Staff are patient and attentive to residents' needs and requests' and 'Staff respect the dignity of clients'.

## Is the service well-led?

### Our findings

At our inspection of 8 and 9 December 2015, we found that the service was not being monitored so shortfalls in relation to medicines management, recruitment records and health and safety checks had not being identified and addressed. At this inspection, we found that improvements had been made.

The provider had systems in place to assess and monitor the quality of the service such as health and safety checks, medicines, staff files, including training, supervision and employment checks, cleanliness, maintenance of equipment and risk assessments. These were carried out on a monthly basis and were recorded. Where issues were identified, we saw evidence that action was taken and the matter resolved. However these checks had not identified some of the shortfalls we found in relation to updating care plans, completing records, monitoring charts and the lack of activities.

We recommend that the provider seeks guidance in relation to effective audits.

The home had been established since 1991. The provider was also the registered manager. They held a recognised management qualification in health and social care, was a member of the Chartered Management Institute and had many years experience in mental health. The operations manager held a recognised qualification in health and social care at level 5. The service had been awarded the 'Investors in people' award. This is a recognised accreditation that defines what it takes to lead, support and manage people well for sustainable results. This meant that the service was run by experienced staff and that the provider was keen to support and develop members of staff.

People we spoke with were complimentary about the staff and the management. They said that they were approachable and took good care of them. One person told us, "Everything is good. I have been here 13 years. I am happy." One healthcare professional echoed this and said, "The staff always know what is going on and are in touch with residents' needs. It is well run" and another told us, "The owner definitely knows the residents well. I have not seen anything of concern. Ever."

The provider had notified the Care Quality Commission (CQC) of notifiable incidents to keep us informed of these. We saw that a recent notification was submitted in a timely manner and appropriate action had been taken by the time of our inspection.

There were regular team meetings and meetings with people who used the service and records confirmed this. The items discussed included housekeeping, health and safety, activities, medication changes and healthy diet. People told us they enjoyed the meetings and felt listened to.

The service worked closely with healthcare and social care professionals, including the local Community Mental Health Team (CMHT) who provided support and advice so staff could support people safely at the service. They also provided training specific to the needs of the people living at the service. The external professionals we spoke with confirmed this.

