

Rowena House Limited

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Inspection report

28 Oakwood Avenue
Beckenham
Kent
BR3 6PJ
Tel: 020 8650 3603
Website:

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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 

Overall summary

The inspection took place on 23 July 2015 and was unannounced. A further announced visit was made on 14 August 2015. .

Rowena House Limited is a care home located in Beckenham, Kent that provides accommodation for up to 22 older people. There were 19 people using the service at the time of our inspection.

We last inspected Rowena House Limited in September 2014. At that inspection we found that improvements were needed to make sure people were provided with a safe environment. Following that inspection the provider

sent us an action plan to tell us the improvements they were going to make. At this inspection we found that the actions we required had been completed and this regulation was now met.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

People felt safe living at Rowena House Limited and spoke positively about the care provided to them. Staff knew people well and treated people with kindness, dignity and respect. Relatives and friends were welcomed and people were supported to maintain relationships with those who matter to them. Visitors spoken with were positive about the service being provided and said they could visit at any time. They spoke about the relaxed and homely atmosphere and this was evident on both days we visited.

Staff had received training around safeguarding vulnerable people and knew what action to take if they had or received a concern. They were confident that any concerns raised would be taken seriously by senior staff and acted upon.

People were supported to take their medicines as prescribed and to access to healthcare services when they needed them.

Appropriate recruitment checks took place before staff started work. Staff received training and on-going support to help them perform their allocated job role.

The service understood and complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

There was a system in place for dealing with people's concerns and complaints. The registered manager understood their role and responsibilities and positive feedback was received from people and staff about the senior staff team working at Rowena House Limited.

There were systems in place to help ensure the safety and quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected from harm. Staff received training and understood how to recognise and report any signs of abuse. The service acted appropriately to protect people.

People received their medicines safely.

The environment was clean and hygienic.

Good



Is the service effective?

The service was effective. The registered manager ensured staff were up to date with their training requirements and had the knowledge and skills to meet people's needs.

People were able to choose what they wished to eat and drink.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to access healthcare services to help make sure their physical and mental health needs were met.

Good



Is the service caring?

The service was caring. Staff knew people's needs and preferences well and treated people with dignity and respect.

Positive caring relationships had been formed between people using the service and staff.

Good



Is the service responsive?

The service was responsive. Care plans were up to date and helped staff meet people's individual needs.

Activities took place and these were planned in line with people's interests.

People felt able to raise any concerns with senior staff and the home responded promptly to these.

Good



Is the service well-led?

The service was well-led. Staff were supported by the registered manager and their deputy who were approachable and listened to their views.

Health care professionals were positive about the quality of the service provided to people using the service.

There were systems in place to monitor the quality of the service and make improvements where needed.

Good



Rowena House Limited

Detailed findings

Background to this inspection

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

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by.

The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make. The PIR was well completed and provided us with information about how the provider ensured Rowena House Limited was safe, effective, caring, responsive and well-led.

We visited the home on 23 July and 14 August 2015. Our first visit was unannounced and the inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

On the first day of our visit we focused on speaking with people who lived in the home and their visitors, speaking with staff and observing how people were cared for. The inspector returned to the home to examine staff files and records related to the running of the service.

During our inspection we spoke with six people using the service, three visitors, four care staff and the registered manager. We observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We also looked at records that related to how the home was managed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us that they felt safe living at Rowena House Limited. Visitors said that they thought the home provided a safe environment for their friends or family members who were well cared for. One visitor said the person they came to see was “safe and happy.”

People were protected by staff who knew how to recognise the signs of possible abuse. Training records showed that staff had completed safeguarding training and staff we spoke with confirmed this. They were able to describe the action they would take to protect people and to report any allegations of abuse. Staff felt confident that senior staff would take appropriate action to keep the people at Rowena House safe. One staff member said, “I have to report it.” The provider applied learning from previous safeguarding investigations in order to help prevent similar incidents occurring again. For example, new guidelines had been introduced for staff when escorting people to hospital and these had been discussed with staff at a meeting.

Visitor told us that there were always staff around when they visited. Our observation was that people spent their time together in the back lounge overlooking the garden and there were always staff present ensuring that people were not left alone. We saw some people went out into the garden with a member of staff during our first visit and they stayed with them making sure people were kept safe. Staff spoken with said that staffing levels were sufficient to meet the needs of people using the service. One staff member commented, “Yes, enough staff.” A senior staff member and three care staff were on duty during our visits and rotas seen confirmed these levels were maintained consistently.

Following our September 2014 inspection, the registered manager had taken satisfactory steps to ensure the adequate maintenance of the premises and we found people were now adequately protected from the risks of unsafe premises. The garden was being improved at the time of these inspection visits. The path had been levelled to help make sure people could access the large garden area safely and new flower beds installed along with a covered seating area.

Assessments were carried out which looked at any risks to people’s safety and how these could be reduced. These were completed for areas such as risk of falls, the use of bed rails, moving and handling, nutrition and skin integrity

.Care plans were drawn up as appropriate following these assessments to help prevent or minimise the risk of harm to people using the service. For example, where a nutritional risk was identified for one person, care plans addressed the support and monitoring required to support their needs. Another example was seen where a risk assessment had been reviewed following an accident or incident to help keep the person safe.

Two health professionals gave positive feedback about the team leader saying that they knew people well and were skilled in working with behaviour that required a response. Examples of this were seen during our inspection when people became anxious and received reassurance. The outcome was that they were much more relaxed, enjoying tea and biscuits soon after.

We checked the arrangements for the management of people’s medicines by checking a sample of medicines records and supplies for four people using the service. All prescribed medicines were kept securely and the records were clear and up to date. The records showed that people on these units were receiving their medicines regularly and as prescribed. One instance was however found where the quantity of one medicine did not correspond with the administration record. Action was taken immediately to introduce daily audits of medicines supplied to people in boxes and this was on-going at the time of our second visit.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files for three members of staff. Completed application forms included references to their previous health and social care experience and documented their employment history. Each file contained evidence that criminal record checks had been carried out along with two employment references, a health declaration and proof of identity.

There were arrangements in place to deal with foreseeable emergencies. Personal emergency evacuation plans documented the support people required to evacuate the building safely. Staff said they knew what to do in the event of an emergency and records confirmed that staff completed training around fire safety. The risks associated with the environment and equipment in use were assessed and reviewed. Safety checks were regularly carried out such as those for installed fire, gas and electrical equipment.

Is the service safe?

We saw people were provided with a clean environment. All areas we looked at were clean and hygienic. Protective clothing such as gloves and aprons were available to reduce the risk of cross infection.

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. We saw staff completed training relevant to their role and responsibilities. This included mandatory training to keep people safe such as safeguarding adults, moving and handling, infection control and basic first aid. Staff confirmed that they had regular training and that courses were refreshed annually or as required. One staff member spoke about how they had been supported to undertake a National Vocational Qualification.

New staff received an induction and would shadow other staff for three to four weeks depending on their progress. A workbook was used to introduce staff to 'English care' when they came from outside the United Kingdom.

Staff were supported through regular supervision sessions which considered their role, training and future development. In addition to these formal one to one meetings, staff said they could approach the registered manager and team leader informally to discuss any issues they had. Staff said they found the management team to be supportive.

Staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Written information was available for staff to reference following their training. The MCA is a law about making decisions and what to do when people cannot make some decisions for themselves. The DoLS protect people when they are being cared for or treated in ways that deprive them of their liberty. We saw applications for Deprivation of Liberty authorisations had been made to the Local Authority in line with legal requirements.

Care files seen included capacity assessments documenting each person's ability to understand,

remember, weigh and communicate the information provided to them and look at what was in their best interests. For example, a best interests checklist had been used to document a decision made for one person around taking their medicines. We saw their family and friends had been consulted about the decision being made along with involved health professionals.

We observed the lunchtime on the first day of inspection. A pictorial menu was displayed in the dining room and we saw people were given a choice of which meal they would like. The meals were served by the home's chef who was seen to have a good knowledge of the dietary requirements and preferences of each person. Staff assisted people individually to eat when this was required and this was done in an unhurried manner. There was some conversation between people on tables. One person remarked that the pudding was very nice whilst another person said they hadn't liked the vegetables served that day. One person told us, "its good, the food usually is."

People's individual weight was monitored. Care plans seen addressed people's nutritional requirements with screening assessments completed to help safeguard people from the risk of malnutrition.

People received support to access a range of community healthcare professionals to support their individual health needs. For example, records documented regular visits from the GP, dentist and chiropodist. District nurses visited when required to provide wound care or any nursing interventions required. One visitor told us, "Since [my relative] has been here, they've done wonderful things, health wise, for them." Feedback received from a GP was positive and they stated they had 'no concerns' about how the service worked with them. A visiting health professional told us the home worked well with them to help ensure positive outcomes for people using the service.

Is the service caring?

Our findings

Feedback from people was positive about the quality of care and support people received. Comments from people included, “It’s a good place for care” and “Very good.” One relative or friend told us they were particularly pleased with the comfortable and homely atmosphere within Rowena House. This view was echoed by another visitor we spoke with who praised the “homely and friendly” feel of the service.

Feedback from involved health professionals was positive saying they found the staff to be caring and they felt that the quality of care and support provided was of a good standard. One professional stated they found staff to be kind and courteous.

Staff spoke positively about the service provided and gave us examples of how they ensured the privacy and dignity of people using the service including knocking on doors and making sure the person received personal care in private. One staff member said, “I have no concerns with the care provided here, staff treat people as if they were their own family.”

Our observation showed staff were kind, caring and compassionate. It was evident they knew people well, speaking to them in a kind and caring manner and made

sure their privacy and dignity was respected. Staff spoke to people respectfully and gave them choice when making everyday decisions such as what they wanted to do, eat or drink. Staff knew the people they cared for and were able to tell us about individual’s likes and dislikes, which matched what was recorded in individual care records. One staff member commented “The manager always says ‘put the residents first’ in everything we do.”

A profile and care needs summary was available on each person’s file. These gave staff important information about each person in a more concise format including some life history, likes and dislikes along with any identified risks.

Staff spoken with were able to give information about each person and their individual needs. For example, the previous occupation of one person and how this meant that they preferred to stay in bed each morning. Conversations took place during our visits with staff referring to people’s previous jobs and life experiences. One person carried a doll with them and we saw that staff recognised that this was important to give the person comfort.

People’s end of life care was planned with them and their family or representatives. Booklets were used to document individual wishes, enabling people to make their wishes known in advance.

Is the service responsive?

Our findings

A part-time activities co-ordinator was dancing with people in the lounge on the first day we visited. There was a happy and friendly atmosphere in the room with ball games taking place later in the morning for those who wished to participate. A drawing activity took place in the afternoon with some people also walking out in the garden with staff. One person using the service told us they liked, "Being up and about and having a relaxed type of day listening to quiet music."

Records showed activities held regularly included sing-alongs, coffee mornings, reminiscence sessions and piano recitals. Staff spoken with told us that they wanted to provide more activities outside of the home environment. The registered manager stated that they were looking at the possible purchase of a vehicle to help facilitate this.

Assessments were completed before someone came to stay at Rowena House Limited and these were used to develop a care plan for each person. Care plans seen were updated using an electronic system with hard copies printed out for easy staff reference. We saw each plan was reviewed regularly and kept up to date to make sure they met people's changing needs. Each person's care plan

addressed areas such as nutrition, personal care, recreation and activities. The plans were individualised, including detailed information that helped staff to effectively support and care for them.

People's care needs were reviewed regularly. A review meeting was held with one person using the service and their relatives on the first day we visited. Written feedback had been provided by one relative and they had confirmed that the person's care plan had been discussed with them. We saw that people's relatives or representatives were kept informed about any changes to their health or support needs. One visitor told us they were in contact each week to for an update on their relative.

Relatives and friends visited on both days of our inspection. The visitors spoken with confirmed they felt welcomed by staff. A care professional told us that relatives they had been in contact with did not have any complaints and were happy with the care people were receiving.

A complaints procedure was in place and this was part of the information pack provided to people and their relatives or representatives. A complaints book was used for recording and responding to complaints. Two complaints had been made in the previous 12 months and the records showed that these were investigated and resolved promptly.

Is the service well-led?

Our findings

Relatives or friends were positive about the registered manager and staff team. They said they felt able to speak to the manager or team leader if they wanted information or had any issues or concerns. One relative or friend said they found the senior staff to be “very approachable.” Two health professionals gave positive feedback about the team leader saying that they knew people well and were always able to provide them with accurate and up to date information.

The staff we spoke with said the registered manager was available when they needed her and that she always encouraged them to be person centred in their approach to care. Comments included, “The manager takes it on board, we have regular staff meetings” and “she is flexible and open.”

Regular staff meetings were held that enabled staff to discuss issues and keep up to date with current practice. Minutes from previous team meetings included discussion around areas such as safeguarding, dignity and privacy and supporting people with their healthcare needs. Staff said the team worked well together and they felt supported by senior staff and their colleagues.

The home had systems to regularly check the quality of the service provided and make sure any necessary improvements were made. For example, regular checks were carried out on the medicines to make sure staff were following the correct procedures and people were receiving

their medicines as prescribed. The building was regularly checked to make sure that it was safe and well-maintained. Spot checks on night staff were also carried out by senior staff. We saw action was taken where any issues or shortfalls had been identified. The registered manager showed us a new audit system that was being introduced reflecting the new CQC lines of enquiry and underpinning regulations.

Feedback was mainly obtained informally from people using the service as the registered manager and senior staff worked on the floor and knew people using the service well. A new quality assurance system was, however, being introduced to more effectively obtain the views of people using the service along with their relatives and representatives. The registered manager told us that relatives and friends meetings had been poorly attended in the past. Invitations would now be extended to relatives and others involved with the person to come and meet with senior staff individually to discuss the care being provided.

Development plans for previous years were available and the registered manager told us that they were formalising their plans for 2015/16. They said they wanted to provide a seaside holiday, further refurbish the premises and look at the purchase of a minibus.

There were a range of policies in place to support the running of the service. Records showed that systems were in place to check and ensure the maintenance of equipment in use with appropriate certificates kept.