Rowles House Limited

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Inspection report

Rowles House
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Luton
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Tel: 01582505692

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on the 28 July 2016 and was unannounced. When we last inspected the service in June 2015 we rated it as 'requires improvement' in the areas of 'safe' and 'responsive'.

Rowles House is a residential home in Luton providing accommodation and personal care for up to 24 older people, some of whom are living with dementia. At the time of our inspection there were 19 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe and protected from avoidable risk of harm. They had care plans and risk assessments in place which were person-centred and detailed enough to allow staff to support them effectively. People had their on-going healthcare needs met by the service. There was enough to eat and drink and people enjoyed the choice food available. There was a programme of activities and events which kept people stimulated and engaged throughout the day. People were supported to share views and experiences through residents meetings and a key worker system. People were asked for their consent prior to receiving care, and the service adhered to the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

People were supported to take their medicines safely but there were not always specific protocols in place to enable staff to understand how and when people took 'as and when' (PRN) medicines. There were not always clear guidelines in place to consistently manage the risk associated with behaviour that might have impacted negatively upon others.

Staff received a full induction and on-going training that enabled them to carry out their duties effectively. They were supported through supervision, appraisal and observation and had opportunities to contribute to the development of the service through team meetings. Staff demonstrated a kind, caring and committed attitude to supporting people. They treated people with dignity and respect and understood their needs and wishes. Staff recruited to the service had the correct knowledge, skills and experience to carry out their duties safely. Staffing numbers had improved since our last inspection, allowing staff to be more responsive to people's needs.

The management and culture of the service was positive, and improvements had been made through robust quality monitoring systems. People, their relatives and the staff team were asked to contribute to the overall development of the service through meetings and surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were no clear protocols in place for the administration of PRN (as and when required) medicines.

There was not a formal approach to the management of behaviour which may have negatively impacted upon others.

There were enough suitably trained and qualified staff available to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff received training to help them to develop within their roles.

People gave consent to their care and staff understood their responsibilities under the Mental Capacity Act 2005.

People had enough to eat and drink and had their healthcare needs assessed and met by the staff.

Is the service caring?

Good

The service was caring.

Staff demonstrated a caring and friendly attitude towards people.

People were treated with dignity and respect and had their privacy observed.

Is the service responsive?

Good

The service was responsive.

People had care plans in place which were personalised and evidenced involvement from people and their relatives.

There was an activity programme in place for people to engage

in hobbies and interests inside and outside of the home.

There was a robust system in place for handling and resolving complaints.

Is the service well-led?

Good

The service was well-led.

People and staff were positive about the management of the service.

There was a robust quality monitoring system in place for identifying improvements that needed to be made.

Surveys and questionnaires were sent out to people, staff and relatives to encourage them to contribute to the development of the service.

Rowles 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 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 the 28 July 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We reviewed local authority inspection records and asked for feedback from nine professionals involved with the service.

During the inspection we spoke with six people who used the service and two of their relatives to gain their feedback. We spoke with two members of care staff, deputy manager and registered manager. We contacted three healthcare professionals for their feedback and spoke to one who was visiting on the day of our inspection.

We observed the interactions between members of staff and people who used the service and reviewed the care records and risk assessments for four people who used the service. We observed medicines rounds and looked at four staff recruitment and training records. We looked at complaints and compliments received by the service. We also reviewed information on how the quality of the service was monitored and managed.

Requires Improvement

Is the service safe?

Our findings

For people who took 'as and when required' (PRN) medicines, there were no specific protocols in place to support staff to understand how and when these were to be administered. While these medicines were accounted for on MAR (medicine administration record) charts, the lack of specific protocols meant that there was no consistent approach to recognising when it was appropriate for them to be administered. For example one person had been prescribed a medicine following an increase in behaviour that impacted negatively upon others. We saw that this had been reflected in their medicines list and care plan, but that there was no indication of at which point during any escalation in this person's behaviour it would be administered. This meant that there was a risk that they may have received this medicine too late or at a time which was not appropriate. We spoke with both the registered manager and deputy manager about this, who told us that they and the staff team would know when it was appropriate to administer this medicine. However the lack of a formalised protocol meant that there was a risk that staff who did not have knowledge of the person may not have understood when to administer these medicines.

Since our last inspection the service had adopted a computerised system for the management of medicines. We observed the deputy manager during her medicine rounds and were shown this system, which included a digital record of people's medicines and their dosage and time given. This required the responsible staff member to account for their administration once given. People's records included their pictures, ages and conditions which support staff to ensure that they were giving medicines to the correct people. After each medicine round the system would be updated to indicate the stock levels for each medicine and whether there were any gaps in recording. We asked for MAR charts to be printed for the two months prior to our inspection and noted that there were no unexplained gaps. Because the new system interfaced directly with the pharmacy the correct stock levels and medicines were being booked in and checked on arrival. The registered manager was enthusiastic about the new system and told us it had impacted positively upon people. They said, "The meds rounds used to take about 3 hours. Now it's only about an hour and a half, and it's getting quicker all the time."

We found that the approach to the management of behaviour which might have impacted negatively on others was not always consistent. There were sections in people's care plans which detailed their psychological and behavioural support needs. These were supported by risk assessments which detailed the steps to minimise the risk to the person and others. However, we saw that in one person's care plan they had recently demonstrated an increase in this type of behaviour and been referred to external professionals as a result. Instances of aggression had been recorded, but the measures put into place to manage these were unclear. The person's plan described 'escorting' the person and 'removing [person] from the situation' but it wasn't stated at which point during an escalation in their behaviour this would take place. Staff did not receive training in the management of challenging behaviour or physical interventions, so it would not have been appropriate to use this kind of support. We spoke to the registered manager about this who acknowledged that this could be clearer and told us they would update plans and risk assessments to reflect this. She told us that restraint was not used in the service and that she would review people's needs immediately in case of any physical intervention needing to be used to manage this type of behaviour.

People had risk assessments in place which detailed the level of risk in different areas of their support and how these could be minimised. If people were at risk of falls, then the service had completed a robust assessment of their mobility, the level of support they required to move safely, and the risk of them falling in different areas of the home. For example we saw that where one person preferred to spend time in their own room, a separate risk assessment had been created which detailed the specific level of risk to them in this environment. The control measures put into place to manage risk included the use of assistive technology and regular checks through the day and night. A log of accidents and incidents was kept which detailed each fall or injury and the action taken in response to this to reduce the risk of recurrence. The registered manager kept a log of these incidents and identified any patterns or trends of concern to allow her to monitor people's safety around the home and any deterioration in people's condition.

At our last inspection, we identified issues with infection control and staffing levels within the service. We found that some areas of the home were malodorous and that carpets did not always appear to have been cleaned. We also found that there were not always enough staff to meet people's needs safely.

At this inspection we found that the service had made improvements in both of these areas. We noted that the carpets were clean and free of stains or spillages. The registered manager told us that a new cleaning and infection control audit had been introduced to regularly check the cleanliness of the environment. We looked through these audits and noted that they were being carried out regularly and that staff were reminded of their responsibility to clean furniture, equipment and fixtures within the home and the importance of minimising the potential spread of infection.

We received mixed feedback when we asked whether there were enough staff to keep people safe. One person said, "There aren't really enough staff here." A family member we spoke with told us, "No, there are not enough staff really." However when we asked them whether they felt that people's safety was at risk as a result of this, they responded "no." A member of staff felt this had improved, and said, "I do think there's enough staff here now. The ratios seem correct." We spoke with a professional visitor to the service who told us, "I've never seen an area of the home without staff supervising. They seem to respond quickly when they need to." A member of staff told us, "There's usually enough of us around. Sometimes we're under pressure but that's really the nature of the job, the staffing is probably about right." When we asked the registered manager about the improvements she'd made to staffing ratios since our last inspection, she told us that an extra member of staff had been made available. We saw the staffing dependency tool she used which determined the level of support that each person needed and how staffing ratios were ascertained from this. We also checked duty rotas for the previous four weeks and saw that four staff were being deployed for both the morning and afternoon/evening shifts, with two staff available at night. The service also operated an on-call system and made use of familiar agency staff in case of any shortfalls. The registered manager also told us she would help out as required on shift. The improvements made to staffing levels and our observations during the inspection confirmed that they were sufficient to keep people safe.

There were robust recruitment policies in place and staff were recruited safely to work in the service. We looked at the staff files for four members of staff and saw that each of them had two satisfactory employment references on file as well as a completed DBS (disclosure and barring service) check. DBS is a way for employers to determine whether staff have prior convictions on record to support them to make safer recruitment decisions. New staff were subject to tests of their knowledge during the interview process to assess whether they had the correct character, skills and experience to carry out their duties safely.

People using the service told us they felt safe. When we asked the three people we spoke with whether they felt safe living at the home, they each responded "yes".

Staff demonstrated good knowledge of safeguarding and the ways in which people could be protected from avoidable risk of harm. One member of staff said, "There's so much we do to make sure they feel safe and don't have any worries. We check everybody regularly and on handovers we'll discuss whether anybody needs any extra attention." Staff completed training in safeguarding and this also formed part of their induction. There was a whistle-blowing policy in place and staff were aware of this and when they might need to use it. Whistle-blowing is a way for staff to report concerns anonymously without fear of the consequences of doing so. We saw that safeguarding information was visible across the service and that the contact details of relevant authorities were clearly displayed should anybody need to report concerns.

We checked the maintenance logs and safety audits for the past six months and saw that the appropriate checks were being carried out to make sure that the environment was safe for use. Fire safety checks were completed regularly, gas safety certificates had been completed and PAT (portable appliance testing) tests were carried out on all electrical equipment. There was a business continuity plan in place which detailed the steps that the service would take in case of any emergency. Each person had a personalised evacuation plan (PEEP) in place which set out the individual approach that staff would take to supporting them in an emergency situation.

Good

Is the service effective?

Our findings

People and their relatives told us that staff were able to deliver effective care. One person told us, "The staff they have are very good." A relative said, "They all know their residents and I've never had to call anything into question here. Some homes don't seem to be able to get the staff and sometimes I wish there were more around, but the ones that are here really do the job well."

Staff told us they received the correct training to enable them to carry out their duties effectively. One member of staff said, "We have all the mandatory training through [training company] which is workbooks. For manual handling we go on a course. The training is good, I think." We looked at staff training records for four staff and saw that staff had completed training in areas that the provider considered essential. This included safeguarding, medicines, manual handling and health and safety amongst others. The registered manager was able to tell us about a specialised dementia course they had introduced to help staff to understand the condition better.

While the manager did have a system for monitoring the on-going training needs of staff, we found that these records did not give us a clear indication of exactly which training had been provided to each member of staff. We noted that two staff had not yet received manual handling training. The manager explained that they had been booked onto the next course and were not undertaking any duties in relation to moving people until this had been completed. Because one of these members of staff was on duty on the day of our inspection we were able to observe their practice and confirm that this was the case. Immediately following the inspection the manager was able to provide us with a training matrix which detailed when staff were next due to attend training and which staff had received their certificates.

Staff told us that they underwent a full induction when they first joined the service which included a chance to read through care plans, policies and work alongside experienced members of staff. We saw the induction pack that was given to staff prior to them commencing work which included details of important areas such as safeguarding, mental capacity and consent. If the service used agency staff then they were subject to an induction prior to delivering care.

Staff received regular supervision and appraisal from the registered manager. One member of staff said, "Yes we have a supervision every two months. We usually talk about how we're doing with areas we'd like to improve, as well as residents and other things around the home." The registered manger provided us with a supervision matrix which showed that staff were being provided with regular supervision and appraisal.

We saw that capacity assessments had been completed to ascertain whether people had the capacity to make certain decisions in relation to their care and support, and that decisions had been made appropriately in people's best interest if not. Staff demonstrated an understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). 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 saw that DoLS applications had been made for some people, and that the service were awaiting a response from the local authority. We checked the applications for four people and saw that these were appropriate to keep people safe, and that appropriate measures were been taken in the meantime to ensure that they were not at risk or being unlawfully deprived of their liberty.

During our inspection we observed that people were always asked for their consent before staff provided any care or support. We noted that whenever somebody needed to be moved, or whenever staff bought people a drink or snack, they always asked "is that okay?" or "do you mind if I…". People's care plans included details on how the person provided consent and we saw forms were people had signed to indicate their consent to receive care from the service, as well as for medicines and photographs.

People were supported to access healthcare professionals as required. One person told us, "They're here to help us with everything so I suppose that's a part of it. They're good at noticing things- if I'm tired then they'll encourage me to have a little lie down. If I look off-colour they'll get a doctor in." We saw that MUST (malnutrition universal screening tool) forms were completed for each person to assess the level of risk presented to the person of malnutrition or dehydration. People's weights were regularly recorded to monitor for changes in their condition, and people's individual needs in relation to pressure care and skin conditions were detailed in their care plans. During the inspection we checked to see that profiling beds and pressure mattresses were being used appropriately and set to the correct settings for people's needs. We saw that in each case they were, and that all such equipment was subject to regular checks. A visiting healthcare professional told us the service was effective when it came to implementing their instructions, saying, "They'll always phone if they need anything and they do everything we ask of them really."

People told us they had enough to eat and drink. One person said, "The things we have to eat are so lovely- salads and fruits and all sorts of things." We saw a menu plan on display which detailed the day's food choices. We noted that the options were balanced and healthy and provided suitable alternatives for people who may not have liked either of the primary options. For example we saw that sandwiches were made available for people who preferred not to have the options on the main menu. We spoke to the cook on duty who told us the ways in which they ensured that people's unique dietary needs were being met. They told us, "We have two people on a liquidised diet and one on a soft diet. We have involvement in their care plans and work with dieticians and speech therapists to make sure we're giving the correct meals." The kitchen staff had a list of people's dietary requirements available to support them to meet people's needs in this area.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were kind, caring and considerate. One person said, "It's such a wonderful place to be. I love it here, I really do." A relative told us, "It's excellent. It's been excellent for [relative] and I really think [they're] in the best possible place." A visiting healthcare professional told us, "The people here aren't just cared for, they are loved. The staff can tell you all about each person in detail." Each person's care plan included a section entitled 'this is me' which was formed with support from the Alzheimers Society and the Royal College of Nursing to detail information in relation to the person's background, history and family life.

During the inspection the atmosphere in the home was positive and we witnessed staff interacting in an upbeat and enthusiastic way with people. One person enjoyed having a dance in the centre of the lounge with a member of staff while they made up their own words to the song! Staff were affectionate and used terms of endearment and used people's preferred names when speaking with them. A member of staff we spoke with told us, "This is such a happy home. I love being here." Another member of staff said, "I love working with the elderly and I love working with dementia. The whole place is a really pleasant home."

People were asked for their views and opinions and contributed to monthly reviews of their care plan, activities and overall well-being. Each month a summary was produced which detailed how the person's previous month had been and what their views were on the quality of care and support they were receiving.

The activities co-ordinator was able to demonstrate ways in which they'd gone the 'extra mile' for people and made them feel well cared for. We saw that each person had a memory book in place which was full of pictures of activities they'd enjoyed, visits, events in the home and things that were special to them. The activities co-ordinator told us, "We keep these and then if people pass on then we give them to the family afterwards. It shows them that the person was special to us." We saw albums full of photographs of past events and times in the home, and a book that had been created to keep a record of each and every person who had lived at the home since it opened. These included poems; artwork and creative projects that people had undertaken which had been saved for prosperity.

People and their relatives told us they were treated with dignity and respect. All three people responded "yes" when we asked them whether they felt the staff respected them and observed their dignity and privacy. A relative told us, "I've never seen any sort of malpractice here. Everybody is respectful of [relative] and you can tell they really care about [them]." People's care plans included specific outcomes in relation to dignity and respect. We saw that every care plan stated the importance of the person being 'respected and valued as a human being'. We observed throughout the inspection that staff interactions were respectful, and that people's dignity was upheld at all times. Staff were able to describe the ways in which they observed people's dignity. One member of staff said, "We knock on their doors, explain what we're doing and try and find out what they need. We can usually tell what's going on with people as we know them so well."

People and their relatives told us that the home was welcoming to visitors. One person said, "My family

come and see me here, there's so much happiness and laughter whenever anybody comes. They're always very welcome." Relatives told us they were always included in events and contacted with any issues affecting their loved one's care and support. A relative said, "They ask for my input on everything."

Good

Is the service responsive?

Our findings

During our last inspection we found that staff were not always able to respond to people quickly enough when they used their emergency call bell system. During this inspection we monitored 28 different calls over the course of the day and noted that in all cases staff were able to respond in under a minute. We noted that emergency calls were always prioritised over other tasks, and that staff communicated with each other effectively to make sure that they were aware of what the other was doing at any given moment. The improvements to staffing levels and improvements to some of the systems used by the service had enabled staff to be more responsive to people's needs.

People told us they knew they had a care plan in place and were involved in reviewing its content. One person said, "There's a care plan in place and I know what's in it." A relative we spoke with told us, "They always call or come round when we're visiting and ask us about the plan and whether we're happy with it."

Prior to moving into the home, a pre-admission assessment was completed to assess the level of support that people required in different areas. People and their relatives were given questionnaires to ascertain the type of support they requires, their likes and dislikes and any important information that the service needed to know to offer them the best care possible.

Care plans were regularly updated and responsive to people's changing needs. The key worker for each person was responsible for making sure that the plans in place for each person were reflective of their current needs and were subject to a full review each month. We were able to track the changes made to one person's plan as their needs had changed significantly in the weeks prior to our inspection, and we saw that their plan had been consistently changed to reflect the advice from healthcare professionals. Changes to people's medicines, routines and mental health were routinely identified, and the interventions and outcomes established for people were updated to reflect this. This meant that people were receiving care that was appropriate for their current level of need. Daily progress notes were recorded for each person and written in an appropriate level of detail to account for the person's day and communicate effectively during handovers between staff.

Each person's care plan included outcomes in relation to different areas of their care and support. These outcomes were supported by 'interventions' which detailed examples of how staff could support them in practice to help them work towards these outcomes. We saw that in one person's care plan it had been established that an important outcome for them was to maintain positive relationships with family and visitors. Because they were sometimes prone to forgetting who had come to see them, the service had encouraged them to carry a memory aid around with them in which they could write down the names of their visitors. Whenever the person became confused or distressed because somebody had not been to see them, staff referred them back to this book. This helped to reassure them and supported the overall outcome of helping them to maintain positive relationships.

The service employed an activities co-ordinator who managed a regular programme of activities for people using the service. One person told us, "Yes, there are activities going on here. They do the best they can with

that. When the weather is nice they take us out, they try and organise nice things for all of us." On the day of our inspection we noted that one resident was out attending a 'singing café' which many of the people visited each week. We noted that the service had recently held an open day and invited families and professionals to come and spend time with people at the home. There had also been open days to promote awareness of dignity and Alzheimer's. Other activities included quizzes, bingo, movies and a recent visit from the local children's club who had come to spend time in the home.

The service had a robust policy in place for receiving and handling any complaints. People, their relatives and staff told us they knew who to complain to if necessary. One person said, "Never had to complain about anything, but I'd speak to [registered manager] if I did." We looked through the record of complaints for the 12 months since our last inspection and saw that only one complaint had been received. We saw that appropriate action had been taken in response to this complaint and that the outcome had been communicated to the complainant as requested.

Good

Is the service well-led?

Our findings

People and their relatives told us that they had confidence in the registered manager of the service and felt that they were approachable and kind. One person said, "She's a lovely manager." When we asked another two people if they knew who the manager was and if they felt supported by her, they both responded "yes". A relative told us, "I would have confidence in [registered manager] every time, she runs a tight ship." During the inspection we noted that the manager was spending time with residents, understood their needs and was able to tell us about them in detail.

Staff also felt supported by the registered manager and told us that she was supportive of their development and managed the service well. One member of staff said, "[Registered manager] is very good. I can go to her with anything I need really." Another member of staff told us, "She's got our interests at heart. She works hard, you can see that." A visiting healthcare professional said, "[Registered Manager] is superb." The staff we spoke with were able to describe the values of the provider and were positive about the culture of the service. The registered manager told us, "We're all like a family here. I treat the staff and the people like family, and people's family members are just as important to us as the residents themselves."

Staff told us they had opportunities to contribute to the development of the service through staff meetings. One member of staff said, "We meet every so often, maybe every three months or so. We talk about residents mostly, just to make sure we're all up to date with what's happening in their lives." We looked at the minutes from these meetings and saw that items discussed included training, audits and the specific roles and responsibilities of each member of staff. We saw that the issues raised by staff were promptly addressed by management. For example in response to staff issues concerning training, the registered manager was able to evidence through minutes of a meeting with the directors that she had taken steps to address this.

People and their relatives had a chance to attend meetings with the managers and staff to share their views and experiences. One person said, "Yes we have a meeting every once in a while. We have a good chat about everything then, they ask us how we've been, what we're feeling like and let us know what's coming up." A relative told us, "They have relatives meetings every so often and I'm always invited to come along and give my thoughts on what's going on." We saw the minutes for these meetings dating back to the last inspection and saw that they took place regularly and that people's feedback was being taken on board and acted upon accordingly. We saw that in response to concerns raised in a relatives meeting that the service had responded by contacting the relative and offering them the opportunity to follow the formal complaints process. When this was declined a meeting was set up with them instead to address the concerns and take appropriate action.

The service had a robust system in place for identifying improvements that needed to be made across the service. This included audits being carried out across different areas of the service, such as health and safety, staff files and infection control. Once audits were completed an action plan was formed to detail the steps that needed to be taken to resolved any issues that had been raised. We saw that following a recent local authority monitoring visit, an action plan had been formed to address the issues raised. The local authority had rated the service as 95% compliant, which meant they were rated as 'good' overall.

Questionnaires had recently been sent out to people and their relatives to ask for their feedback. At the time of our inspection only three of these had been received back, but the manager told us that she was in the process of reminding other recipients of the importance of returning them, and would analyse the feedback to identify any additional ways in which the quality of care and support could be improved.