

Rowles House Limited

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Inspection report

Rowles House
28-30 Barton Road
Luton
Bedfordshire
LU3 2BB

Tel: 01582505692

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19 November 2018

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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 ●

Summary of findings

Overall summary

We inspected this service on 19 November 2018. The inspection was unannounced.

Rowles House provides care and support for up to 24 people who require personal care; some of whom may be living with dementia. There are 22 rooms, two of which are shared rooms which can accommodate couples or people who wish to live together. The service is set over two floors and has been adapted to make the service accessible to people who need to use a wheelchair. At the time of our inspection 23 people were using the service.

Rowles House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

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 continued to receive safe care. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were detailed risk management plans in place to protect and promote people's safety. Staffing numbers were sufficient to keep people safe and the registered provider followed thorough recruitment procedures to ensure staff employed were suitable for their role.

People's medicines were managed safely and in line with best practice guidelines. Systems were in place to ensure that people were protected by the prevention and control of infection. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.

People's needs and choices were assessed and their care provided in line with their preferences. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they could provide care based on current practice when supporting people. People received enough to eat and drink and were supported to use and access a variety of other services and social care professionals. People were supported to access health appointments when required, including

opticians and doctors, to make sure they received continuing healthcare to meet their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind and caring. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and preferences.

People's needs were assessed and planned for with the involvement of the person and or their relative where required. Staff promoted and respected people's cultural diversity and lifestyle choices. Care plans were personalised and provided staff with guidance about how to support people and respect their wishes. Information was made available in accessible formats to help people understand the care and support agreed.

The service continued to be well managed. People and staff were encouraged to provide feedback about the service and it was used to drive improvement. Staff felt well-supported and had various forums where they could share ideas, and exchange information. Effective systems were in place to monitor and improve the quality of the service provided through a range of internal checks and audits. The registered manager was aware of their responsibility to report events that occurred within the service to the CQC and external agencies.

Further information is in the detailed findings below

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

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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 comprehensive inspection took place on 19 November 2018 and was unannounced.

The inspection team consisted of two inspectors.

Prior to our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems, the Care Quality Commission did not receive the providers PIR before the inspection. However the registered manager confirmed it had been sent and they sent us a copy following the inspection. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

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

During the inspection, we spoke with six people who used the service and observed the care for three people who couldn't talk with us. We also spoke with four relatives to gain further information about their family members care experiences. We had discussions with seven staff members that included the registered manager, the deputy manager, the chef and activities coordinator and three care and support staff. We were also able to obtain feedback from one health care professionals that visits the service regularly.

We looked at the care and medication records of four people who used the service, We reviewed two staff employment records and other records which related to the management of the service such as the providers quality assurance systems.

Is the service safe?

Our findings

People continued to feel safe living at the service. One person said, "Yes of course I feel safe." A relative commented, "Very safe. I have peace of mind." Staff told us about the systems in place to raise any concerns they may have. One told us, "I would report any concerns I had to the manager." The registered manager was the champion for safeguarding and staff said they could go to him for advice and support with any concerns they may have." There was information around the service that provided staff with information about how to raise safeguarding concerns. We saw that incidents had been reported to the relevant authorities as required.

Risk assessments were in place to promote people's physical safety and welfare. Each assessment identified the action to be taken to reduce potential risks. For example, a number of people had been assessed as being at risk of malnutrition. Care plans had been developed to encourage them to eat and drink, and where appropriate referrals to dieticians were made who in some instances had prescribed food supplements. We found people's risk assessments were regularly reviewed and people's daily notes recorded the care and support people received to maintain a healthy food and fluid intake.

The building was appropriately maintained. There were certificates to confirm it complied with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire and staff had been trained in fire safety awareness and first aid to be able to respond appropriately.

There were enough staff on duty to meet the needs of people using the service. One person said, "There are always lots of staff around." A relative said, "There are always enough staff on duty to care for [relative]." Staff said they felt there were enough staff to meet people's needs safely and didn't feel rushed or under pressure. We observed sufficient numbers of staff on shift to support people safely.

Records demonstrated that the service carried out safe and robust recruitment procedures to ensure that all staff were suitable to be working at the service. We looked at staff files that showed all staff employed had a disclosure and barring service (DBS) security check, and had provided references and identification before starting any work.

Systems were in place that showed people's medicines were managed safely. One person said, "Yes I do get my tablets when need them." An electronic Medication Administration Record (MAR) system was in place which supported staff to administer medicines at the prescribed time and prompted them to make a record. One staff member told us, "It's a brilliant system. You can't make any mistakes." The registered manager told us, and training records confirmed that staff had received training on the safe use of the electronic system and the safe administration of medicines. We saw evidence that regular auditing of medicines was carried out to ensure that any errors could be rectified and dealt with in a timely manner.

People were protected by the prevention and control of infection. We observed that the premises were kept clean by housekeeping staff throughout the day. The service was clean and hygienic and there were no

unpleasant odours. Staff wore protective equipment such as aprons and gloves and had access to equipment to maintain good food hygiene practices. Staff told us they had completed training in infection control and food hygiene.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff. These were then shared with staff at team meetings and through one to one supervision meetings.

Is the service effective?

Our findings

People's needs were assessed before they began to use the service to identify the support they required. Assessments included people's wishes and preferences, cultural and religious needs, support they needed to maintain or develop relationships and their sexuality. Care and support was planned to take into account people's diverse needs to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act. This meant that a full assessment of people's needs would be obtained to build a complete picture of the person before they went to live at the service.

Staff had the knowledge and skills to carry out their roles and responsibilities. A relative told us, "[Name of relative] needs a lot of help. The staff have worked really well with them to the point where this is the best they have been for a long time." Staff told us that they were provided with appropriate support and training to enable them to carry out their roles. One staff member said, "I had an induction when I started and I was able to shadow more experienced staff when I first started." All the staff we spoke with confirmed they had been provided with induction and on-going training.

Staff told us they received regular supervision from a line manager. One commented, "I get regular supervision which I find useful for talking about what training I would like to do." Records showed that staff received regular supervision and an annual appraisal of their work.

People were supported to maintain a healthy and balanced diet. One person said, "I like the food very much. We do get a good choice." Peoples nutritional needs were assessed using a variety of tools such as weight charts and daily records and we saw this information in their care plans. The registered manager said they worked closely with the dietician and speech and language therapists to ensure that people had the right support with their dietary needs. We observed that people were provided with sufficient food and drinks to meet their needs.

People were supported by staff to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

Staff supported people in a timely manner with their healthcare needs. Care plans contained information about people's healthcare needs and this described the support people needed to meet their health care needs and records were kept of all visits. The registered manager stated that staff worked with a variety of health professionals to support people to access medical support and treatment.

People's diverse needs were met by the adaption of the premises. For example, there were ramps around the home, Communal areas were spacious and homely and easily accessible. People were able to personalise their rooms with their belongings. One relative told us, "We were really impressed when the registered Manger offered to decorate the room for [relative] and they wee only coming here for respite care."

Consent was sought before care and support was provided. 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's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The MCA and associated Deprivation of Liberty Safeguards were in place for everyone using the service and were applied in the least restrictive way and correctly recorded.

Is the service caring?

Our findings

Staff had a kind and caring approach to supporting people. One person said, "Yes of course they are." when we asked them if staff were kind and caring. Another person agreed with this. A relative told us, "The staff provide excellent care and always go the extra mile." We saw compliments from relatives that were all very positive. One read, 'Thank you so much for all the time and devotion you have given to [relative] during their stay at Rowles House. You have all been such a good friend to [relative] making their life more bearable. You always cheered them up with your games and laughter. We have always been grateful for your presence.'

Staff interacted with people positively, they supported them with their diverse needs and had a good understanding of their social and cultural diversity. For example, there were two people living at the service who had been involved with their local church. They had been supported to organise a communion at the service which other people had joined in.

Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks and what foods they enjoyed. People could make choices and decisions about their care and support. For example, we saw one person liked to stay in their room and their wishes were respected by staff. Regular reviews and meetings had taken place and these provided people and their relatives with an opportunity to be able to discuss their wishes. Minutes of meetings showed that people had the opportunity to feedback regarding the care they received and also the running of the service.

We saw that two people could have access to an advocate and would be supported to make decisions about their care and support. Advocacy services are independent of the home and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

All staff respected the privacy and dignity of each person and they could give us example of they did this. Each person had a detailed care plan that documented all aspects of their care and life choices. This contained regular prompts to staff to respect people's choices and right to privacy, whilst making sure they remained safe.

Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files and personal records were stored securely.

Is the service responsive?

Our findings

People received person centred care that met their needs. A relative told us, "[Relative] receives consistently good care. It's wonderful and I can't praise them enough." Another said, "The care is second to none. [Relative] continues to make good progress."

As part of the pre-admission process, people and their relatives were involved to ensure that staff had a good insight into people's personal history, their individual preferences, interests and aspirations. From this information a tailored plan of care and support could be developed, ensuring the person was at the centre of their care. The service had introduced a new electronic system for care planning. One staff member told us, "The electronic care plans save us so much time we actually have more time to sit with the resident's." Each care plan was bespoke to the needs of the individual and provided staff with guidance on how to support people in the best way.

We saw that people had been supported to choose and engage in a range of activities that were socially and culturally relevant to them. One person told us, "There is always lots to do. The service employed an activities coordinator. On the day of our visit we saw them supporting one person to complete a flower arrangement. The person had previously been a florist and enjoyed the activity. There was a varied range of activities planned for people using the service, for example, on the day of our visit the activities coordinator was making people aware there was a day trip to Milton Keynes to go Christmas shopping. Other activities included a singing club at the Luton Alzheimer's club, making a Christmas cake, trips out, manicures, arts and crafts and exercise classes. The registered manager told us the service had links with the rotary club who had supported staff to take people to Southend for the day.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw that staff used pictures, photographs to ensure people could understand as best they could any information they were given.

There was a complaints procedure in place that was accessible to people so they knew how to make a complaint. One relative told us, "Oh yes I would complain if I needed to. I would have no hesitation. The manager is very good and I would feel confident going to him with my concerns." There had not been any complaints raised in the last 12 weeks. However, there were systems in place to ensure complaints would be fully investigated.

At the time of the inspection, nobody was receiving end of life care, however one person had recently passed away at the service and we spoke with their relative who was visiting. They told us, "The staff looked after [relative] at the end of their life with so much care and compassion. We couldn't have asked for any better care." People and their family members were asked about any wishes they may have in relation to their end of life care.

Is the service well-led?

Our findings

There was a registered manager in place. 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.

The registered manager recognised and supported equality and diversity amongst the staff team. These values were embedded in working relationships between staff, who spoke of working well as a team, supporting and respecting each other. Comments from staff included, "We [staff] are quite a diverse group. We support and respect each other." "Everybody has different values and different beliefs. Diversity is what makes this a good care home." We saw that staff celebrated key festivals from all faiths and cultures.

Quality checks had been used effectively and were used to improve the quality of the service. They identified areas that required improvement and actions were taken to address the shortfalls. For example, checks were made regularly of the environment and improvements actioned as required.

The provider had a clear vision and strategy to continue to deliver person centred care and support. There was a positive culture that was open and inclusive. One relative told us, "The manager is very good and very approachable. They lead by example and the staff are long standing. This is a home from home and the staff are like family to [name of person]. A staff member said, "The manager is very approachable. They are always available to talk to."

Staff expressed a high degree of confidence in how the service was run. All the staff we spoke with said they felt comfortable to approach the registered manager and one told us, "[Name of manager] is a good role model and they are very knowledgeable." The service had an open culture where staff had the opportunities to share information; this culture encouraged good communication and learning.

Feedback from people and relatives was positive and showed good standards of care were provided for people. Staff felt able to voice any concerns or issues and said they had a voice and were listened to. One said, "I do feel like my opinion matters." The registered manager told us, "We have had some excellent ideas and suggestions from staff."

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.

The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.