

Mrs Marina Stack

Rowallan House

Inspection report

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Romford
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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

The inspection was unannounced and took place on 25 July 2017. At our previous inspection in March 2017 the service was not meeting legal requirements relating to Safe care and treatment. Following that inspection the provider had sent us their action plan and at this inspection we found that significant improvements had been made.

Rowallan House is registered to provide accommodation for persons who require nursing or personal care for 41 older people, some of whom have dementia. At the time of the inspection there were 34 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff stored, administered and audited medicines to ensure that people received their medicines as prescribed by their doctors. People and their relatives felt that the service was safe. Each person had a care plan and risk assessment, which were regularly reviewed. People could move into the service only if there were suitable facilities to meet their needs. This ensured that people who moved into the service had appropriate facilities to meet their needs.

The staff recruitment processes were robust. This allowed people to be supported by staff who were properly checked and had the right knowledge and experience to deliver care. The training programmes staff attended were varied and relevant to their roles, and included adult safeguarding and Mental Capacity Act 2005. Staff also had support and supervision from management. We noted they had read the provider's policies and procedures and were confident to manage matters relating to adult safeguarding, whistle blowing and complaints.

People were confident that they had access to health care. A GP visited the service at least once a week to review people's medicines. Staff referred people to specialist healthcare providers as and when required. People had nutritious food and fluids.

Staff had good relationships with people living in the service and we observed caring and positive interactions. Staff respected people's privacy and encouraged them to be as independent as possible. There were arrangements in place to be engaged with various activities.

The service was clean and tidy, and arrangements were in place for controlling infections and using appropriate equipment to ensure people's health and safety was not at risk.

The provider had good systems in place to ensure that people and their relatives' views about the service

were listened to and acted on. The feedback the provider sought from people and relatives and the complaints procedure allowed people to share their views to influence the quality of the service.

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. Staff managed medicines appropriately to ensure that people received their medicines on time.

Staff had awareness and knowledge about adult safeguarding and how to report incidents, accidents and abuse.

The service had enough staff who were appropriately vetted to provide care and support people needed.

People's risk assessments and care plans were completed and reviewed to ensure risks to their health and safety were managed.

Is the service effective?

Good ●

The service was very effective. Staff attended induction programmes and undertook training in different areas relevant to their roles.

People's rights to make their own decisions were promoted.

Staff worked well with health professionals to ensure people had access to appropriate medical care.

The principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed.

People were satisfied with the food provided at the service.

Is the service caring?

Good ●

The service was caring. People and their relatives were satisfied with care staff provided.

Staff knew people's likes, dislikes and preferences. This enabled them to provide care that reflected people's needs.

Staff encouraged and supported people to live as independently as possible.

Is the service responsive?

Good ●

The service was responsive. People's needs assessments were completed before they moved into the service. This ensured that the service had appropriate facilities to meet people's needs.

There were systems in place to monitor and respond to people's health and social care needs.

People and their relatives knew about the complaints processes.

Is the service well-led?

Good ●

The service was well-led. There was a registered manager in place. People, relatives and visitors were satisfied with the management of the service.

People and relatives' views were actively sought to help improve the quality of the service.

There were effective auditing systems in place to ensure care delivered and the facilities were safe and meeting people's needs.

Rowallan House

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 25 July 2017 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete 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. We reviewed other information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service and a GP to obtain their views about the care provided by the service.

During the inspection we observed care and spoke with three people who used the service, five relatives, three care workers, an activities co-ordinator, a laundry assistant, a maintenance person, the chef, the registered manager and the director who was representing the provider. We looked at five people's care files, five staff files and other records relating to the care and management of the service.

Is the service safe?

Our findings

At our last inspection in March 2017 we found a number of errors in medicines management. At the time we found that the provider was in breach Regulation 12 HSCA RA Regulations 2014 Safe care and treatment. We asked the provider to make improvements to ensure that staff manage medicines appropriately so people's health and wellbeing were not put at risk. Following that inspection, the provider sent us their action plan stating how they could improve management of medicines. At this inspection we spoke with people and care staff and checked the medicines. We found that there were clear systems in place for storage, checking and administering all medicines including medicines that were taken as and when required and homely remedies.

People told us that they were happy with how staff administered their medicines. One person said staff gave them their medicines "on time". We observed that staff offered people water to help them swallow tablets. We noted staff explained to people what medicines they were giving them and waited for them to ensure people took their medicines. We checked the medicines and the Medicine Administration Record Sheets (MARS) and found that they were all correct. Staff told us and records showed that medicines were audited daily by the senior staff. The registered manager also randomly checked the medicines and records to ensure any errors were picked up and addressed without delay.

The staff recruitment systems were robust. Staff files showed that two written references were obtained and staff had criminal records checks undertaken before they started work at the service. This ensured that people were supported by care staff that were appropriately checked.

People and their relatives told us that there were enough staff at the service. One person said, "There are enough staff. They are always around." A relative told us, "[My relative] is safe here. [They are] being kept an eye on because they have enough staff." A member of staff told us that they "did not feel under pressure" [because there were enough of them and they supported each other].

We noted that there were enough staff deployed to provide care. The staff rota showed that there were five care staff during the day and three waking night staff covering the night shift. This was in addition other members of staff such as the chef, kitchen assistants, laundry, domestic and activity staff. The registered manager told us that they would further improve this by increasing the number of staff in the morning and at mealtimes to help people with personal care and their meals.

Risk assessments were completed and regularly reviewed. The assessments described possible risks and how staff should manage them to ensure people were safe. We noted that staff prepared monthly reports stating how people's needs were met and how the risks were managed. Staff also discussed significant events such as incidents and accidents during their handover sessions at the beginning of their shifts. This ensured that staff were aware of any issues and could provide appropriate support to people to ensure they were safe.

Staff were aware of the adult safeguarding policy. They told us what adult safeguarding meant and how they

could report any suspected or real abuse. Records showed that they had attended adult safeguarding training and had read the provider's whistle blowing policy.

People and relatives told us the premises were clean and tidy. One person said, "My room is cleaned every day." Another person told us that the home was always clean and they were happy living there. Relatives commented that they found the service always clean. A relative said, "This is a fantastic home. They are always cleaning." The registered manager was the named infection lead with a responsibility to monitoring infection control related matters such as availability and use of equipment, and staff awareness about infection control. We saw there were domestic staff cleaning communal areas and bedrooms and there were no bad smells in the service during our visit. A full time handy person was responsible for checking, testing and recording the safety of the equipment such as fire alarms, emergency lights, and water temperature. We noted that the gas boilers, passenger lifts and portable electrical appliances had been tested and that there were regular arrangements in place for contractors to check them.

Is the service effective?

Our findings

People and their relatives told us staff were knowledgeable and experienced. One person said, "[The staff] are really good". Another person told us that staff knew what they were doing and that they were "absolutely excellent". A relative told us that the staff were good and "have got nothing bad to say about them". We noted staff knew people's needs, histories, likes and dislikes. For example, a member of staff was able to describe a person's care plan, their background and how they preferred to be supported.

The service provided induction training when new staff were employed. A member of staff told us that they had completed induction training and shadowed experienced staff when they started work. The registered manager told us that new staff were required to complete induction programme that included various topics such as fire safety, health and safety, moving and handling and equality and diversity. We saw copies of the induction programmes staff completed in their files. The registered manager told us their plan to use Care Certificate courses, which were a set of standards that health and social care workers adhere to in their day to day work. Staff were required to complete the Care Certificate workbook which was divided into sections and once completed, they would receive a certificate.

Staff told us they had received training relevant to their roles. A member of staff said they attended "a lot" of training programmes which included dementia, medicine, adult safeguarding, basic food hygiene, infection control, moving and handling and social skills. The registered manager showed us the provider's training matrix or list of training programmes for each member of staff. We noted that the registered manager monitored the training matrix to ensure staff were up-to-date with their planned training programmes. Staff were also required to read, understand and follow the provider's policies and procedures such as the whistle blowing policy.

Staff received regular support and supervision from the manager. One member of staff said, "Yes, I had supervision with the manager," Another member of staff told us they felt supported by the registered manager and were happy working at the service. We saw evidence of staff supervision in the files we checked. This showed that staff had opportunities to discuss their practice and development needs.

People consented to their care. We observed staff asked people's consent when, for example, they administered medicines. Records also showed that people or their representatives consented to their care by signing care plans and some forms such as keeping their photos in their files. Staff showed good awareness of asking people's consent in all their duties. We observed a number of examples where staff ensured that people made decisions about where to sit, what to eat or how to be supported. These showed staff encouraged and empowered people to make their own decisions about their care when possible.

Staff told us and records confirmed that they had attended training in Mental Capacity Act 2005 (MCA). The 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 Safeguard (DoLS).

We checked whether the service was working within the principles of the MCA. We found that mental capacity issues had been considered and DoLS applications made for some people using the service. We noted DoLS authorisations were in place for some people and care plans contained guidance for staff how to support people effectively. Staff told us they gave people choice and were aware of the procedures to follow (for example use of advocates) when people were unable to make particular decisions.

There were systems in place to monitor and meet people's healthcare needs. One person told us that they regularly saw a healthcare professional and another person said "the GP visited me last week". A GP told us the service worked well with them and that they were confident that staff supported people to receive appropriate healthcare when and as needed. We noted the GP visited at least once a week, and some times more, to check people's healthcare and medicines. Staff told us and records showed that people had access to other healthcare professionals such as occupational therapists, physiotherapists, district nurses, opticians, and speech and language therapists (SALT). Staff also sought specialist healthcare advice when significant changes such as weight were observed in people's physical conditions.

People and their relatives talked positively about the food. One person said, "The food is excellent." Another person told us that staff, "always tell me in the morning what is available for lunch and I choose". A relative told us that people had, "enough to eat and drink". Another relative told us, "The food [at the service] always looks nice. I have no problem with it." We noted that the menus provided two main meals for lunch and people could choose alternatives if they did not like the options offered in the menus. The chef and staff knew any allergies, health conditions such as diabetes or preferences due to culture or religion people may have to choose special meals.

Is the service caring?

Our findings

We observed that people were relaxed when communicating with staff. One person said, "Staff are respectful. We have a laugh. We are like mates." Another person told us, "Care staff are kind and helpful." Relatives were satisfied with the care staff provided. One relative said, "I come at different times....and [the person using the service] is always clean, has fresh clothes on, hair is done. There are always fluids and these are important. Staff are always very sympathetic and caring." Another relative told us that they were happy with the staff and said, "Staff are very caring."

The registered manager told us that they organised birthday parties for people and arranged barbecues during summer. Pictures showed that these had been attended enjoyed by people and visitors. We also noted a recent care open day organised by the service was well attended by people, relatives and visitors.

The service had a laundry facility outside of the main building. The laundry staff explained how they ensured that each person's clothing was kept separately, washed, ironed, folded and returned. We were informed, and saw, that personal items were labelled so that they did not go missing. This also ensured that people items were not mixed up and people always wore their own clothes.

People's preferred name was recorded ("I would like you to call me...") in their care plan and we observed staff used these. We also noted that staff respected and promoted people's privacy. we saw staff knocked on the bedroom doors and waited to be allowed to enter. Staff also explained how they ensured people's privacy and treated them with dignity. One member of staff said, "I cover people with a towel, keep doors shut and close curtains [to ensure their privacy]."

People's views about their care were included in care plans. We noted each person had a keyworker who had a special interest in their care. The key workers reviewed care plans and checked staff followed the plans and met people's needs. The key workers and staff also liaised with people's relatives to let them know of any issues that they needed to share. This showed there was good communication between staff and relatives.

People told us that staff encouraged them to be as independent as possible. One person said, "I am independent. I can do most things by myself." Staff told us they promoted independence and they knew what people were able to do. We observed that people were encouraged to eat their meals independently where possible and given assistance where needed.

Care plans recorded when people had a 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) in place. We were told that the service worked with the GP to develop end of life care plan and people could choose to spend their last days at the service. Complimentary cards we saw praised how staff care for people whilst they lived at the service and during their last days.

Is the service responsive?

Our findings

The registered manager told us that the service completed a needs assessment tool when people made enquiries about moving into the service. We were informed that new people would move into the service only if their needs could be met. The registered manager gave an example where the service refused to accept a person because the service was not appropriate for their needs. Records showed that assessments of needs were completed before people moved to the service. This showed that the decision for them to move into the service was based on the outcome of their needs assessment and the availability of suitable support and facilities.

When we arrived at the service in the morning we heard a buzzer was ringing for a few minutes before staff responded. We asked staff about this and they told us that they knew the person pressed the buzzer when they did not require assistance. Staff told us the person was quite independent. We checked the person's care file and noted that their care plan and risk assessment were up-to-date. Records showed that the person was independent but "needed staff to escort [them] on all movements within the home to ensure safety". We discussed this with the registered manager who stated that the risk assessment needed to be reviewed to reflect the fact that the person was able to move within the home without staff escorting them. We pressed the buzzer in one person's room to check how staff would respond. This time, staff responded quickly, within seconds. People we spoke with also told us that staff almost always responded promptly when they pressed the nursing calls.

Each person had a care plan and a risk assessment. The care plans recorded the level of support people needed to carry out day-to-day tasks, such as personal care, moving around the home and eating their meals. People's likes and dislikes, their care preferences, interests and their life histories were recorded so that staff had awareness about people's to provide appropriate support. Staff told us they read the care plans, spoke with people and their families to know about people's needs. Staff explained that they discussed people at their handover and team meetings and shared information which enabled them to respond to their needs.

People and their relatives told us that staff provided care and support they needed. They told us they checked their safety ensured that their needs were met. A relative said, "[The person's] hair is done every week. Staff check on the person." Care files showed that there were systems in place to monitor and records people's care every defined period such as half an hour, or an hour. This ensured that people's healthcare was closely monitored and their needs met.

One person told us they were overall happy with the activities they had within the service but they needed staff to support them to access local amenities such as shops and public houses. We discussed this with the registered manager and were advised that they would discuss it with the placing authority. Another person told us that staff, "give me individual care, for example, they know my favourite song". A relative said they were happy with staff because they rang them if the person was "short of anything". We recommend that the registered manager follows a best practice to ensure people have access to local amenities.

People told us staff provided them with various activities. They told us that they chose the activities they were involved in. One person said, "The [activity coordinator] is nice. There are plenty of activities but I like to be on my own in my room." We saw some people were engaged in activities whilst others were watching television or reading newspapers. We noted the activities co-coordinator, who had worked at the service for many years, had recently left the service. In the interim, whilst a permanent member of staff was recruited, another person was given the responsibility to organise the activities. The person had already developed activity plans which staff were asked to use.

People, relatives and visitors told us they knew how to make a complaint if they were not happy about the service. They said that they would talk to staff or the manager. All of those we spoke with said that they had nothing to complain about. However, a healthcare professional told us that the only thing they would complain about was that there was no separate area for examining people in private. We raised this with the registered manager and were advised that this was the first time they were made aware of the issue but would make sure that a separate room would be made available for medical examination. There provider's complaints policy was displayed within the service and we noted staff were aware of their responsibilities to record and report complaints so that the registered manager or provider would investigate them. The registered manager told us that they welcomed complaints, compliments and feedback because these would be a learning opportunity to improve the service.

Is the service well-led?

Our findings

At our last inspection in March 2017 we stated that the service was not always well-led because the provider did not have a registered manager. We also stated in our last report that auditing systems in place were not always effective to ensure that medicines were well managed. Following that inspection the provider had sent us their action plan describing how they would make improvements. We also noted that the acting manager was now registered with the CQC to manage the service.

The registered manager carried out a variety of quality audits to monitor that the systems at the service were working effectively and that people received appropriate care. These included audits of care plans, infection control and medicines. We were told that random medicines audits took place daily to ensure that any errors were spotted and managed without a delay. The cleanliness and safety of the equipment and facilities of the service were regularly monitored and recorded to ensure that risks to people were reduced. We saw the health and safety folder and records were up-to-date.

The registered manager sought feedback about the quality of the service from people and their relatives. This was carried out through survey questionnaires and informal verbal feedback. The last survey questionnaires completed by people and relatives were collated on 20 July 2017. We looked at the report and action plan of this survey and noted that most of the outcome was positive but the registered manager had also put a plan of action to make improvement.

Feedback we received from the local authority showed that the service, "works well with [them] in terms of monitoring the service" and that there were no issues to report. A healthcare professional told us that they had good communication with the service. They said they had noticed the new manager had worked hard to improve the service.

People and relatives were satisfied with the management of the service. One person said, "I can speak to the manager. The manager has right ideas [about the service]." Another person told us that the registered manager was always available to speak with them. They said the registered manager listened to them and dealt with any queries they had. A relative told us that they had "no problem [with the management]. Everything is sorted out immediately." Another relative said that the manager was "approachable" and they always spoke with him when they visited. A third relative told us that they were happy and if they were asked to mark out of 10, they would "give 10 out of 10". This showed people and relatives were positive about how the service was managed.

We asked for various records and documents during our inspection, including people's care plans and other documents relating to people's care and support. We found that these were well kept, easily accessible and stored securely. We noted the registered manager had notified the Care Quality Commission and other agencies of incidents which affected the welfare of people who used the service.

Staff told us that the management of the service had greatly improved since the new manager came. They told us they were happy with how the service was managed. Comments included, "I am happy here. I feel

able to ask if I need anything. The manager is good. The manager is supportive." We observed that there was friendly atmosphere when the registered manager interacted with people, relatives and staff.

We noted the registered manager was well supported by the director of the service who visited two times a week. The director of the service was present during the whole time of the inspection. We also had confidence in the willingness and determination of the director of the service to work with us and deal with any concerns to ensure the service was well managed. We were advised that a new deputy manager was being employed to assist the registered manager.