

McLaren House Limited

Rowena Court

Inspection report

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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 unannounced inspection took place on 9 December 2015. At our last inspection in April 2013, we found that the provider was meeting the regulations that we assessed.

Rowena Court is registered to provide accommodation for persons who require nursing or personal care for up to 6 adults aged over 60 who experience a long term mental health condition. At the time of our inspection there were 5 people using the service.

The manager was registered with us as is required by law. 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.

We found that safe medicines storage, staff competency checks and guidance for staff in relation to 'as required medicines' were lacking. Staff were provided with training and were knowledgeable about how to protect people from harm. The service had a suitable amount of staff on duty with the skills, experience and training required in order to meet people's needs. Recruitment systems ensured that the staff who were recruited had the right skills and experience to support people safely.

Staff were well trained, received a comprehensive induction and were provided with on-going supervision for their development. People were supported to access the nutrition they needed and were monitored for any changes in their dietary needs. The service ensured that people had access to a wide of range of healthcare professionals to maintain their health and well-being.

We observed staff interacting with people in a positive and respectful manner. People spoke to us about how genuinely caring and kind staff were towards them. People told us they were encouraged to remain as independent as possible by staff. We observed staff ensured people's privacy and dignity was maintained.

People were consulted about all aspects of the planning of their care and in relation to the daily activities they were involved in. Activities available within the service were centred on people's individual abilities, preferences and interests. The provider regularly sought feedback and the opinion of people using the service using a variety of methods. People knew how they could make a complaint and the provider's complaints process was clearly displayed for people to refer to.

All of the people and staff we spoke were very complimentary about the quality of leadership within the service. The registered manager and deputy manager undertook regular audits to reduce any risks to people and ensure that standards were maintained. Feedback was actively sought and acted upon from people.

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 consistently safe.

Medicines storage, staff competency checks and guidance for staff in relation to 'as required medicines' were found to be lacking.

People's individual needs were assessed and any potential risks to them were carefully considered, with strategies outlined for minimising the occurrence of such risks.

There were a suitable amount of staff on duty with the skills, experience and training required in order to meet people's needs.

Is the service effective?

Good 

The service was effective.

People were supported to access the food and drinks they needed and were actively involved in menu planning, preparation and cooking of meals.

People were supported to access specialist healthcare professionals in a timely manner and in the environment that best suited their needs.

Staff received the appropriate level of training and supervision for them to develop in their knowledge and skills.

Is the service caring?

Good 

The service was caring.

Staff attitude and approach was warm and caring toward the people they supported.

People told us the information they needed about their care was made available to them in the way they were best able to understand and of their choosing.

We observed that people's privacy and dignity was respected by

the staff supporting them.

Is the service responsive?

Good ●

The service was responsive.

People were actively involved in planning their own care and chose the activities they wanted and liked to do in consultation with staff.

We saw that care was delivered in line with the person's expressed preferences and needs.

People felt confident that they could raise any concerns and knew how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

The provider understood their responsibilities for notifying us of incidents and events that had occurred within the service.

People and staff spoke positively about the leadership of the registered manager and of the day to day support they received from the deputy manager.

Quality assurance systems were in place and included auditing a number of key areas for safety.

Rowena Court

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.

The inspection of Rowena Court took place on 9 December 2015 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at notifications that the provider had sent to us. We also liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

During our inspection we spoke with all five people who were living at the home, two relatives, three members of staff, the deputy manager and the registered manager. We observed the care and support provided in communal areas.

We reviewed a range of records about people's care and how the service was managed. These included reviewing three people's care records, the staff training matrix, three staff recruitment records and all the medication records. We also looked at records used for the management of the service; including records used for auditing the quality of the service.

Is the service safe?

Our findings

People we spoke with told us they were satisfied with how they were supported and supplied with their medicines. One person said, "I get my pills, staff see to that". Another person told us, "They [staff] give me my tablets every day; they also help me to use my nebuliser that I am prescribed to help me with my breathing".

Medicine storage cupboards were secure and organised. However we found that the storage arrangements for medicines were unsuitable, as the temperature in the cupboard being used was at times above the medicines manufacturers recommended level. The majority of the medicines being stored where required to be kept at a temperature below 25 degrees celsius; we found on the day of our inspection the temperature was 27 degrees celsius and records showed that the temperature had exceeded the ideal level on a number of occasions in the previous months. We spoke with both the deputy manager and registered manager who said that they were aware that the temperature was an issue and that they would act to ensure this situation would not be repeated; they were advised to liaise with their supplying pharmacy about how they should proceed. This meant that people were potentially at risk of their medicines not being as effective as they should be. Guidance was available to staff for the administration of 'as required' medicines however the guidance was not consistently personalised but the registered manager agreed to improve on this. We saw that the home did not routinely assess staff competency in relation to medicines; however, the deputy manager shared with us the documentation they were in the process of implementing in relation to conducting staff competency assessments for the administration of medicines administration.

We observed that medicines were provided to people in a timely manner and as prescribed by their doctor; with records completed fully and without any unexplained gaps. Systems were in place to audit medicine administration and stock levels. We saw that people received appropriate regular review of their medicines. We saw that staff undertook medicines training and updates to maintain their knowledge.

People we spoke with said they felt safe living at the home and staff knew how to protect them. One person told us, "I feel safe here". Another person said, "I don't go out on my own as I don't feel safe so staff go with me". A third person stated, "They [staff] help me with a hoist when bathing and I feel safe and never rushed". A relative said, "They [staff] would never let any harm come to [relatives name], they are in a safe place". Staff had undertaken training about how to protect and keep people safe and demonstrated they knew what action they would take if they suspected someone was at risk. The staff described the procedures for reporting any concerns they had or witnessed in relation to abuse. A staff member told us, "If I was to see or hear anything I was concerned about I would report it straight to the manager".

People told us they believed there were enough staff on duty to meet their needs. One person told us, "I think there are enough staff here". Another person said, "There is always someone to take me out if I want to go". A staff member said, "There are always enough staff, on days when people have appointments the rota is covered to make sure there are enough staff around; we cover shifts in house if staff are off sick". Our observations were that there were enough staff available to readily give people the support and the time they needed.

Risk assessments had been developed with people's individual health and support needs in mind. They described signs, symptoms and behaviours that may increase risks and included details of what particular circumstances may be a trigger for people. The action to take was outlined for staff to minimise and prevent such risks occurring. For example, guidance for staff in relation to the potential impact and heightened risk of relapse to people's mental health when they have a disturbed sleep pattern. We saw that these assessments were regularly reviewed and updated to reflect current potential risks that needed to be considered when supporting people.

We observed that people were protected from harm in a supportive discreet manner. One person told us, "They [staff] talk to us and calm us down and make suggestions about what we could do that will help us." A relative told us, "If [relative's name] is poorly staff are great with her, they know exactly what to do to help her". Staff described to us the practical positive actions they utilised when dealing with situations that may potentially compromise people's safety. For example, one person was at risk of potential harm when using the kitchen so staff ensured they were supervised at all times when they chose to use this area. People told us they had access to the local community; we saw that each individual's needs had been considered in regard to the level of support they may need from staff to ensure this was done safely, with the person's involvement.

We found that the provider's recruitment and selection process ensured that the staff who were recruited had the right skills and experience to support the people who used the service. The three staff files we reviewed had the relevant information in relation to their employment history and criminal records checks and appropriate references had been sought to ensure they were safe to work with people who lived at the home. Staff we spoke with told us that recruitment practice was good and that all the necessary checks had been completed prior to them commencing their role.

Is the service effective?

Our findings

People we spoke with were complimentary about how competent staff were in supporting them and they told us they believed them to be well trained. A person told us, "We are taken very good care of; the girls are so good with me". Another person said, "They [staff] know how to look after people". A relative told us, "Both the physical and emotional care is good here; [person's name] speaks very highly about all of the staff to me and the help she gets from them". Another relative told us, "Its ideal for [person's name]; they look after her needs well". Staff told us that they were supported with training to develop their skills in order to meet people's needs effectively. A staff member said, "The training provided is good quality and the managers are very supportive about us doing extra courses". They were complimentary about the training they had received and told us they felt it equipped them to perform their role effectively. One staff member said, "The manager makes sure we get all the training we need; there are lots of opportunities to undertake additional training here". Another staff member said, "The managers sort any extra training we want to do, it's never a problem". Records confirmed that staff had received all the essential training and updates they needed.

We saw that staff were provided with a six week induction before fully commencing their role. This included training in areas appropriate to the needs of people using the service, reviewing policies and procedures and shadowing more senior staff. Staff told us they were closely supported within their induction period. One staff member told us, "The induction is about six weeks long, during that you spend shifts shadowing other staff, getting to know residents, completing training and practice report writing to make sure you are good at documenting things". Another staff member told us, "I had a six week induction and did different things each week to get to know the place and people better; I met with [deputy manager's name] at the end of each week to check in and see how I was getting on". Staff told us they received regular supervision and attended meetings. One staff member stated, "We have supervision every three months and can bring up any issues, discuss training done or needed and any improvements we could make to our working practice".

The service provided support to people with a range of long term mental health conditions. A relative told us, "[Registered managers name] is A1, she's been a nurse and she knows the in an outs of illness". Staff we spoke to were knowledgeable about the possible symptoms or difficulties people using the service may experience due to their illness; they were also able to demonstrate an awareness of people's more personalised support needs and preferences. A staff member said, "We know people well and use distraction and redirection that we know the person responds well to when they are unwell".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found that staff had received training and updates in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff were able to demonstrate an understanding of the need to consider people's ability to give consent and what may be considered as a restriction of their liberty. A person told us, "Staff ask me before helping me". Another person said, "They [staff] listen to me and always explain things before doing anything". Records showed that people's mental capacity had been considered. We observed that people's consent was sought by staff before assisting or supporting them. At the time of our inspection no one was subject to a DoLS.

We saw that people were supported to access food and drinks in line with their needs and choices. One person told us, "The food is very nice, on Thursday I cook and I help out in the kitchen day to day". Another person told us, "The staff cook well, the kitchen is spotlessly clean". A third person stated, "You can get a drink anytime and we have a good amount to eat and plenty of choice". A relative said, "The foods good; I could stay there myself". We saw that people attended regular meetings where food choices for the menu were discussed and their views were taken into consideration when planning the weekly menus. We saw that people also had the opportunity to plan, shop for and cook their own meal and were also encouraged to be involved in preparing some of their food each day. Staff were aware of the nutritional needs of people and of those who needed support and monitoring, in order to ensure adequate diet and fluids were taken. A staff member said, "The menu is planned every week with people, we know what they like and can do them anything they fancy really". Menus we saw demonstrated that meals were nutritionally balanced, using a variety of ingredients from all the essential food groups. Staff had completed training in food hygiene.

Records showed people were supported to attend a variety of health screening appointments and access a range of health care professionals including psychiatrists and dieticians. One person told us, "The staff arrange for me to go and see the doctor". Another person said, "I go out to the doctor's surgery when I need to see them; staff take me to the dentists too". A third person told us, "I am supported with my health care needs". A staff member told us, "If someone seems unwell we do basic observations such as their pulse, temperature and blood pressure, if we are still concerned though we call 111 for advice and if it was something more serious we call an ambulance". Physical health checks were done regularly at the service in order to identify any issues people may have that may need addressing. This meant that the service effectively supported people to maintain good health.

Is the service caring?

Our findings

People told us and we observed that staff were very caring and kind when supporting them. One person told us, "The staff are kind and helpful here, they keep us looking our best". Another person said, "The girls are very kind to me, there is nothing I would change about the place". A third person stated, "[Deputy manager's name] is very good, she thinks of everything to make us happy". A relative said, "The staff are kind and caring". Another relative said, "They [staff] are so patient it's untrue; the care they give is exceptional". From our observations we saw that people were comfortable approaching and chatting with staff openly. We heard staff speaking with people in a friendly warm tone of voice; they demonstrated their patience and understanding when supporting them. A staff member said, "I love working here; it's a nice homely place and we do all we can to make people comfortable and content".

The service supported people to remain as independent as possible and encouraged them to get involved in daily living activities based on their preferences and level of ability. A person told us, "They [staff] encourage me to do a bit of cleaning and washing". Another person told us, "In the bath they encourage me to do as much for myself as I can". A third person told us, "I help with peeling the vegetables most days". A relative told us, "They [staff] encourage [person's name] to do recreational things".

We saw and people told us they felt involved in their care and in decisions about how they were supported. A relative said, "I know what's going on and am involved in how they plan [relative's name] care". Another relative said, "I am never fobbed off, they keep me informed of everything that goes on; I do feel involved in [relative's name] care". We observed people being supported to make a variety of decisions about a number of aspects of daily living during our inspection, for example whether they wanted to go out to the shops and what food they wanted for lunch.

People told us that they were provided with information they needed both written and verbally. One person told us, "If I have any worries or questions I go to the office and the staff explain things to me". A relative said, "They [staff] deal with any issues straight away and answer any questions you have and explain everything that's happening with [relative's name] to me". Staff we spoke with knew how to access advocacy services for people and information was also clearly displayed with the contact details of the local advocacy service if people wanted to seek independent advice or support.

People told us staff respected their dignity and right to privacy. One person told us, "I feel listened to and the staff respect me and my age". Another person told us, "They [staff] are very respectful toward me". We observed staff communicating with people using respectful language and supporting them in a dignified manner. A staff member said, "I always make sure the person feels secure and comfortable, I use towels in between personal care to maintain their dignity". People were supported to maintain relationships with their family. Relatives told us that they were able to visit freely and without any restrictions. One relative told us, "I visit unannounced and when I arrive it's never a false atmosphere, it's always relaxed there". Another relative said, "There are no restrictions; I go in whenever I want to visit".

Is the service responsive?

Our findings

People told us they felt involved in and able to express their views about their care and support needs. A person said, "They [staff] know what I want and like and support me really well". Another person told us, "The staff know us individually and don't need to ask us". A relative said, "You know they [staff] know mum really well as when I visit I can tell by the way they chat and talk together; I know she is fully involved in any decisions". Care plans we viewed demonstrated the level and type of support people needed and people had signed them to agree their content.

Care records contained personalised information detailing how people's needs should be met; these incorporated how their past history and people important to them featured in their lives and wellbeing. People told us they were supported to access activities of their choosing. One person said, "[Deputy managers name] is approachable and does things to make us happy, like trips out" Another person said, "We have meetings and [deputy manager's name] asks us where we would like to go". A third person told us, "We go out to eat sometimes at restaurants or I go to town shopping and we all helped to put up the Christmas decorations". A relative told us, "To me they cater for everything there, [relative's name] often goes to the theatre and cinema with staff". We saw photos displayed of people undertaking a variety of activities of their choosing, including an annual group holiday, which people told us they had been involved in planning. People's rooms had been personalised and displayed items that were of sentimental value or of interest to them. One person showed us their room, we saw this was spacious, they had chosen their own decoration and had their personal items/photographs displayed.

Staff were able to tell us about people's life history, individual interests and what was important to them. Activities planned were based on people's choices about how they wished to occupy themselves. One person said, "I like going to the Age UK centre and going out to shows locally that [deputy manager's name] organises". Another person told us, "I like going to the church and out to the shops, staff help me to do these things". People's care plans we viewed focussed on their strengths and outlined the activities of daily living where they needed support from staff to develop increased independence. People's cultural needs were routinely considered as part of their initial assessment. We saw that people were encouraged to access the local community, including religious establishments to continue to observe their chosen faith.

Our observations were that people were responded to appropriately when they wanted or requested support. A person stated, "Staff are quick to respond when I need assistance". Staff told us that the amount of support that a person required was always based on their individual needs. A staff member said, "Its great here, we are like a family really, we do what people want, when they want". We found that assessments had been completed to identify people's support needs and these were reviewed appropriately. We saw that records contained important instructions for staff to be mindful of, for example the signs and symptoms of anxiety or distress with clear guidance for staff about how to deal with this and whom they should contact. For example, staff told us about personal items that helped one person to become more focussed and calmer when they became distressed and how staff used these to alleviate these to support them in times of anxiety.

People were able to routinely express their views or any concerns they had about the service. A person told us, "We have meetings and are asked what we think". The provider used a variety of methods in order to listen to and learn from feedback from people. People told us they regularly met with staff, were asked to complete questionnaires or met as a group to discuss both their individual concerns or issues and those related to the service as a whole. Feedback received from people had been analysed and displayed for information; the most recent feedback from questionnaires completed had all been positive. Meetings for people were regularly held; subjects discussed included outings, menu planning and events. We saw that people were encouraged to express their views and ideas about the service in all meetings.

The service had a complaints procedure in place and this was displayed for people to refer to. People we spoke with did not currently have any complaints but told us they would feel comfortable telling the staff, deputy manager or registered manager if they did. A person told us, "No there's nothing I would like to change, I like it here and have no complaints". Another person said, "I was unhappy once, I can't remember about what but [deputy manager's name] sorted it out". A relative said, "I have spoken to both managers before and they have responded straight away to any concerns I have about [relative's name]". A staff member said, "We have a complaints form in the reception area, I would pass on any complaints to the manager and support people to fill out the complaints form". Although no complaints had been received since our last inspection, our findings demonstrated that provider actively provided people with information about how to raise a complaint.

Is the service well-led?

Our findings

We asked people about their experience of living at the home. One person told us, "I enjoy living here". Another person told us, "I like living here, it's very comfortable". A third person said, "Me and [persons relatives name] think this is a good home". A relative said, "I hope the place goes on forever; they run a good ship". Another relative told us, "I find the place fabulous it's a really well run home".

People were able to identify who the registered manager was and told us that day to day the home was managed by the deputy manager. One person told us, "[Deputy manager's name] is really well organised, she knows us and sees to things". A second person said, "[Registered manager's name] is lovely". A relative said, "I can't speak highly enough of the place or the managers". We found that the registered manager and deputy manager had a good knowledge about the people using the service and their needs.

Staff were clear about the leadership structure within the home and spoke positively about the approachable nature of the registered manager and deputy manager. One staff member told us, "She runs an excellent service, the standards she sets are very high and she's very organised". A second staff member told us, "There is good leadership here, you can say anything to them, they are pretty good with us; [Deputy manager's name] tries to do her best for everyone here". Our observations on the day were that people approached the management team without hesitation. Staff told us they were supported through regular supervision and meetings. They demonstrated to us they were clear about the values of the service and said they felt involved in its development. One staff member said, "In staff meetings we bring up any issues as a whole team and it's an opportunity to gather together and make any suggestions to the manager about the home".

The registered manager was also the provider of this service. They understood their responsibilities for reporting certain incidents and events to us that had occurred at the home or affected people who used the service. Records of incidents were appropriately recorded and any learning or changes to practice were documented following incidents and accidents. The registered manager monitored these for trends and to reduce any further risks for people. For example, when one person had suffered more than one fall in a short period of time, a referral was made to the appropriate external healthcare professional for further assessment of the persons mobility needs. Staff told us that learning or changes to practice following incidents were cascaded down to them in daily handovers or at staff meetings. This meant that learning from incidents was shared to reduce risks for people and enable improvements in the future.

Staff gave a good account of what they would do if they learnt of or witnessed bad practice. The provider had a whistle blowing policy displayed in the staff office. This detailed how staff could report any concerns about the service including the external agencies they may wish to report any concerns to. One staff member said, "If I saw something untoward I would report it to the manager and I know it would be dealt with and kept confidential".

We saw that an effective system of auditing of the quality of the service was completed each month; this

reviewed a number of key areas of risk for the service such as infection control. In general where omissions or areas for improvement were identified remedial action had been taken. The issues we noted with the storage of medicines had been identified and reported to the registered manager by the deputy manager; some options for how to tackle the issue of the temperature had been discussed but no formal action had been applied. We spoke to the registered manager about the storage issue and they told us that another location for a clinic room was to be identified and would involve some building work to be completed. They agreed to find an interim measure to ensure the safety of the medicines stored. Following our inspection the appropriate action was taken to ensure safe storage of medicines was maintained and the advice of an architect was being sought in terms of identifying future storage. Annual questionnaires were given out to people asking for their opinion of the quality and effectiveness of the service. Analysis of the feedback was openly shared and displayed.