Rowlandson House Limited

Rowlandson House

Inspection report

1-2 Rowlandson Terrace
Ryhope Road
Sunderland
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Tel: 0191 514 4125

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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**

Overall summary

Rowlandson House provides personal care and accommodation for up to 27 older people including people living with dementia. The accommodation is over three floors which are accessible by a passenger lift and stairs. The home is located near to the city centre of Sunderland. There were 12 people using the service when we visited.

This inspection took place on 11 December 2014 and was unannounced which meant the provider and staff did not know we were coming.

The last inspection of this home was carried out on 30 December 2013. The service met the regulations we inspected against at that time.

The home had a registered manager. 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.

Summary of findings

Some parts of the premises were not fully safe. Window-opening restrictors were not suitable because they could be removed from the window frame. A towel rail had a very hot surface temperature which could cause a scalding risk to people if they touched it by mistake. A window in one lounge did not fit into the frame so there was a significant draught in this room. The medicines storage room had a very poor odour, which would not affect people but could affect the staff members who used it. You can see what action we told the provider to take at the back of the full version of the report.

People were positive about the service they received. People felt safe and comfortable with staff. There were enough staff to meet people's needs and to spend time with them. The provider and registered manager made sure only suitable staff were employed who had been checked and vetted. Some people had been involved in the interviews of new staff so they felt included in decisions about the home.

Staff were clear about how to recognise and report any suspicions of abuse. Staff told us they were confident that any concerns would be listened to and investigated to make sure people were protected. Potential risks to people's health and safety were assessed and managed. People could manage their own medicines if they were able to do so; otherwise staff managed these in a safe way for people.

People felt staff were "very good" at their jobs and they felt well cared for in the home. Staff received the training and support they needed to be competent in their roles. Staff understood the Mental Capacity Act 2005 for people who lacked capacity to make a decision and deprivation of liberty safeguards to make sure they were not restricted unnecessarily. People's safety was protected without compromising their rights to lead an independent lifestyle.

People had a good choice of meals and they felt the quality was very good. People were supported to eat and drink enough to meet their nutrition and hydration needs. Any changes in people's health were referred to the relevant health care agencies. A health care professional we spoke with felt the home had really helped a person to improve their health.

People were treated with respect and dignity. People described the staff as "kind and caring" and "wonderful". One person described the home as a "happy family". Another person said, "It is homely, warm and friendly - like coming home." There were warm, positive interactions between staff and the people who lived there.

People enjoyed individual and group activities at the home. People enjoyed going out with staff for walks, shopping or other local trips. Staff were knowledgeable about each person and knew how to support them. People's care records included details of their preferences and how they were involved in their care.

People had information about how to make a complaint or comment. They said they would comfortable about telling the registered manager if they had any concerns and felt confident these would be acted upon. There had been no complaints for over a year.

The registered manager made herself accessible to people, relatives and staff. People spent time chatting with the registered manager and staff about their views. There was an open, friendly and welcoming culture in the home. Staff said they felt supported by the registered manager and felt valued by the provider.

Staff said the registered manager had made many improvements to the home over the past year and they were proud of the 'gold standard' rating the home had achieved from local authority commissioners.

The provider did not always monitor the quality the service in a systematic way but spent a lot of time at the home talking with people and staff. People, their relatives and staff were asked for their views about the home and these were used to improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not fully safe. Some aspects of the premises required improvements to reduce risks to people. These included unsuitable window restrictors and a hot towel rail. Some records about the risks people could take were not complete.

People said there were enough staff and they felt safe and comfortable with them. The provider made sure only suitable staff were recruited and some people had been included in the interviews for appointing new staff.

People were supported with their medicines in the right way. People who could manage their own medicines were supported to do this in a safe way.

Is the service effective?

Good

The service was effective. People felt their needs were met and they were positive about the support they received from staff. People enjoyed their meals and had a choice about when and what they ate. People were helped to eat and drink enough to maintain their nutritional health.

People were cared for by staff who felt well trained and supported. Staff had regular supervision and appraisals to help them with their professional development.

People were not restricted unnecessarily, unless it was in their best interests. Staff understood how to apply Deprivation of Liberty Safeguards (DoLS) to make sure people's rights were upheld.

Is the service caring?

Good

The service was caring. People felt staff were compassionate, friendly and kind.

People were encouraged to make their own choices. People were supported at their own pace by friendly, patient staff.

Staff understood and acted on people's individual preferences of how they wanted to be cared for and respected their dignity. People's privacy and independence were promoted.

Is the service responsive?

Good

The service was responsive. People received personalised care that met their individual needs. Staff were familiar with each person and knew how to support them. People's care records included details of their preferences and how they were involved in their care.

People enjoyed individual and group activities at the home. They also enjoyed going out with staff for walks, shopping or other local trips.

Summary of findings

People knew how to make a complaint or raise a concern and they had written information about this. They felt comfortable about raising any comments with the registered manager.

Is the service well-led?

Good

The service was well-led. People felt there was an open, welcoming and approachable culture within the home. Staff said they felt valued and supported by the registered manager and the provider.

The home had a registered manager who had been in post for one year. People and staff felt she had made many improvements to the service.

The provider's method of monitoring the service was not always systematic. But people did feel they were asked for their views and that their suggestions were acted upon.

Rowlandson 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 11 December 2014 and was unannounced. The inspection team consisted of an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with six people living at the home. We also spoke with the registered manager, two care workers, a member of catering staff and a representative of the provider. We joined people for a lunch time meal. We observed care and support in the communal areas and looked around the premises. We viewed a range of records about people's care and how the home was managed. These included the care records of three people, the recruitment records of two staff members, training records and quality monitoring reports.

Before our inspection we reviewed the information we held about the home, including the notifications of incidents that the provider had sent us since the last inspection. We contacted the commissioners of the service, community dietetic services and the local Healthwatch group to obtain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires Improvement

Is the service safe?

Our findings

The home had been converted from large terraced houses into a care home over three floors. The premises were comfortable, homely and well decorated, but there were some shortfalls that presented a risk to the people who lived there. For example, the window-opening restrictors to bedrooms on the first and second floor were unsuitable because they could be easily removed from the window frames. This meant they could not prevent falls from the windows. A ground floor bathroom had recently been converted into a pleasant 'wet room'. However the contemporary chrome towel rail had a very hot surface temperature which could cause a scalding risk to people if they touched it by mistake. A window in one lounge did not fit into the frame so there was a significant draught in this room. Both lounges were on either side of the front door which let a draught in when visitors called, and several people in the lounges had blankets over them. The medicines storage room, which had been converted from a former toilet, had a very poor odour coming from an exposed wastepipe which could affect the health of staff who used this room. Although this pipe had been checked by waste specialists, the odour was still unresolved. Two toilets had broken locks which could compromise the dignity of people using these facilities. These matters were a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they felt safe at the home. One person had moved from their own house to Rowlandson House because they were nervous about living alone. They told us they were pleased they had done this and commented, "I am very safe here." Other people's comments included, "I am very happy here", "the staff are very good" and "it's a very friendly place". There were positive signs that other people felt safe and comfortable at the service. For example people actively sought out staff to request items, and spent time chatting and laughing with staff.

Staff told us, and records confirmed, they had completed training in safeguarding vulnerable adults and this was regularly updated. One staff member told us, "We've all had safeguarding training and we know how to make an alert." The registered manager had completed training in safeguarding adults provided by the local authority. Any new members of staff completed safeguarding 'alerter' workbooks. Staff were able to describe the procedures for reporting any concerns and told us they would have no hesitation in doing so. The safeguarding procedures and whistleblowing procedures were kept in the reception area so staff had easy access to these. There had been no safeguarding concerns in the past year and this was confirmed by the local authority safeguarding team.

Risks to people's safety and health were assessed and appropriate action taken to reduce the risk of harm to people. For example, some people were felt to be at risk of falls from their wheelchairs so lap straps were used when they were being transported in their wheelchair. Records showed how these risks were assessed. Other people had made agreements with the provider about their rights and abilities to take reasonable risks, such as managing their own medicines. We noted some risk assessment records were incomplete. For example, two people's risk assessment about their independent risk-taking, including self- administration of medicines, had not been signed by those people. The registered manager agreed that risk assessment records should be fully completed to show people's involvement. On two occasions during our visit, staff helped people transfer into wheelchairs that did not have the brakes applied. This risk was discussed with the registered manager for immediate attention.

The registered manager analysed any accidents and incidents, including falls, on a monthly basis. Records showed the registered manager checked and acted upon any emerging trends and any concerns about people were referred to the appropriate health care professionals. For example, staff made a referral to the falls clinic for one person who had begun to experience falls and also asked their GP for a review of their sedative medicines, as this may have been affecting their balance. There were evacuation plans in place for each person in the event of an emergency, such as a fire or flood. There were also contingency plans for staffing in the event of unexpected mass absence of staff.

People told us they were happy with the care and felt there were enough staff to assist them. Staff also said there were sufficient staff to make sure people's needs were met. One care worker told us, "It's good that there are plenty of staff to provide person-centred care for each person." The registered manager used a weekly dependency tool to determine the level of staffing that was required to meet people's needs. It was good practice that the registered manager and provider made sure staffing levels remained

Requires Improvement

Is the service safe?

above the minimum amount suggested by use of the dependency tool, even during a period of lower occupancy, in case of new admissions. The staffing levels at the time of this inspection were a senior and two care workers for the 12 people who lived there. There were also a cook, a kitchen assistant and a housekeeping staff member on duty through the day. The registered manager and the activities staff member were also on duty. Staff rotas for previous weeks showed this was the usual level of staffing at the home.

People told us they were very satisfied with the suitability of the staff who worked at the home. One person told us, "They are very careful who they employ, they only take the best." Another person commented, "The staff are very good." The recruitment records of the two newest members of staff showed the recruitment processes had been thorough. These included checking their applications, holding interviews with the applicants and obtaining references from their previous employers. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the home had checks in place to make sure that staff were suitable to work with vulnerable people.

People told us the staff provided them with the right support with their medicines. The arrangements for managing people's medicines were safe. People who were able to manage their own medicines were encouraged to do so. Where people did this, the staff had made sure they had safe, suitable lockable storage for their medicines in their bedroom.

All other medicines were securely stored in a locked medicines cupboard. Only the senior care worker on duty held the keys for this room. Medicines were transported to people in locked trolleys when they were needed. Staff gave people the support and time they needed when taking their medicines.

Senior members of staff had completed suitable training in the administration of medicines. The registered manager carried out six-monthly competency checks of staff who were responsible for the administration of medicines to make sure their practices were still safe. Records about the administration of medicines (MARs) were accurate and up to date. There was a recent photograph of each person on the front of their MARs so they were clearly identifiable. Also, any known allergies were recorded on the front of their medication chart. Medicines that were not needed were disposed of safely.

Good

Is the service effective?

Our findings

The people we spoke with had confidence in the way their needs were met at the home. People described the quality of the care they received as "very good". One person commented, "I am definitely happy with my care." Another person told us, "It's a wonderful place to be."

Staff told us, and records confirmed, they received necessary training in health and safety matters, such as first aid, fire safety, moving and assisting and infection control. One staff member commented, "The manager is a breath of fresh air – she's got us so much training since she came." Staff also spoke enthusiastically about training they had received in supporting people living with dementia and managing challenging behaviour. Records showed that new members completed an induction training programme as soon as they started work at the home.

Staff confirmed, and records showed, they had regular one-to-one supervision sessions and an annual appraisal with the registered manager. There were plans for the deputy manager and senior staff to be trained in carrying out supervisions so they could be responsible for this in the future. The supervision sessions meant individual staff could discuss their professional development and any issues relating to the care of the people who lived there. In this way staff told us they felt trained and supported to carry out their roles. One staff member told us, "I feel very supported by the manager – both professionally and personally."

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

All of the staff had received training in MCA and DoLS. Staff understood the principles of MCA and described a 'best interest' decision that had been made in conjunction with other health care professionals about the covert medicines that were prescribed for one person. This was because the person had often refused medicine that they needed to take, so it was now provided in liquid form for them to take. The home staff also understood DoLS existed to make sure people were not restricted unnecessarily, unless it was in their best interests. The registered manager had made DoLS applications to the local authority in respect of two people and was working with the local authority DoLS officer about a small number of applications for other people. In this way the provider was working collaboratively with the local authority to ensure people's best interests were protected.

People had many positive comments to make about the quality of the meals at the home. One person told us, "The food is very good." Another person commented, "There is a new chef, it is good and there is a choice." Another person said, "I get plenty to eat and can have something else if necessary."

There was a menu board in the dining rooms for people to choose from. People were asked for their preferences before the meal so they could make an informed and timely choice. The cook described several alternatives that could be made if people did not fancy the main meal choices.

Care staff and catering staff were knowledgeable about people's preferences. People's care records included details of their dietary needs and preferences, and a copy was kept in the kitchen for the chef. The care records also included details about people's preferred dining arrangements. For example one person preferred to dine at a table with staff rather than other people, and this was respected.

We joined people for a lunch time meal. There were two hot choices and the quality of the meal was good. People were served individually so they got the choice and portion size that they preferred. Where people needed support, staff were helpful and attentive. Staff talked to people throughout the meal to make sure they had what they needed. Tables had clean white table linen and flowers, and staff made sure people enjoyed a pleasant dining experience.

A dietitian told us the staff acted on advice and guidance they had provided about people's nutritional needs. The dietitian commented, "It appears that the home is proactive in offering a fortified diet to the required patients, offering nutritious snacks between meals and enriched milk. Weights (records) are always readily available. Supplements are offered as prescribed."

People's care records included details of the health professionals involved in their care. We saw examples in care records where the staff had made appropriate referrals to health agencies and where care professionals had worked with staff in reviewing people's care. For example, care records showed referrals to the falls clinic, mental

Good

Is the service effective?

health teams and district nurses. One senior staff member told us, “We have really good relationships with other professionals. District nurses love us because we make sure we have no one with skin pressure problems.”

We spoke with a community psychiatric nurse who was visiting one person at the time of this inspection. They told us how much the person had improved since being at this home.

Good

Is the service caring?

Our findings

People described the staff as “kind and caring” and “wonderful”. One person described the home as a “happy family”. Another person said, “It is homely, warm and friendly - like coming home.”

Another person commented about staff, “We’ve been friends for a long time.”

Staff treated people with kindness and compassion. We saw staff gently explained to people before and during any assistance they gave, such as helping with mobility. This support was carried out at the person’s own pace so people were not rushed.

People told us the staff spent time with them and they felt they could discuss anything with staff. People said staff always asked them before carrying out any support. One person commented, “They will always ask before carrying out any care.”

People were assisted by staff in a patient and friendly way. People had a good rapport with staff. Staff understood people’s ways of communicating when they were not always able to articulate their wishes very well due to their physical or dementia needs. We saw people were comforted and reassured by care workers when this was required.

People could make their own choices about their daily routines. For example, when we arrived two people were enjoying a late breakfast because they had chosen to do this. People spent time in either of the two lounges or in the privacy of their own rooms whenever they wanted.

Some people had care needs which meant they occasionally needed guidance from staff with everyday choices. Staff gave people the time they needed to express their choices and wishes.

Recently people had been involved in deciding whether to have a pet at the home. People had chosen a cat (after staff had ensured no-one had an allergy to cats). People felt the addition of a pet had made the home even more like a “family home”. In recent surveys about this home, relatives had written about the “relaxed” and “caring atmosphere”.

People felt staff upheld their dignity. One person told us, “I am always treated with respect.” Another person said, “They always listen to everyone.” People felt their views were listened to and valued. People said they were encouraged to be actively involved in the home. For example, one person described how they had been part of the interview panel for a new chef.

People were supported with their personal hygiene and appearance. People looked comfortable and well cared for. Staff supported people in a way that maintained their privacy, for example making sure doors were closed when using bathing facilities or when having a lie-down.

People’s care records were written in a sensitive way, and promoted people’s independent skills. For example, one person’s care plan about personal care stated, “Give [name] a comb for her hair and offer her assistance to go to her mirror while she tidies her hair.” The care records were kept in a locked desk in reception area between the two lounges. This meant records were stored confidentially. It also meant that staff could access the records at any time, whilst still being nearby and available to support people if they needed it.

Good

Is the service responsive?

Our findings

People told us the service met their needs and staff supported them in the right way. One person commented, "I would rate the service like a 1st class hotel." Another person told us, "I would not change a thing."

Staff members described the care service as "very individual" and "person centred". One staff member said "We are such a small home we can provide individualised care. We can tell if people are unwell because we know them so well, and we can tell if there's something wrong." In an independent review about the service, a family member wrote, "The staff respond sympathetically and quickly to [my relative's] mood swings attached to her Alzheimer's condition."

Staff on duty were knowledgeable about how to support each of the 12 people who lived there. We saw how staff adapted their support to meet people's individual requirements. For example, one person who had Parkinson's disease was asleep over lunch time. A staff member explained the person was always given the chance to sleep off their medication and a meal was saved for whenever they were ready for it. Another person was physically very able but needed lots of verbal prompts from staff with daily events such as dressing, washing and eating a meal.

People had care plans that set out their individual needs and how they required assistance. The three people's care records that we looked at were personalised and included detailed life stories about each person. It was clear from records that people's individual needs had been assessed before they moved to the home. The assessments showed which areas of care they needed support with and what they could manage independently. The assessments were used to design plans of care for people's individual daily needs such as mobility, personal hygiene, nutrition and health needs. The care plans were detailed and guided staff about how to support those needs.

People were involved in their own care plans, where they were able and wanted to do so. For example, one person told us how she was working with a staff member to write her own care plans. In other people's care records there were lots of references to people "choosing" and "deciding" about the level of support they needed. Some people's relatives had also been involved in agreements about their family member's care needs.

People's dependency levels were assessed each month and their individual care plans were reviewed on a monthly basis, or more often if people's needs were changing. Annual assessments were also carried out for each person and relevant health and social care professionals and family members were invited to attend.

People told us they had enough to do to keep them occupied and told us about activities they enjoyed. The home had recently employed an activities worker who had begun to arrange activities and entertainment for the people who lived there. There was an activities board in the reception with information about daily activities. These had recently included weaving sessions, making gift bags, gardening discussions, weekly 'sit and be fit' exercises and making remembrance plaques. Staff described how people also enjoyed individual activities such as knitting, games and chatting. People told us they also had opportunities to go out for walks in the local park with staff, shopping at a supermarket and to tea dances at a seaside community centre.

People told us they were clear about who to talk to within the home about any issues they might have. All the people we spoke with said they had no complaints but would feel comfortable about raising anything. One person told us, "If I needed to complain I would go to the manager but I never need to." All the people we spoke with told us the registered manager was "approachable" and "helpful".

People had an information booklet (called a service users guide) which they kept in their bedrooms. The information included details of how to make a complaint. The complaints procedure was also on display in the reception area so visitors could see this. The registered manager kept a record of complaints including the detail and outcome. There had been no complaints about the service for over one year.

Good

Is the service well-led?

Our findings

People felt the service was well organised and managed. One person commented, "Everything is well managed, runs smoothly and everything is on time."

People felt they had opportunities to comment on the running of the service. One person said, "They always ask our views and opinions." The home held residents' meetings every couple of months to gain people's views. At the residents' meeting in August 2014 people had suggested having a cat. This suggestion was acted upon and people told us the cat had been a welcome addition to the home since October. The provider also used a resident/relatives' survey to gain the views of family members. In the most recent survey people and relatives had scored the care as 'excellent'.

The provider also encouraged people, relatives and other visitors to use an independent website to rate the care and leave reviews about the service. The home scored 9.7 out of 10 following the reviews left by relatives. Their written comments included, "Friendly helpful staff who listen to residents and relatives and give individual care" and "Well run to a very high standard in a relaxed and caring atmosphere".

Staff also felt encouraged to make suggestions for improvement at the home. Staff meetings were held on a monthly basis and we saw from the meeting minutes that staff were kept informed of developments to the service. Staff told us they felt listened to and that their comments were acted upon. For example, staff had suggested a 'wet room' would be a useful for people and this had been developed on the ground floor.

The home had a registered manager who had been in post for one year. The registered manager had an accessible office near the reception area with five comfortable armchairs so that she could encourage people, staff and visitors to 'pop in' and chat with her. Throughout this visit we found people and staff did 'pop in' to talk with the registered manager.

Staff felt they were well supported by the registered manager. One staff member commented, "The manager is very approachable – for us and the residents. When I pop in her office there's often a resident in there chatting or just spending time with her." Another staff member told us, "The manager is very good. She involves and includes us in everything. She listens and takes on board our views."

Staff also felt valued by the provider. One staff member said, "The provider is friendly and involved." The provider's values were outlined in their philosophy of care which was on display in the hallway and a copy given to each member of staff. The philosophy of care statement promoted people's wellbeing, choice, rights, individualism, fulfilment and privacy.

The registered manager had introduced designated lead roles for some staff. For example the registered manager and a senior care worker were dementia champions and were aware of local and national initiatives relating to dementia care. For example, the home was a member of the National Association for Providers of Activities for Older People (NAPA). (NAPA is a registered charity for all those interested in increasing activity opportunities for older people in care settings.) This helped to make sure the home was up to date with national best practice standards.

Staff told us the registered manager had improved the service at the home and as result the home had increased its rating by the local authority commissioners from bronze to gold standard. One staff member said, "She's moved the home on so much since she came."

The registered manager carried out some quality audits including health and safety checks, fire safety checks and checks of the nurse call alarm system. Some monitoring checks had not been carried out in a systematic way. For example, the home had a policy of auditing each person's medicines on a monthly basis, but this had only been carried out sporadically over the past year. An infection control audit had been designed but had not yet been carried out (although all areas of the home we viewed were clean). The provider's representative visited the home frequently and spent time discussing the service with people and staff. They did not record what they found and did not have an action plan of any issues that needed addressing. However, people and staff confirmed that any issues were acted upon in a timely way. The provider's representative agreed that the quality assurance system to monitor the service could be more systematic and was considering ways to achieve this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises People who use services and others were not protected against the risks associated with unsafe or unsuitable premises. Regulation 15 (1) (a) and (c).