Mrs A Hurley

Rowan House

Inspection report

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 25 & 27 January 2016 and was unannounced. Rowan House provides accommodation and care for up to 16 older people with mental health needs or people living with dementia. At the time of our inspection there were 15 people living in the home.

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

People felt safe. People and their families felt there were enough staff. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. People were supported to receive their medicines safely from suitably trained staff and were stored, administered and audited effectively. Relevant recruitment checks were conducted before staff started working at Rowan House to make sure staff were of good character and had the necessary skills.

Rooms were personalised and people told us the home was clean. However, floor coverings in bathrooms were worn and in need of replacement.

Activities were planned daily. However, people told us there was not much to do. Staff told us that activities could sometimes be cancelled due to people requiring personal care, which could leave the service short staffed at times and as a result of this activities were sometimes cancelled.

Staff sought consent from people before providing care or support. However, the ability of people to make decisions was not always documented in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully.

The risks to people were minimized through risk assessments which provided staff with clear guidelines to follow. Staff were aware of how to keep people safe. Staff were supported and received regular one to one sessions of supervisions to discuss areas of development. Staff completed a wide range of training which they felt supported them in their job role. New staff completed an induction period before being permitted to work unsupervised.

People received varied and nutritious meals including a choice of fresh food and drinks. Staff were aware of people's dislikes and offered alternatives if people did not want the meal of the day. People were able to access healthcare services.

People were cared for with kindness, compassion and sensitivity. We observed positive interactions between people and staff. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their

individual needs.

People were supported and encouraged to make choices and had access to a range of activities, when there were enough staff. 'Resident meetings' and surveys allowed people to provide feedback, which was used to improve the service.

People liked living at the home and felt it was well-led. There was an open and transparent culture. Staff felt the manager was approachable and felt their ideas were listened to. The manager used a series of audits to monitor the quality of the service.

A complaints procedure was in place. There were appropriate management arrangements in place and staff felt supported.

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.

There were enough staff to meet people's needs and recruiting practices were safe.

Staff knew how to identify, prevent and report abuse and medicines were managed safely.

The home was clean and hygienic.

Is the service effective?

Good

The service was effective.

Staff sought consent before providing care. However this was not always documented in line with legal requirements.

People received sufficient food and drink and could choose what they wanted to eat.

Staff received appropriate training, supervision and appraisal. People were supported to access health professionals and treatments.

Is the service caring?

Good

The service was caring.

People and their families felt staff treated them with kindness and compassion.

People were involved in their care and were encouraged to remain as independent as possible. Their dignity and privacy was protected at all times.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People seemed to have a lack of activities provided for them. This was due to not always having sufficient staff for activities to

take place.

People received personalised care from staff who were able to meet their needs. Care plans provided comprehensive information and were reviewed monthly.

An effective complaints procedure was in place and concerns were listened to.

Is the service well-led?

Good

The service was well led.

There was an open and transparent culture in the home. Staff spoke highly of the manager, who was approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided.

Rowan 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.
The inspection took place on the 25 & 27 January 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience in services for people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 used this information when planning and undertaking the inspection. We reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with seven people living at the home, and four family members. We also spoke with the registered manager who is also the provider, the manager, one cleaner, one cook and six care staff. We looked at care plans and associated records for four people, staff duty records, six members of staff's recruitment files, accidents and incidents records, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas. We also received feedback from a community nurse.

We last inspected the home in February 2014 and found no concerns.

Good

Is the service safe?

Our findings

People told us that they felt safe, were treated with respect and felt comfortable around staff. People and their families told us they thought there were enough staff. One family member said, "The staff are always here and available."

There were sufficient staff to meet people's care needs. We saw that people were able to easily request support from staff by a call bell system. During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's request for support. Staffing levels were determined by the number of people suing the service and their needs. However, we received mixed views from staff about staffing levels. One staff member told us "Could do with an extra staff member when cleaner not on shift." Another staff member said, "It sometimes can be busy, so feels now more staff are needed." Other staff told us, "I've heard no complaints, I think staffing is okay." Another staff member said, "Got enough staff." We spoke to the manager about staff concerns, who informed us that they complete their paper work in the lounge, so they can oversee the care and step in when needed.

Robust recruitment processes were followed that meant staff were checked for suitability before being employed in the home. Staff told us that the interview process was well organised. One staff member said, "I had to wait for my references and DBS to come back before I could start." Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home.

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff told us they had received safeguarding training. One staff member said, "I know about safeguarding from training, and if you see something not right you have a duty to report it." Another staff member said, "If I saw something not right I would report it no doubt at all." Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. The home had a Speak out policy on abuse clearly displayed in the hallway.

People were supported to receive their medicines safely. Medicines were administered in the way people preferred to take them. For example, one person liked to take their medicines with a beaker of squash, and it was given to them this way. People were asked if they were ready for their medicines before these were offered to them. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medication administration records (MAR) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and had been assessed as competent to administer medicines. Medicines competencies were updated twice a year to check staff knowledge and understanding. Regular audits were carried out on medicines and MAR charts.

Risk assessments had been completed for the environment and safety checks were conducted regularly of

electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Staff told us they had received fire training which was confirmed by records. Staff were aware of the action to take in the event of a fire, and fire safety equipment was maintained appropriately. People had individualised evacuation plans in case of an emergency, which were kept by the front door so they could be easily accessible when needed.

Staff showed that they understood people's risks and we saw that people's individual health and wellbeing risks were assessed, monitored and reviewed regularly. At lunch time we observed one person being propped up in their chair using pillows and a cushion. This was to enable them to eat their meal in more comfort and at less risk of choking. We saw that people were supported in accordance with their risk management plans. For example, one person's risk assessment stated that staff 'to ensure slippers are fastened properly to avoid any trips.' We observed equipment, such as hoists and pressure relieving devices, being used safely and in accordance with people's risk management plans.

People and their families felt the home was clean and hygienic. One family member told us, "Hygiene is top notch; bedding is changed frequently, every other day." Staff followed a daily cleaning schedule and areas of the home were visibly clean.

Good

Is the service effective?

Our findings

People were happy with the service offered at Rowan House. One person told us, "Marvellous care." Another person said, "I am happy here but there is too much to eat." A family member told us, "The move to the home has gone very well, first class. The personal care has been the tops."

Staff followed the principles of the Mental capacity Act, 2005 (MCA) and its code of practice. 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Most people living at the home had full capacity to make day to day decisions. However, the care records for two people showed they were not able to make decisions about the care and support they received. Staff had discussed some decisions, including the provision of personal care, with family members and had then made decisions on behalf of people. However, these had not been documented to show why they were in the person's best interests. We brought this to the attention of the registered manager and manager, who agreed to enhance the recording of such decisions.

Staff were clear about the need to seek verbal consent from people before providing care or support and we heard them doing this throughout our inspection. For example, we observed a staff member explain the dessert options several times, this enabled people living with dementia to make an informed decision on which dessert they would like.

People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider was following the necessary requirements. No DoLS authorisations were in place, but an application had been made for ten people, which were being processed by the local authority.

Staff told us they had the training and skills they needed to meet people's needs. One staff member informed us they had recently completed dementia training with the local college. They told us, "You learn from it and it really helps as things change, we have a few people here with dementia and I learnt a lot, it was very good." The home promoted a dementia champion, we spoke to this member of staff who told us, "I completed a six week dementia course which I really enjoyed and now if people need help and advice they will come to me."

Training records showed staff had received a wide range of training relevant to their roles and responsibilities. Staff were up to date with all the provider's essential training, which was updated regularly. Staff knowledge was checked in their supervision. For example, safeguarding where staff are asked about their understanding of the policy and if there are any gaps in their knowledge.

New staff to Rowan House completed a comprehensive induction programme before they were permitted to work unsupervised and all new staff were now completing the new care certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care. One staff member told us, "I am completing the care certificate at the moment, and it is going alright I just have a few units left to do."

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out every three months and enabled them to discuss any training needs or concerns they had. Staff also had a yearly appraisal. Appraisals were a two way process, with staff required to fill out a form and bring it to the appraisal to talk about their development and training needs. A member of staff said, "Supervisions can be helpful, listen to our views and we are asked about any improvements we can make." Another staff member said, "Had an appraisal went through training needs."

People told us they liked the food and were able to make choices about what they had to eat. One person told us, "Staff listen to my food suggestions." The staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. For example, for one person their care plan stated 'they liked a glass of wine at lunch time' we observed this was arranged for them.

A family member told us, "The meals are good and [relative name] really enjoys them." People received varied and nutritious meals including a choice of fresh food and drinks. There was a choice of two hot meals at lunch time and a choice of two different puddings. Most people were able to eat independently, but when support was needed, such as to cut up food, this was provided appropriately. The lunch time experience was a calm, relaxed and social occasion. After the meal people talked about what a lovely meal it was. We heard one person say, "Dinner and pudding was beautiful."

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professional. A family member said, "The home are very quick to call the doctor in if anything is medically wrong." Staff knew which professionals were visiting each day and arranged appointments for people when required. A comment in a quality questionnaire completed by a health professional stated, "Always a pleasure to visit the home and residents. Staff always happy to help solve any problems as they occur."

Rooms were personalised and pictures on the door were individual to them for example, one person had a picture of a camera and snow drops which were personal to them. However, floor coverings were worn and needed replacing in the bathrooms. We spoke to the registered manager and the manager, who said they will look into our concerns.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. One person said, "The carers are very nice." Another person told us, "The staff are very nice." A family member said, "There is a really nice atmosphere." Another family member told us, "People are allowed to get up when they want." A third family member said, "It's always been friendly here." A health professional told us, "Staff always kind and welcoming."

Staff were well-attuned to people's needs. Staff referred to people by their preferred name, usually with a touch, and always with a smile. The atmosphere was friendly and relaxed, and it was clear that staff knew people well, and felt affectionate towards them. Staff told us they enjoyed working at the home. One staff member told us, "I enjoy working here everyone is really nice and we all get on well, it feels like a family."

Staff respected people's privacy and dignity. We observed care was offered discreetly in order to maintain personal dignity. People's privacy was protected by ensuring all aspects of personal care were provided in their own rooms. Staff knocked on doors and waited for a response before entering people's rooms. The manager carried out a dignity audit and checklist of the service every three months the last one was completed in January 2016. This showed that the manager was checking that staff were treating people with dignity and respect.

Staff told us they helped people by promoting their independence. One staff member told us, "I always tell people what we are doing, and if they can wash themselves we encourage them to do as much as they can themselves." A care plan for one person promoted independence by stating that the person liked to be independent with their personal care and staff to assist with back and feet and prompt with clothing where needed.

When people moved into the home, they (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received. One family member told us, "I am informed when changes happen and these are reflected in the care plan." Another family member said, "Staff try to match people up with the same ability. They move people around to find a friendly match. It has always been friendly here." Comments in care plans showed this process was on-going.

We observed a lot of genuinely caring behaviour in staff interactions with people, which demonstrated person-centred care in their familiarity with each person, and the ease of communication. For example one person dropped some letters on the floor and a passing staff member responded straight away and picked them up and asked, if they would like them on the person's table or into their handbag. The person decided that they should go into the handbag, and the staff member then placed them in their bag.

Confidential information, such as care records, was kept securely and only accessed by staff authorised to view it. When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard.

Requires Improvement

Is the service responsive?

Our findings

People received personalised care and people were able to make their own choices. One person told us, "I asked for a cup of tea after lunch, everyone is offered tea after lunch now." However, people also told us, "No activities, nothing to do." Another person said, "There is not much entertainment." A family member told us, "There is minimal activity in the home". Another family member said, "Activities are levelled to people's ability, they have been good."

Activities were planned daily in the afternoon seven days a week. These included reminiscence, sing-a-long, scrabble, make-over Thursday, Bingo, karaoke, and photo sharing. Also entertainers were booked to attend the home on a monthly basis. For example, one person wanted an organist to visit the home and play for the residents and passed on their contact details. The home got in contact with the organist and they visit the home once a month. However, on the first day of our inspection activities did not take place as planned. Staff told us this was due to one person receiving personal care. We spoke to the staff who agreed that it could sometimes be hard to manage in the afternoon as they were left with two members of staff between 14.00 – 16.00, until the next person come on shift at 16.00. This meant that if someone required personal care that activities might not take place. On the second day of our inspection activities did take place as planned and people were having a pamper session and having their nails painted and people seemed to enjoy this activity.

Records showed that activities were held most days and people had activity attendance records in their care plans which stated what activity took place and if the person enjoyed the activity. We spoke to the registered manager and manager about our concerns who had agreed to look at the possibility of an extra staff member between 14.00 – 16.00 to enhance people's wellbeing.

Care, treatment and support plans were personalised. Those seen were thorough and reflected people's needs and choices. An example of this was one person who use to be a nurse and liked to keep an eye on people in the home. The person was encouraged to help in the kitchen where they liked to do the washing up and hand out biscuits at tea time, as they thought they were still on the ward. We saw the person really enjoyed this role and gave them a sense of purpose.

Care plans provided information about how people wished to receive care and support. When people arrived at the home they were given choices and asked what time they usually like to get up, if they prefer a bath in the morning or evening and other likes and dislikes. Care plans contained people's life histories and were personalised with individual details about how people liked things to be done. For example, they included detailed instructions about how people liked to receive personal care and how they liked to dress. This meant people were involved and given choice about their care.

People were involved in their care planning and care plans were reviewed monthly by the manager or the person's keyworker. All the people living at the home had a keyworker. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. The manager told us, "I get the keyworker to sit with our residents and see if

they agree to their care plan and any changes made."

Residents meeting were held twice a year, and minutes from a meeting in the summer 2015 showed people were involved in choosing the furniture for the garden. We spoke to the manager and provider who informed us that the garden was discussed and a brochure was handed round so people could voice their opinion and choose what furniture they would like. This had then been brought for the home.

People knew how to complain or make comments about the service and the complaints procedure was prominently displayed. One family member told us, "I would talk to the owner or the manager if I needed to but we talk directly to the staff." This demonstrated that the visitor felt that staff would resolve the issues without the need to escalate the complaint any further. Records showed that complaints had been dealt with promptly and investigated in accordance with the home's policy. There had been no complaints received in the past year.

Good

Is the service well-led?

Our findings

There was an open and transparent culture within the home. Visitors were welcomed and there were good working relationships with health professionals. A health professional told us, "The owner listens to advice, and knows what they can and can't take into the home."

The owner who was also the registered manager had decided to leave a lot of the management systems and recording to the manager and as this was working well the manager was going to apply for registration to become the registered manager of the service. This will benefit some of the staff working at the home as they informed us, it can be confusing at times when both managers were present on the floor.

Staff told us they found the manager supportive and that the management team operated an open door policy. One staff member said "Can see manager any time." Another staff member said, "The manager is approachable and lovely" A third staff member said, "Feels very supportive, manager really easy to talk to, if I have a problem I can approach them."

Staff meetings were carried out twice a year. Minutes of these meetings showed these had been used to reinforce the values, vision and purpose of the service. The manager informed us the main principle of Rowan House was to promote independence, they told us, and "I'm always promoting independence in meetings and tell staff to let people do things for themselves and not for them to make it quicker." Staff told us they were able to bring ideas to meetings and that they would be listened to and supported. A staff member told us, "One staff member suggested that we have a walk in shower downstairs and this was arranged and put in place."

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. These included medicines, care plans, infection control, health and safety, COSHH, staff training, falls, accidents and incidents. Where changes were needed, action plans were developed and changes made. The manager told us, "I carry out regular audits so I know how the service is doing and make sure I walk around the home daily, so I am aware of what is happening in the service and where improvements are needed."

The home carried out quality surveys every three months with people using the service. Relatives and health professionals were sent surveys yearly. The responses showed people were happy with the care they were receiving at Rowan House. Comments included, 'I am happy with everything' and 'the food and the people who look after us couldn't be better' and 'I have no complaints at all.'

The home had links within the local community. One person was able to practice their faith and Holy Communion was provided for them once a month at the home. They also like to join in other church services held in the home which people could choose to get involved in if they wished to do so.

The manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The provider had appropriate policies in place for

all aspects of the service which were updated regularly. People benefited from staff who understood and were confident about using the whistleblowing procedure. Staff told us they were aware of whistleblowing policy one staff member said, "I would feel confident to use it."