HC-One Limited

The Rowans Care Home

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

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

The Rowans provides personal care and accommodation for up to 54 older people some of whom had dementia. On the day of our inspection there were 49 people living at the service.

We inspected on 12 September 2018 and the visit was unannounced. This meant the staff and the provider did not know we would be visiting.

At the last inspection in August and September 2016, the service was rated overall 'Good', with a 'Requires Improvement' rating in the Responsive domain. At this inspection, we found evidence to demonstrate and support the ongoing overall rating of 'Good'.

The registered manager for the service had recently left their employment and the registered manager of one of The Rowans sister homes was managing the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at The Rowans. Their relatives agreed with what they told us. The staff team had received training in the safeguarding of adults and were aware of their responsibilities for keeping people safe from avoidable harm and abuse.

The risks associated with people's care and support had been assessed and managed. People's care and support needs had been identified and plans of care had been developed. The staff team knew the needs of the people they were supporting well.

Appropriate checks had been carried out on new members of staff to make sure they were suitable to work at the service and relevant training had been provided. People did not feel there were always enough staff members on duty each day. This was recognised by the management team and actions were taken on the day of our visit to address this.

People were supported with their medicines in a safe way. Protocols were in place and followed with regards to medicines prescribed 'as and when required'.

There were arrangements in place to make sure action was taken and lessons learned when things went wrong to improve safety across the service.

People were provided with a clean and comfortable place to live and there were appropriate spaces to enable people to either spend time on their own, or with others. The staff team had received training on infection control and followed best practice guidance in preventing the spread of infection.

The staff team supported people to make decisions about their day to day care and support and always obtained people's consent to their care. They were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) ensuring people's human rights were protected.

People were provided with a balanced diet and were supported to maintain good health. They had access to relevant healthcare services such as doctors and community nurses and they received on-going healthcare support.

People told us the staff team were kind and caring and treated them with respect. Observations made during our visit confirmed this.

Staff members felt supported by the manager and management team and told us there was always someone available to talk with should they need guidance or support.

A formal complaints process was in place and people knew who to talk to if they had a concern of any kind. People were confident that any concerns they had would be taken seriously and acted upon.

The manager was in the process of exploring people's wishes and preferences at end of life and this was being included in people's plans of care.

Relatives and friends were encouraged to visit the service. They told us the staff team always made them welcome and they could visit at any time.

People's views of the service were sought. This was through formal meetings, surveys and informal chats.

There were systems in place to monitor the quality and safety of the service being provided and a business continuity plan was available to be used in the event of an emergency or untoward event.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains safe.

Is the service effective?

Good

The service was effective.

People's care and support needs had been assessed and the staff team had the skills, knowledge and support they needed to be able to meet those needs.

People's care and support needs were met by the adaptation, design and decoration of the premises.

People were assisted to maintain a balanced diet and were supported with kindness and patience at mealtimes.

Decision specific capacity assessments had been carried out when required and the staff team understood the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service remains well led.

The Rowans Care Home

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 12 September 2018. Our visit was unannounced. The inspection was carried out by two inspectors 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. Their area of expertise was people with dementia.

Before the inspection we reviewed information we held about the service such as notifications, these are events which happened in the service that the provider is required to tell us about.

We contacted the health and social care commissioners who monitor the care and support of people receiving care at The Rowans to obtain their views of the care provided. We also contacted Healthwatch Leicestershire, the local consumer champion for people using adult social care services to see if they had any feedback. We used this information to inform our judgement of the service.

At the time of our inspection there were 49 people living at the service. We were able to speak with five people living there and five relatives of people living there. We also spoke with the area director, the manager, the deputy manager, five support workers, the administrator, the cook and the activities coordinator. A visiting healthcare professional was also spoken with during our visit.

We observed support being provided in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included five people's plans of care. We also looked at associated documents including risk assessments. We looked at records of meetings, recruitment checks carried out for three support workers and the quality assurance

audits the management team had completed.

Good

Is the service safe?

Our findings

People continued to feel safe living at The Rowans. This was because they felt safe with the staff team who supported them. One person told us, "I do feel safe. I like it here better than anywhere else, well the number of people. There are so many people here you are bound to feel safe with them. The people are friendly, the girls are friendly and they look after you." Another explained, "Yes, I've enjoyed being here, I am well looked after. I feel safe yes."

The management team were aware of their responsibilities for keeping people safe and knew to alert the local safeguarding authority and the Care Quality Commission (CQC) if incidents of alleged abuse or avoidable harm were brought to their attention.

There was a safeguarding protocol for the staff team to follow and they were aware of their responsibilities for keeping people safe. They had received training in the safeguarding of adults and knew the process to follow if they were concerned for anyone. This included reporting their concerns to a member of the management team. One explained, "I would report anything straight away, she [manager] would pick it up and deal with it." Another told us, "I would report it straight away and if it wasn't taken seriously, I would report it to someone else."

Risks associated with people's care and support had been assessed when they had first moved into the service. Risks assessed included those associated with the moving and handling of people, people's nutrition and hydration, the risk of choking and the risk of falls. When bed rails were used to prevent a person falling out of bed, a risk assessment had been completed to ensure they could be used safely. The risks to people were reviewed on a monthly basis to make sure existing and potential new risks were identified and monitored.

Regular safety checks had been carried out on the environment and the equipment used for people's care and support. Checks had been carried out on the hot water at the service to ensure it was delivered at a safe temperature and fire safety checks and fire drills had been carried out. Personal emergency evacuation plans (PEEPS) were in place showing how each individual must be assisted in the event of an emergency.

Appropriate recruitment processes had been followed when new members of staff had been employed. References had been collected, identity had been confirmed and a check with the Disclosure and Barring Service (DBS) had been carried out. A DBS check provides information as to whether someone was suitable to work at this service.

People felt there were not always sufficient numbers of staff deployed during the day to fully meet peoples care and support needs. This had already been identified by the manager and area director and they were in the process of deploying a further member of staff to work during the morning and afternoon shifts. One person told us, "No, there's not at the moment [enough staff], If there were more staff it would be better." Another stated, "Yes, there always seems to be [enough staff]. Not so much at the weekend, but I think that's general."

The manager confirmed the increase in staffing numbers following our visit and an updated staff rota was provided to demonstrate this.

People were safely supported to receive their prescribed medicines. During our visit we saw the staff member allocated to administer medicines, did so consistently and methodically. Medicine administration records were clearly maintained. Good practice standards were adhered to and records were made at the time indicating that medicines had been administered. Some people were prescribed medicines to be taken as and when required such as pain relief. For these medicines, specific protocols were in place giving clear instructions regarding when and why the medicines were to be given. The medication trolleys were stored in a locked room and the temperature of the room, fridge's and storage facilities were monitored. When we asked people if they received their medicines on time, they told us they did. One person told us, "Yes, when they give them to me they have enough to do than to stand over me, so I take it straight away. I have them in the morning and after lunch. Another explained, "Yes, I'm not on many. We get them with breakfast. Some get it in the afternoon and teatime."

The staff team had received training on infection control and followed best practice guidance in preventing the spread of infection. We saw personal protective equipment such as gloves and aprons were readily available and these were used by the staff team throughout our visit. We saw one instance when a person had experienced an accident and in addition to one staff member sensitively and compassionately supporting the person, another staff member used appropriate equipment to ensure that any risk of infection was addressed.

The service had a five star food hygiene rating from the local authority. Five is the highest rating awarded by the Food Standards Agency (FSA). This showed the service demonstrated good food hygiene standards.

The service was clean and tidy though we did note an odour during our visit. We discussed this with the manager. They acknowledged this and told us they had already taken steps to address this. The providers hospitality specialist had been arranged to visit in October 2018 to carry out workshops with the housekeeping staff and further cleaning equipment had been purchased.

The staff team understood their responsibilities for raising concerns around safety and reporting any issues to the management team. Evidence was seen of lessons being learned when things went wrong. This included improving communication with visiting healthcare professionals to ensure people received the care and support they needed. A healthcare professional explained, "A few things have been put in place recently [to improve communication] and there is a system now whereby we write our notes in the office."

Good

Is the service effective?

Our findings

At our last inspection in August and September 2016 we found whilst people received support with their nutritional and hydration, staff did not always complete the necessary records and people's dining experiences varied depending on where they took their meals. We also noted people who lived with dementia or similar conditions did not have access to spaces that met their needs.

At this inspection we found improvements had been made.

We observed mealtimes on both floors of the service. We found people were provided with a positive experience. The mealtime was a busy event but staff took their time and did not rush anyone. People were presented with plates of two different meals and staff supported people to make a choice. People were able to take time making a selection and staff patiently repeated what was on offer so that people could make a meaningful choice. When the meals arrived staff members assisted to cut food up into manageable pieces. Some people were supported by staff to eat their meal and this was managed on a one to one basis affording people the opportunity to eat at their own pace. People had cutlery and drinking cups that met their needs and drinks provided at the meal time were from a selection of four different options. It was clear that this was usual practice as staff and people knew what they wanted in a number of cases before staff offered the range of choices. One person told us "The food? It's nice, I'm fussy so if there's something you don't like they will give you something else."

Some people were at risk of not eating or drinking enough to keep healthy and in these instances staff monitored what people were consuming. The chef was aware of the dietary needs of everyone at the service and had information in respect of people's particular needs.

People's needs were met by the adaptation, design and decoration of the premises. A number of improvements had been made to the environment and people's experiences had been enhanced by the improvements made. Dementia friendly lounges and breakout areas had been developed. New furniture and soft furnishings had been purchased making them comfortable and attractive places for people to use. Some of the furnishings at the service were styled on an earlier era rather than just contemporary and were visually attractive as well as functional. Corridors were colour coded and people had their names on their doors to assist with them finding their way around.

People's individual and diverse needs had been assessed prior to them moving into the service. This was to ensure their needs could be met by the staff team. The staff team knew the needs of the people they were supporting. A relative told us, "They know [person] very well and what [person] needs help with."

People were supported by staff who demonstrated they were skilled and confident when providing care. Staff had good access to on line training and a number of staff had achieved NVQ levels 2 and 3 in care. Whilst a number of training topics were delivered on-line there were others that were covered through practical training sessions. Staff told us they found access to training easy and told us they welcomed such opportunities. Training provided included the safeguarding of adults, dementia awareness, health and

safety and equality and diversity. This meant the staff team could support the people using the service safely and effectively. One support worker explained, "I have had face to face training on choking and manual handling and other training on the computer."

The staff team had been supported through supervision and appraisal. The manager was in the process of arranging the next round of supervision sessions. This would enable them to meet with the staff team on an individual basis to discuss their performance and identify any further support they needed. The staff team told us the manager was approachable and they could speak with her at any time. The manager was readily available throughout our visit to offer support and guidance to the staff team. One staff member told us, "The manager is definitely approachable."

People had access to healthcare services and received on-going healthcare support. Healthcare professionals had been contacted when concerns for people's welfare had been identified. We saw staff made contact with the district nursing team about one person who needed support with wound dressing. The staff member delivered a clear account of why they were concerned and then in turn followed the verbal directions from the nursing team to keep the person well until the district nurse visited. They explained, "They contact us, they are all very helpful and the manager is approachable." The staff team worked together within the service and with external agencies to provide effective care. This included providing key information to medical staff when people were transferred into hospital so their needs could continue to be met.

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. The manager and staff team understood their roles in ensuring people's capacity to make decisions was assessed and staff ensured they received people's consent before delivering care. 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). The manager was working within the principles of the MCA. The staff team had received training in the MCA and DoLS and they understood their responsibilities within this.

People were encouraged and supported to make decisions about their care and support on a daily basis. During our visit we saw people choosing what to eat and drink, whether to join people socially in one of the lounges, whether to have their nails painted or attend the musical activity provided.

Good

Is the service caring?

Our findings

People using the service and their relatives continued to experience positive caring relationships with the staff team. They told us staff members were caring and supportive towards them. One person told us, "Yes they are good. They are really nice girls." Another explained, "Oh yes, well if you have been ill they look after you and also, if there is special food you want they will get it for you." A relative told us, "Fabulous every single one of them [members of staff]."

The staff team had the information they needed to provide individualised care and support. They had received training in equality and diversity and respected people's wishes in accordance with the protected characteristics of the Equality Act. They were knowledgeable with regards to the people they were supporting. They knew people's preferred routines and the people who were important to them. They knew their likes and dislikes and personal preferences. This included the names people preferred to be called.

Staff had a good understanding of people's needs and they were seen supporting people in a kindly and relaxed manner. We observed support being provided throughout our visit. We saw the staff team reassuring people when they were feeling anxious and when a little comfort was needed, this was given in a respectful way. We saw on the first floor several people sat together in an internal 'corridor space' listening to music of their choice from a CD which was being played on a replica juke box. Some of the people were joining in and singing along. It was clear the staff who were just passing through this area knew the people well and referred to songs that were playing with comments such as 'I know this is one of your favourites' and other similar comments.

The staff team respected people's privacy and they gave us examples of how they ensured people's privacy and dignity was respected on a daily basis. One staff member told us, "I always close the door and put a dignity towel over them when I'm washing them [people using the service]. I never make them feel uncomfortable." Another explained, "I close the door and the curtains, I always ask before doing anything and make sure they are comfortable with me doing it."

There were affectionate exchanges between staff and the people using the service which were initiated by the person. The staff team responded in a likewise manner, with kindly hugs and handholding to help soothe people who were distressed for whatever reason. When people became upset or annoyed, staff treated their expressed emotions with tact and kindness acknowledging to the person that it was okay for them to let staff know how they felt.

Some people used gestures and body language to convey what they were feeling or wanted and the staff team were observant to these and knew people well enough to know what they wanted. People who were in discomfort were promptly supported by staff. One person who had become very confused and as result was distressed, was promptly supported and comforted by staff and helped back to their own bedroom.

Information on advocacy services was made available for people who were unable to make decisions regarding their care and support, either by themselves or with the help of a family member. This meant

people had access to someone who could support them and speak up on their behalf if they needed it.

A confidentiality policy was in place and the staff team understood their responsibilities for keeping people's personal information confidential. People's personal information was stored and held in line with the provider's policy.

Relatives and friends were encouraged to visit and they told us they could visit at any time. One relative told us, "Oh yes, I come anytime I want, there's no restrictions. Not in the middle of the night. During the day there are no restrictions. "

Good

Is the service responsive?

Our findings

People were involved in the planning of their care with the support of their relatives. A relative explained, "We were involved."

Plans of care had been developed for each person utilising information that was known to the staff team and from information supplied by the person or their relatives at the time of admission. Plans of care were comprehensive and covered all aspects of each person's care and support needs. Care plans alongside risk assessments were regularly reviewed and the frequency of reviews increased when people were unwell or experiencing changes to their daily lives and well-being.

People were supported to follow their interests and take part in activities. The service employed two activity coordinators and they provided people with opportunities to engage in activities on a group or one to one basis seven days a week. A number of group activities had been arranged for September. These included, Sing a longs, Zumba classes and a cowboy and western party. Regular church services had also been organised. On the day of our visit, people were offered nail care sessions in the morning and enjoyed a visiting accordion player in the afternoon. A relative told us, "[Person] loves the Zumba. [Person] usually comes down when they have the entertainment on. "

Not all of the activities were suited to the people on the first floor and individual activities which were put on instead of a group activity, whilst of benefit to the person receiving the support, meant the other people had no activity to occupy their time. The staff team told us of plans they had to increase the range of activities on offer and were very keen to introduce and establish activities of interest to people experiencing memory loss and for those people living with dementia. There were tactile items available which people found comforting at times, and an activities area where people could look at hats and other items to reminisce with were also very popular.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated. Information was available in large print and for one person who had difficulty turning on their radio, an electronic device was sourced to assist them to carry out this task independently.

A formal complaints process was in place and people we spoke with knew who to talk to if they were unhappy about anything. One of the people using the service told us, "I suppose you write it down saying who it's to and who it's from and give it to the manager. I haven't had to complain though." Another explained, "I would do it politely if I had too. If I was not happy I would speak to one of the staff and they would pass it on." When complaints had been received, these had been responded to, investigated and

acted upon.

Peoples preferences and choices at end of life had been explored in some of the plans of care checked. The manager told us this would be further explored with those yet to be asked and their wishes included within their documentation. An end of life policy was in place for the staff team to follow. For people not wanting to be resuscitated, Do Not Attempt Resuscitation forms were in place within their records informing the staff team of their wishes. We did note that not all were the original document as recommended. The manager made contact with the GP the day following our visit to address this.

Good

Is the service well-led?

Our findings

The registered manager at one of The Rowans sister homes was managing the service and it was their intention to apply to be the registered manager at The Rowans. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People spoke positively about the manager and management team. One person told us, "Oh yes you can talk to her [manager]. She will have a conversation with you." Another explained, "The way she [manager] is, I've seen her with the others, if you want something she will help you."

The staff team commented favourably regarding the manager and told us they found her to be approachable, respectful and very helpful. Team work was valued by all staff spoken with, they were happy in their work and demonstrated that they were keen and motivated to deliver good quality care and support. One staff member explained, "I feel supported, we work as a team." Another told us, "The manager is definitely approachable and she will be good for the home, she cares for the residents."

There were procedures in place, which enabled and supported the staff team to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equalities, diversity and human rights. The supervision process and training programme in place ensured the staff team received the level of support they needed and kept their knowledge and skills up to date.

Staff members were given the opportunity to share their thoughts on the service and be involved in how the service was run. This was through formal staff meetings, supervisions, daily handovers and day to day conversations with the management team. One staff member told us, "We have staff meetings, they are the friendliest people I have worked with." Another stated, "We have staff meetings and we can speak out without a doubt."

People and their relatives had been given the opportunity to share their thoughts on the service being provided. This was through regular meetings, weekly surgeries where people could book an appointment with the manager and informal chats. One person explained, "I go to the resident's meetings about once a month. I go with my friend." Another told us, "They hold meetings you can attend. Activities, fete things, care planning meetings. There is a board up for resident's meetings but I don't go to them."

The manager and the management team had comprehensive systems in place to monitor the quality and safety of the service. They were checking the service on a daily, weekly and monthly basis. A daily walk around was carried out and flash meetings (daily meetings of senior staff from across the whole service) took place. Areas of discussion included, the people using the service, the staff team and any health and safety issues. These meetings enabled the manager to monitor the service being provided and where required, make the necessary improvements to ensure people received a consistent service. Regular audits

on the paperwork held had also been carried out. These included looking at the medicines held and corresponding records, people's plans of care and records of pressure ulcers, weights and falls. Records showed where issues had been identified, the appropriate action had been taken.

Results from reviews and audits were used not only to drive up improvements but to provide feedback to the staff team on what was going well. Staff members spoke positively about feeling they were involved in and listened to with contributions and ideas welcomed about how to improve care and support for people.

The manager and management team worked in partnership with commissioners, the local authority safeguarding team and other healthcare professionals to ensure people received care that was consistent with their assessed needs.

The service was focussed on the people using it with clear recognition given to the fact that it was their home. Information about events and activities was available and presented in a format that was respectful and fully accessible. This information was not only on notice boards but available in printed form for people to take their own copy and to read and review at their leisure.

The manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

The manager was aware of their responsibility to have on display the rating from their last inspection. We saw the rating was clearly on display on the provider's website and within the service. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments.