

M & C Care Limited

Rowan House Residential Home

Inspection report

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Saltash
Cornwall
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Tel: 01752843843

Date of inspection visit:
17 November 2016

Date of publication:
10 January 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 14 and 15 July 2016.

Breaches of legal requirements were found and enforcement action was taken. This was because the provider did not ensure that risks relating to people's nutrition, skin care, medicines, the environment and the recruitment of staff, were effectively managed. We also asked the provider to make improvements to staff training and to how the quality of the service was monitored.

After the comprehensive inspection the provider submitted an action plan to tell us what they would do to meet the legal requirements in relation to the breaches.

We undertook this focused inspection on 17 November 2016 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rowan House Residential Home on our website at www.cqc.org.uk

The service had a manager who was in the process of applying to be registered with the Commission. 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's medicines were managed and monitored effectively to help ensure they received them safely. Systems were in place to help ensure effective communication regarding medicines within the staff team, and monitoring checks by the manager and provider helped to highlight when action or improvements were required.

People's care plans had risk assessments in place to provide guidance and direction to staff about how to minimise risks associated with their care. Risk's relating to people's nutrition were effectively managed to help ensure their needs were being met and to enable prompt action to be taken, when necessary.

People's environment was assessed and monitored to help ensure it was safe. Fire testing was carried out in line with the provider's policy and the manager took time to walk around the service each day, to carry out visual checks of fire exits and equipment.

People were protected by the provider's recruitment practices to help ensure staff employed were safe to work with vulnerable people. Risk assessments, when required, were in place relating to staffs' Disclosure and Barring Service (DBS) checks. Staff employment history was recorded and references from previous

employers were sought.

The manager and provider had worked hard to improve the quality of the service. There was a culture within the service of openness and transparency, and a willingness to learn from mistakes. There were systems and processes in place to help monitor the quality of care people received and the registered provider visited the service weekly to monitor quality and engage with staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to help mitigate risks associated with people's care.

People's medicines were managed and monitored effectively to help ensure they received them safely.

People were protected by the provider's recruitment practices to help ensure staff employed were safe to work with vulnerable people.

People's environment was assessed and monitored to help ensure it was safe.

People's care plans had risk assessments in place to provide guidance and direction to staff about how to minimise risks associated with their care.

Risks relating to people's nutrition were effectively managed to help ensure their needs were being met.

We could not improve the rating for Safe from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service effective?

We found that action had been taken to improve people's nutrition.

People were supported and encouraged to eat and drink enough. Records demonstrated people's nutrition was effectively monitored to help ensure referrals to external health professionals were made promptly.

We could not improve the rating for Effective from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

We found that action had been taken to improve the day to day management of the service.

There were systems and processes in place to help monitor the quality of care people received.

The registered provider visited the service weekly to monitor quality and engage with staff.

We could not improve the rating for Well Led from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Rowan House Residential Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Rowan House Care Home on 17 November 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 14 and 15 July 2016 had been made. The team inspected the service against three of the five questions we ask about services: is the service safe, effective and well-led. This is because the service was not meeting some legal requirements."

Before our inspection we reviewed the information we held about the service and spoke with the local authority. We reviewed notifications of incidents the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law.

During our inspection of the care home we spoke with three people who used the service. We observed people's care and support in the lounge and we observed how people spent their day. We spoke with two members of care staff, one duty manager, the manager, and the provider.

We looked at three records which related to people's individual care needs. We also looked at records that related to people's medicines as well as documentation relating to the management of the service. These included four staff recruitment files, accident and incident reports, training records, fire testing records and quality monitoring checks.

After our inspection we contacted a GP and Healthwatch Cornwall for their views about the service. We also left our contact details and asked the manager and provider to encourage staff who had not been able to be part in the inspection to speak with us. Comments cards were also available for people to complete and send confidently.

Is the service safe?

Our findings

At our last inspection on 14 and 15 July 2016 we asked the provider to make improvements to how people's medicines were managed to help ensure they received them safely; and to how they monitored risks relating to people's nutrition and skin care. Improvements were also required in respect of recruitment practices and to how risks relating to the environment were assessed.

After the comprehensive inspection the provider submitted an action plan to tell us what they would do to meet the legal requirements in relation to the breaches. During this inspection we looked to see if improvements had been made and found that action had been taken.

People's medicines were managed and monitored effectively to help ensure they received them safely. People's medicines were safely stored and administered in a safe way. Medicines were dated when opened to ensure they retained their effectiveness and a new monitoring system helped to make sure staff were being vigilant in dating medicines, when necessary.

People's medicines administration records (MARs) were completed accurately to ensure there was an accurate account of what medicines people had received. MARs were being checked on a weekly and monthly basis by the manager and provider. This helped ensure staff were completing them to a high standard.

Changes to people's medicines were effectively communicated within the staff team to help ensure people received their medicines promptly and in line with professional advice. People who chose to administer their own medicines had risk assessments in place to help mitigate associated risks and to keep them safe.

There was a medicine audit which helped highlight quickly when improvements were required; actions plans were then created and implemented. For example, a recent audit had highlighted the medicine policy required updating and that there had been a medicine discrepancy; as a result, pro-active action had been taken to update the policy and the discrepancy had been investigated. This meant a similar incident was less likely to happen in the future.

People were protected by the provider's recruitment practices to help ensure staff employed, were safe to work with vulnerable people.

The manager followed the provider's recruitment policy. References were obtained from an employee's previous employer, and gaps in employment history had been discussed with applicants and application forms were fully complete.

Disclosure and barring service checks (DBS) were carried out to ensure people employed were safe to work with vulnerable people; and when a DBS detailed a conviction, a risk assessment had been carried out to assure the manager and provider that the person was still suitable to work at the service.

People's environment was assessed and monitored to ensure it was safe. Fire checks were being carried out weekly and the laundry door now had a lock fitted to help ensure people were kept safe. The manager carried out daily, weekly and monthly checks of the environment as part of the overall quality monitoring of the service.

People's care plans had risk assessments in place to provide guidance and direction to staff about how to minimise risks associated with their care. People's nutrition was monitored when required, and when a concern about a person's weight had been identified action was taken, such as contacting a GP. People had specific nutritional care plans to help provide guidance and direction to staff about how to meet their needs.

People's weights were monitored when necessary, and responsive action was taken to seek advice from external health professionals when concerns were identified.

People's skin integrity was safely monitored to help ensure skin damage was prevented. People had care plans and risk assessment in place. Re-positioning charts were also completed, when necessary to help ensure people were being regularly moved in line with external health professional advice. One member of staff spoke passionately about the accurate completion of documentation and of the importance of good communication amongst the staff team.

Is the service effective?

Our findings

At our last inspection on 14 and 15 July 2016, we asked the provider to make improvements to how people's nutrition was monitored. After the comprehensive inspection the provider submitted an action plan to tell us what they would do to meet the legal requirements in relation to the breaches. During this inspection we looked to see if improvements had been made and found that action had been taken.

People's nutrition was monitored when required to help ensure they ate and drank enough to maintain their health. When people were at risk of malnutrition, food and fluid charts were in place to help closely monitor what they were eating and drinking. These charts were completed by staff, and checked by managers to help ensure their accuracy, and to determine whether any prompt action was required. People's nutritional care plans were also updated when required, ensuring they were reflective of people's needs. People's care records regarding their nutrition were organised and enabled a clear audit trail of decisions and actions taken.

Is the service well-led?

Our findings

At our last inspection on 14 and 15 July 2016 we asked the provider to make improvements to how the quality of the service was monitored. During this inspection we looked to see if improvements had been made and found that action had been taken.

The manager and provider had worked hard to improve the quality of the service and were passionate about "getting it right". New quality monitoring systems helped to identify quickly when improvements were required. Audits in respect of medicines, people's personal monies and care planning had been introduced. Daily and weekly management checks had also been implemented to ensure the effective day to day running of the service, such as making sure documentation was being completed to a high standard.

The manager told us she felt supported by the provider and explained that there were now "Lots of checks in place" to help ensure people received a quality service.

After our inspection we received feedback from relatives. They explained that whilst they recognised changes had been needed, there had been a high staff turnover and that people living at the service had not always been appropriately informed or consulted about changes. They also expressed that too much time was now seen to be spent on the completion of documentation, and that spending quality time with people was not always seen as a priority. We spoke with the provider about this who expressed, that whilst he was sensitive to how people felt, changes to staffing and to the day to day operation of the service had been paramount in changing the culture of the service. The provider told us, during such time they had arranged some meetings, but plans were now in place to hold monthly "residents and relatives meeting" enabling people's views and opinions to be gathered and listened to more effectively.

The provider visited the service on a weekly basis but the manager and staff confirmed visits were sometimes more frequent. The provider carried out quality checks when they visited, such as speaking with people and staff, observations of the environment, checks on people's personal monies and also met with the manager.

There was a culture within the service of openness and transparency, and a willingness to learn from mistakes. Staff told us they had seen an improvement to the way in which the service was managed.