

Mrs Marina Stack

Rowallan House

Inspection report

17 Little Heath
Chadwell Heath
Essex
RM6 4XX

Tel: 020 8597 4175

Website: www.rowallanhouse.com

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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

This unannounced inspection took place on 15 July 2015. At our previous inspection on 18 September 2013 we judged the provider was not meeting required standards relating to care and welfare of people and was not sending us notifications of events that affect the service, as required. We went back to check this on 26 February 2014 and found that the provider met the required standards in care and welfare of people, and sending notifications.

Rowallan House is registered to provide accommodation for persons who require nursing or personal care for 41 older people some of whom have dementia. At the time of the inspection there were 33 people using the service.

The service had a registered manager. 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.

Summary of findings

We found people were mostly safe living in Rowallan House. Staff were checked before starting work at the service and had access to a range of training programmes including the Mental Capacity Act 2005 (MCA). The MCA is a law designed to protect and empower people who may lack the mental capacity to make their own decisions about their care.

People's medicines were not always appropriately managed. Staff wrote "not required" instead of "refused", in medicine administration record sheets (MARS), to indicate three people were not taking their medicines. There was also no evidence to show that the registered manager had taken any measures to address the issues associated with refusal of the medicines.

Staff received support, supervision and annual appraisals. They had opportunities to talk to the registered manager and the deputy manager. There was good team work at the service and staff attended team meetings. This showed there was transparency and good communication amongst staff.

Staff promoted independence and people told us the support they received was good and met their needs. Relatives were all positive about the quality of care and support. People and their relatives knew how to make complaints and there was a system in place for recording and investigating people's concerns.

The care plans were detailed and unique to each person's needs. This showed that the care and support provided was personalised.

A clear management structure was in place with staff knowing their roles. The registered manager monitored the safety and quality of the service and ensured improvements were made when necessary.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and you can see what action we told the provider to take at the back of the full version of the report.

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?

The service was mostly safe. People told us they were safe at the service and we noted that risks associated with people's needs were assessed and measures put in place to ensure people were supported safely. Staff were appropriately checked before starting work at the service.

Medicines were not always administered and recorded appropriately. This was a risk to people's health and safety.

Requires improvement



Is the service effective?

The service was effective. Staff had received the Mental Capacity Act 2005 training, and were aware of ensuring the rights of people were protected through use of the Deprivation of Liberty Safeguards.

Appropriate support, supervision and appraisals were available for staff to enable them to effectively carry out their roles.

People and relatives told us the food was good and they had access to healthcare.

Good



Is the service caring?

The service was caring. Staff were kind, sensitive and thoughtful. They promoted people's independence and ensured people's respect and privacy.

There was a positive relationship between people and staff and we observed that people were relaxed and comfortable when interacting with staff.

Good



Is the service responsive?

The service was responsive. There were personalised activities, which people were supported and encouraged to participate in.

Information about how to complain was available to people and relatives and they knew how to make complaints if they were not happy about the service. There were systems in place for recording and investigating complaints.

Good



Is the service well-led?

The service was well-led. The registered manager and the provider's representative regularly checked the quality of the service and made improvements when necessary.

A clear management structure was put in place and staff were aware of their roles. This ensured the service was smoothly run and people's needs were met.

Good



Rowallan 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 15 July 2015 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. The expert-by-experience had expertise in older people care and dementia.

Before our inspection we received information from a local authority commissioner about the service. We also

reviewed all of the information we held, including feedback from people who use the service and their relatives, and notifications of events affecting the service that the provider must send us.

During the inspection we spoke with 10 people, five relatives, two visitors, four care staff, an activities' co-ordinator, a chef, a hairdresser, a duty manager, a deputy manager, the registered manager and the provider's representative.

We reviewed six people's personal care and support records and looked at six staff records. We observed care and support being provided in communal areas and in people's bedrooms with their permission, and reviewed records relating to the management of the service such as records of checks and audits, staff training and supervision records, and safeguarding records. We looked around the service premises and checked equipment used.

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Rowallan House. One person told us, "I am absolutely safe. There is no shouting by staff and I've never lost anything." Another person said, "I've always been safe and I've never seen any abuse here. The staff are never rude." A relative told us, "I've never felt [the person using the service] has been abused. I am very confident otherwise I would have moved [the person from the home]."

We checked how the service managed people's medicines and found that staff marked "0" (Not Required) instead of "R" (Refused) on people's medicine administration record sheets (MARS) for three people who refused one of their medicines. This was misleading because the prescription stated that the medicines were to be taken one tablet per day and did not say it was to be taken when required. The registered manager said that the tablets were "laxative" and not taking them did not pose a risk to people's safety. However, there was no evidence to show that the registered manager had sought advice from health professionals to review the medicines or check the health impact of not taking the tablets. This meant people's medicines were not appropriately managed.

This demonstrated a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the action we have asked the provider to take can be found at the back of this report.

People told us staff administered their medicines. One person said, "[Staff] give me my medicines in the mornings and at nights." The registered manager told us that staff who administered medicines had received training in the administration of medicines. This was confirmed by staff we spoke with. We checked 19 people's medicines and found that the medicines and MARS tallied and that staff had signed to confirm administration and non-administration of medicines. We also saw that the temperature of the rooms and fridges where medicines were kept were monitored and recorded. This showed that there were systems in place for safe administration and storage of medicines.

People told us there were enough staff. One person said there were always staff around. However, another person

said, "I think there are enough staff in the day but the home could do with extra staff at the weekend." We checked the staff rota and noted that there were five care staff working at the home between eight in the morning and eight at night. We also noted that four staff covered shifts from eight to 10 at night and three staff did waking night. During the day shifts domestic assistants, a laundry assistant, an activities' co-ordinator, the deputy manager and the registered manager were also present. We observed that staff were available when people needed them. The registered manager told us that they reviewed staff based on people's needs and they felt the current staffing level was enough.

Risks associated with people's support had been assessed and guidance was in place to ensure staff supported people safely. Each person's records contained different risk assessments that were reviewed regularly or when their needs changed. Risks of falls were monitored and measures such as the use of pressure alert mats and regular checks were put in place to reduce the risks.

The registered manager told us there were no people with pressure sores at the time of our inspection. We were informed that one person who remained most of the time in their room had a pressure relieving mattress and their risk assessment included turning every two hours. We noted that the monitoring chart for change of position for the person concerned had been completed by staff.

Suitable recruitment procedures were followed. We reviewed recruitment records and saw that each staff member completed an application form detailing their employment history in health and social care. Each staff file contained at least two written references that were verified by the provider, an enhanced criminal record check and proof of the staff member's identity and right to work in the United Kingdom.

There were plans in place for responding to emergencies. There was a fire evacuation plan and fire monitoring equipment was regularly checked and maintained. We saw evidence that the passenger lifts were serviced and the premises were clean, bright and tidy. This meant people lived in an environment where the premises and equipment were appropriately maintained.

Is the service effective?

Our findings

Staff sought consent from people, in line with the requirements of the Mental Capacity Act 2005 (MCA), before providing care and support. The MCA is a law designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. Staff and the registered manager were aware that people who were not able to make decisions about their care had and MCA so decisions made in their best interests could be recorded. This was evidenced in the records we saw. We also noted the service had obtained a Deprivation of Liberty Safeguards (DoLS) authorisation for one person. The DoLS are legal safeguards that ensure people's liberty was only restricted when absolutely necessary.

Staff had received training to provide care and support that people needed. Staff told us they received induction training before starting work at the service, and records showed this was detailed, clear and had taken place. Staff files also showed that staff had attended different training programmes including dementia care, diabetes, first aid, MCA, basic food hygiene, adult safeguarding, and health and safety at work. Staff confirmed attending these training programmes and were also able to explain their understanding of, for example, adult safeguarding. They told us they possible symptoms of abuse and the actions they would take to safeguard people if there was an incident of abuse. A member of staff told us that they had worked at the service for many years and had received various training. They said, "I have attended different training and refreshment courses." This showed people were supported by staff who had training opportunities and knew their roles.

Staff told us that they had regular supervision meetings. A member of staff said they had their latest supervision

meeting last week and it allowed them to discuss about their work and training needs. Staff told us they had a lot of support from senior staff and the registered manager. Records showed that staff had supervision meetings and annual appraisals. This showed staff were supported to carry out their job.

People and relatives told us that the staff arranged healthcare appointments for them. A person told us that staff arranged a hospital appointment for them which they would attend in a few days' time. A relative said, "[The person using the service] sees the chiropodist every month and the district nurse comes in once a week to dress [their] leg." Another relative said, "The home organises visits from the hairdresser, chiropodist and dentist." Staff files showed that people had access to healthcare and staff had made referrals for them when appropriate.

People had snacks, hot and cold drinks throughout the inspection. People told us staff gave them snacks and they could also request more if they wanted. They said the food provided at the home was good and they could choose what to eat. One person said, "They know I don't like chicken, so they don't give it to me. They do other things for me and generally I am happy with the food. They are very accommodating with the food." Another person told us that the food was good and said, "We only know what's on the menu on the day. I get enough liquids."

There were three weekly rotating menus. Each of the menus offered one option of main course and desserts at lunch time. The chef told us that there were always two options and people could request and have what they wanted. They said they asked people every morning what they preferred to eat for lunch and dinner and prepared for them. The registered manager told us they would review the rotating menus and would make the menu for each day available to people in the dining rooms.

Is the service caring?

Our findings

People and their relatives told us staff were caring and respectful. One person said, "The staff are very kind, sensitive and thoughtful. I choose to stay in my room and that's OK with them." Another person said, "[Staff] are always private with me. They treat me with absolute courtesy and dignity." Staff are extremely good. They are very attentive to people's needs." Two people sent us positive feedback about the service, and one commented, "Excellent care, individual needs catered for. Respectful staff, friendly and helpful." This showed people were satisfied with the service.

We observed that people were relaxed and comfortable when interacting and talking with staff. We saw staff exchanged jokes and laughed with people. We observed staff asking people if they were OK when they appeared distressed. For example, a member of staff called a person's name and asked if they were all right. They also put their hand on the person's shoulder's indicating that they were caring.

It was evident from conversations with staff that they were compassionate and caring. A member of staff told us that they worked at the home for many years and they considered the service "as a big family". Another member of staff told us that they enjoyed working at the home caring for people.

Staff were aware of people's likes, dislikes and life histories. They told us how they took one person to a restaurant so they could have their "preferred meal". We saw that care plans contained people's life histories and staff told us they had read these. Staff told us they found knowledge of people's life histories enabled them to provide care that reflected their needs.

Staff promoted people's independence. We saw staff were patient when providing care. For example, staff encouraged people to eat their meals independently and provided assistance only when needed. Staff told us that they gave people a choice of helping themselves with, for example, personal care so that they could maintain independence. However, one person told us a night member of staff was not always willing to assist people with toilet. We discussed this with the registered manager who reassured us that they would take appropriate action to address this issue.

People told us staff ensured their privacy. One person said, "When staff attend to me, they shut the door and draw curtains. They also knock [before they enter my bedroom]."

People's preferences about end of life care were appropriately managed. 'Do Not Attempt Resuscitation' forms were completed for some people with their or their representatives' involvement and these were appropriately recorded and noted in their files. We were informed that the deputy manager had received training to become a dementia champion with a view to raise people's awareness about dementia.

Is the service responsive?

Our findings

People and their relatives told us the service provided suitable and personalised care. One person said, "I get the care I need and want. I was not well yesterday and they just kept checking on me. They know what residents want. They are first class. I can't speak highly enough of them." A relative said, "I am more than happy with the way staff respond to [my relative's needs]."

Each person had a care plan which contained details of their support needs. The support plans were based on assessment of people's needs which meant that each person had a unique and personalised care plan to meet their needs.

We noted that staff reviewed care plans periodically and as people's needs changed. Staff and the registered manager told us that people and their representatives were involved or made aware of people's care plans. The service kept separate sheets of paper on which people and relatives signed and dated to confirm they were aware of and agreed to the care plans.

The service had recently employed a full-time activities co-ordinator. The activities co-ordinator had already developed activities based on people's interests. We were informed that there were group and individual activities which people could take part in. During the inspection we observed both group and individual activities and noted that people were enthusiastic and actively participating, for example, in the game of bingo and nail painting. We also observed that people were chatting while their hair was being done by the hair dresser.

Some people preferred watching television, reading newspapers or talking with each other instead of joining in group activities. One person said, "I cannot be bothered with the activities." Another person told us, "There is no pressure to join in with activities. There is a variety of

entertainment. Once a month there is a church service [which I join]." A relative told us that there were lots of activities but some people were happy not to participate and that was fine.

People and their relatives knew how to make a complaint. One person told us they could complain if they were not happy about the service but they "have never complained about anything". They told us, "I think they would try and sort it out [if there were concerns]." A relative told us that they "could talk to the manager or assistant manager" if they were not happy about the service. We saw that the service had a communication book in which staff recorded if complaints were received during their shifts. The registered manager confirmed that any complaints received were investigated promptly. This ensured that people's concerns were taken seriously and responded to by the service.

People told us they attended 'residents' meetings. One person said, "There was a residents' meeting yesterday. It happens every four to six weeks." Another person told us that the residents' meetings took place regularly but they did not want to attend them. A relative told us that they had attended a residents' meeting. We looked at the residents' meeting minutes dated 12 June 2015 and noted that people had the opportunity to discuss matters of common concern.

People and their relatives were asked to give feedback. A relative said the service asked them for suggestions. Another person told us they remembered completing a survey questionnaire. The registered manager told us that surveys had been given to people and their relatives but were yet to be collected. However, we looked at the survey questionnaires from the previous year and noted that people who responded were satisfied with most aspects of the service. We saw that the registered manager had developed an action plan for areas that needed improvement.

Is the service well-led?

Our findings

People, their relatives, and staff told us the registered manager and deputy manager were approachable and helpful. One person told us, "The manager and deputy are very nice, very approachable, kind and helpful." Another person said, "You only have to knock on her door and you can see her." A relative told us that the registered manager and deputy were available when they visited and were "willing to listen [to people]". A care worker told us, "I get a lot of support from management. The registered manager and deputy manager are approachable and I can talk to them."

Staff were clear about their roles and responsibilities in making sure that people received care and support that met their needs. For example, three care workers told us their role as key workers by explaining that they were responsible in making sure that people had toiletries, liaising with families, ensuring that people's bedrooms were clean and tidy, and making arrangements for people to attend healthcare appointments. A duty manager told us that they were responsible for leading a shift and completing a daily communication record, which was used as a handover record and passed onto the next shift.

A representative of the provider worked two days a week at the service. Their role was to provide support and supervision for the registered manager, and to look "after all issues relating to finance and maintenance of the service". The representative showed us documents they completed as part of their ongoing monitoring of the

quality of the service, for example, review of care plans and records of incidents. They told us that they produced a monthly report about their assessment of the quality of the service. The last provider's monthly report, which was available for inspection, was dated 23 June 2015. This showed that there was a system for regularly auditing various aspects of the service.

Staff meetings took place regularly. Staff and the registered manager told us that senior staff and care staff had separate meetings but senior staff also attended care staff meetings. Staff told us they attended the staff meetings, shared experiences and supported each other.

The registered manager ensured that accidents and incidents were recorded, action taken to reduce risks to people, and notifications sent to the Care Quality Commission. We noted systems were in place to monitor, maintain and record the safety of the facilities and equipment. People told us the premises were "always clean".

The service organised parties, barbecues and birthday celebrations. We saw pictures on the walls at the home showing how people and relatives enjoyed different parties. The service recently took part in "Care Home Open Day" which was well attended. People and relatives told us they enjoyed the Open Day.

The registered manager talked positively about the providers. She said the service could receive anything they asked and the providers were kind and supportive".

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 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use the service were not protected against the risks associated with unsafe management or administration of medicines because of inadequate recording and accounting of medicines. Regulation 12 (2) (g)