

M & C Care Limited

Rowan House Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rowan House Residential Home provides care and accommodation for up to 26 people who may be living with dementia. On the day of the inspection 25 people were living at the care home. Rowan House also provides a personal care service to people living in their own home. On the day of the inspection 30 people were supported by the agency with their personal care needs in their own home.

The residential service and the domiciliary service each had a manager in place. The residential service had a registered manager in place and the manager on the domiciliary service had applied to be registered. However, both the residential and domiciliary service remain under the same registration of Rowan House Residential Home.

Rowan House Domiciliary Care Agency

Risks were not always identified, assessed and recorded. One person had been exposed to potential financial risk. There were no checks, monitoring or audits of staff financial transactions done on behalf of a person.

One person had specific care needs. There was not sufficient guidance and direction for staff to safely manage all potential risks associated with their care and support.

Recruitment processes were not entirely robust. We have made a recommendation about this in the safe section of this report.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. There was misleading and contradictory capacity assessments seen in two care plans.

People and their relatives spoke positively about staff and told us they were happy with the service they received.

We were told staff were friendly, they were treated with kindness and compassion and their privacy and dignity was respected. Comments included, "They are very nice," "Marvelous," "Such a good agency" and "They are really good."

New staff had sufficient support during their induction before working alone with people.

There were sufficient staff employed to cover the visits required by people. Staff were provided with adequate travel time to enable them to carry out visits at the time of the person's choosing.

Environmental risks to visiting staff were assessed. Care plans were completed for each person and contained details of the person's needs and preferences. Care plans were reviewed regularly to help ensure they were up to date and relevant.

People told us they felt safe when being supported by staff. There were systems to help protect people from abuse and to investigate any allegations, incidents, or accidents.

There were audit processes in place at the time of this inspection. However, these audits had not identified the concerns found at this inspection.

People and staff were regularly asked for their views and experiences of the service.

The service had implemented some quality assurance systems to monitor the quality and safety of the service provided. Spot checks were carried out to monitor staff performance. Staff were well supported and asked for their views.

People were supported by staff who had been appropriately trained and were skilled in their role.

People received support to maintain good health and were supported to maintain a balanced diet where this was part of their care plan.

Staff understood the importance of respecting people's diverse needs and promoting independence. People were always asked for their consent prior to care being provided.

There were clear lines of responsibility which were known and understood by the staff team.

There was a manager who was in the process of registering with the CQC at the time of this inspection.

Rowan House Residential Home

People's experience of using this service and what we found

People told us they were happy with the care they received, and people said they felt safe living there. Comments from people included, "I am safe, and staff help me" and "I can talk to (named registered manager)." Another said, "They are familiar faces. I don't know all their names, but I do know their faces." While a relative said, "I'm happy with everything and I know (named relative) is safe here." Another relative said, "It's wonderful, like a family, very friendly and lots of fun."

People looked relaxed, happy, and comfortable with the staff supporting them. Staff were caring and spent time chatting with people as they moved around the service.

The environment was safe, and there was equipment available which protected people from harm and supported staff. Health and safety checks of the environment and equipment were in place.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. Medicines were ordered, stored, and disposed of safely. However, we did find a discrepancy in the number of medicines held and what was recorded. The registered manager actioned this immediately and put additional audits and monitoring in place.

People were protected from abuse and neglect. The service used a computerised care planning system.

People's care plans and risk assessments were clear. Records were accessible and up to date.

The management and staff knew people well and worked together to help ensure people received a good service.

People were supported by staff who completed an induction and received appropriate training and support to enable them to carry out their roles safely. This included fire safety and dementia care training. Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction, and an outside entertainer was in the service during our inspection. Staff knew how to keep people safe from harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's communication needs were identified, and where they wanted, people had end of life wishes explored and recorded.

Staff told us the registered manager was available, assisted them daily and moved into the service and helped cover shifts when some staff had been absent with COVID-19. They went on to say how the registered manager was approachable and listened when any concerns or ideas were raised. One staff member said, "Very friendly person" and another "Very approachable." One relative said, "Yes, I'm confident in the management, they always let me know how she is and are responsive."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 30 September 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. You can see what action we have asked the provider to take at the end of this full report.

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.

Enforcement and Recommendations

We have identified breaches in relation to the oversight of the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Rowan House Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and 2 Experts by Experience inspected this service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Rowan House Residential Home is a 'care home'. People in care homes receive accommodation and nursing care as a single package under one contractual agreement dependent on their registration with us. Rowan House Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Rowan House Residential Home also operates as a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations.

A registered manager was working at the residential home. The manager of the domiciliary agency was in the process of applying for registration.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used all this information to plan our inspection.

During the inspection

In the care home, we spoke to 8 people who used the service about their experience of the care provided. We also spoke with 4 relatives and 1 professional involved in the care home. We spoke to 11 people and 6 relatives of people receiving a care at home service. Overall, we spoke to 13 staff members, including the registered manager, manager of the care at home service, deputy manager and care workers.

We reviewed a range of records. This included 6 people's care records and 6 medicines records. We looked at 6 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Rowan House Domiciliary Care Agency

Assessing risk, safety monitoring and management

- We found that some risks had not been identified. One person's bank card and PIN were being used by staff to purchase shopping regularly. Staff stored all the receipts from such transactions in the person's house. However, there were no checks, monitoring or audits of these transactions. We asked the manager to raise a safeguarding concern regarding this issue. Immediate action was taken following this inspection to ensure this risk did not continue.
- Another person's care plan did not contain sufficient guidance and direction for staff to manage all the risks related to their physical care and social support. One care plan stated the person was at high risk of their skin breaking down, yet there was no specific risk assessment, guidance, or direction for staff on how to reduce these risks. Immediate action was taken during the inspection, including updating and putting in place risk assessments and guidance to support staff in protecting people.
- Care plans were reviewed regularly. This included a review of the risk assessments. However, the risks found at this inspection had not been identified, assessed, or monitored. The manager took immediate action to add the required risk assessments and specific care plans following the feedback from this inspection.

We found no evidence that people had come to harm because of our concerns however, the provider had failed to assess, monitor, and mitigate risks relating to the health, safety and welfare of service users. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks regarding the environment were identified, assessed, and monitored regularly. There were risk assessments associated with most people's care needs which provided staff with some guidance and direction needed to support people safely.
- People were positive about the care staff; they told us, "They are very nice," "Marvellous," "Such a good agency" and "They are really good."
- Staff were experienced and had a good knowledge of the people they supported.

Staffing and recruitment

- Recruitment processes were not always robust. One new staff file had not had a reference requested from their last care role. Another new staff file contained a reference from a previous employer that was not recorded on their application form and therefore, there were no dates of employment provided. Dates of

previous employment were not always checked against references received. The manager took action to address this concern during the inspection.

We recommend that the provider take advice and guidance from a reputable source regarding robust recruitment procedures and processes.

- There were sufficient numbers of staff employed to cover the requirements of the rotas and meet people's specific needs. Any sickness or leave of absence was covered by existing staff. No agency staff were used. Staff told us, "When carrying out visits with service users I always have plenty of time to carry out all tasks needed and more if the service users require it. I always have plenty of travel time between each client I see as well."
- People and relatives confirmed there were enough staff available to support them and meet their care needs. People told us that staff came at the arranged time and stayed for the agreed length of time. Comments included, "They are usually on time," "They arrive on time and stay the allocated amount of time," "Yes, when they are running late, they let me know."
- Rotas were produced by the service in advance to help ensure people had the assessed support when they needed it. People told us that they had access to an electronic app which kept them up to date with information on their visits.
- Staff were given time in-between calls to allow for travelling from one call to the next.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding processes in place, and the service had made appropriate referrals to the local authority where required.
- People told us they felt safe with the staff that supported them.
- Staff knew how to recognise abuse and protect people from it. Staff had received training in how to keep people safe.

Using medicines safely

- Staff used electronic Medicine Administration Records (MAR) when they administered prescribed medicines. One person's care plan was not sufficiently detailed for staff to be able to help ensure the risks associated with administering medicines were reduced. This was addressed following feedback at the inspection.
- The electronic MAR system was easily monitored by management to inform quality assurance. Some people self-administered their own medicines. Staff checked to ensure people had taken their medicines as prescribed.
- Staff received training on the administration and management of medicines.

Preventing and controlling infection

- People were protected from the risk of infection and cross contamination, including COVID-19. People told us that staff regularly wore personal protective equipment (PPE) appropriately when they delivered care to them.
- The service had an ample supply of PPE. Staff had received training in the safe use of PPE.
- Staff had received training in infection control.

Learning lessons when things go wrong

- There were policies and procedures in place to ensure that accidents and incidents were recorded, actioned, and analysed to help reduce any re-occurrence.

Systems and processes to safeguard people from the risk of abuse

- The service had effective systems in place to protect people from abuse.
- People told us they felt safe. Comments from people included, "Yes, I'm definitely well looked after and safe" and "Yes, I'm looked after well and feel safe as it's relaxed, and the people are calm". One relative said, "She is safe as it's secure, which is reassuring" and another said, "Yes, he's very well looked after."
- Staff received training and were able to tell us what safeguarding and whistleblowing was. Staff were able to describe the signs and types of abuse. Staff understood to report any concerns they had to the management team.
- The management team was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns. However, we did find one alert had not been reported in a timely manner to CQC though it had been referred to the local authority. The registered manager put additional auditing in place to ensure information would be shared with CQC appropriately.

Staffing and recruitment

- Staff rotas showed there were enough staff employed and on duty to meet people's assessed needs. Staff and relatives agreed that there was enough staff on duty to meet people's needs. One relative said, "Yes, when I visit there are" and one person said, "Most of the time, there are enough staff and they come to me if I want them."
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service before new staff started work. DBS checks provide information, including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were ordered, stored and disposed of safely and securely. Staff recorded medicines following administration. However, on the day of the inspection, we found that some medicines did not match with the amount held. The registered manager did a complete audit and found some medicines incorrectly recorded. After the inspection, the registered manager put additional audits and processes in place to solve this issue.
- People received their medicines in a safe way and as prescribed.
- People's medicine support needs had been assessed and recorded in care plans. Care plans included additional risks related to medicines. For example, highlighting allergies and reactions to certain medicines.
- There were no gaps in medicines administration records (MARs), and when people were prescribed 'as required' medicines, there were protocols in place detailing the circumstances in which these medicines should be used.
- Medicines were audited regularly, with action taken to make ongoing improvements.
- External creams and lotions to maintain people's skin integrity were applied during personal care.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe. One person said, "They're as good as gold here 24/7 – I have confidence in them" and a relative said; "Yes, mum is looked after very well – the girls are absolutely wonderful. I visit every day. She has a bed sensor, so they know if she's on the move".

- Risk assessments were detailed and up to date, which meant staff had guidance in how to manage people's care safely. They covered areas such as skin integrity, personal care, and people's health needs. Risk assessments for weight management and nutrition, and dependency levels had also been undertaken where needed.
- Where people experienced periods of distress or anxiety, staff knew how to respond effectively. Care plans documented information for staff on people's health needs, so they could respond quickly to prevent situations from escalating.
- Equipment and utilities were regularly checked to ensure they were safe..
- Contingency plans were in place and showed how the service supported people during a recent outbreak of COVID-19.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Rowan House Domiciliary Care Agency

Supporting people to eat and drink enough to maintain a balanced diet

- If required, staff supported people with meal preparation. Staff had received training in food management. One person's care plan stated they were at risk of eating out of date food. The manager told us that staff checked on food storage. However, there was no guidance or direction in the care plan to prompt all staff to consistently check and record food dates and remove out of date food. The manager took immediate action to add guidance for staff following the feedback from this inspection.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

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.

When people receive care and treatment in their own homes, an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Some people had been assessed as not having the capacity to make specific decisions. In two care plans, it was recorded the individuals did not require to have decisions made on their behalf and in their best interests. Contrary to this information, best interest decision meetings had been recorded.
- One care plan stated the person did not have the capacity to make any decisions for themselves. Later it stated they could make decisions such as what food to eat, and clothing to wear etc., This was misleading and was amended following feedback from the inspection.

We recommend that the provider take advice and guidance from the Mental Capacity Act 2005; code of practice when assessing and recording people's capacity.

- People, where able, were involved in decisions about their care and staff supported them to have maximum control of their lives.

- Staff received training in the MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service began, by a senior carer or manager to establish people's needs and wishes. Regular reviews took place.
- The assessment also considered people's protected characteristics as part of the Equalities Act 2010, including any disabilities.

Staff support: induction, training, skills and experience

- New staff received an induction which included training and a period of working alongside a more experienced staff member before they started working on their own.
- Staff completed training in a range of different subjects to ensure they had the right skills, knowledge, and experience to deliver effective care. Training updates were monitored, and staff were prompted when these were due to be refreshed. Competencies were also checked by the manager when staff received regular support and spot checks at visits.
- People and relatives were positive about the care staff and commented, "They try their best to make (Person's name) the most independent they can be," "They help (Person's name) to do exercise and make sure everything is ok" and "If they were all as good as Rowan House then it would be marvellous."
- Staff received regular one to one support from their manager. There were regular staff meetings held to provide an opportunity for staff to share their views. Staff told us, "I have complete job satisfaction, and I am well looked after," "I get full support with anything I need, whether this is extra training or if I'm finding anything overwhelming that I need to discuss, management is always available and very approachable" and "Staff meetings are held regularly to discuss any issues with management and staff concerns. We are asked our thoughts and considerations on how we could move forward with any plans, whether new or already in place. "

Staff working with other agencies to provide consistent, effective, timely care, Supporting people to live healthier lives, and access healthcare services and support.

- The service worked with a range of agencies, such as community nurses and GP's.
- Staff ensured people's healthcare needs were being met, and if they had any concerns regarding a person's health, then this was communicated to the relevant professional.
- Relatives were assured the care staff that supported their family members were quick to identify changes in the person's health, report their concerns and request the required assistance. The service used an electronic app for care plans which was accessible by people and their relatives where appropriate and agreed.

Rowan House Residential Home

Adapting service, design, decoration to meet people's needs

- The physical environment was continuously being reviewed, updated and improved.
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The management team and staff worked with external healthcare professionals to deliver care aligned with best practices. For example, people had been referred to the falls clinic for additional support.

- People's individual needs had been assessed before they moved in. Records showed that regular reviews took place to ensure people using the service had their current needs recorded.
- Assessments of people's individual needs were detailed and expected outcomes were identified. All documents relating to people's care were on a computerised care record system. Staff agreed this system was working well and held comprehensive information on each person. Staff were able to access updated information via a handheld device to ensure they had full updated information about people.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff with the relevant qualifications and skills to meet their needs. Comments from staff included, "Very lucky to be working here" and "Supported me every step of the way as I was new to care." A relative said "Yes, they're well trained."
- There was a system in place to monitor training and ensure it was regularly refreshed and updated, so staff were kept up to date with best practices. Training sessions were also face to face as well as some online.
- Staff were provided with opportunities to discuss their individual work and development needs. Staff received one to one meetings to enable them to raise any issues and share ideas. Staff told us they were well supported by the registered manager. One said, "(named registered manager) is very supportive to me and my family."
- Staff new to the care sector were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident, and their competence was assessed before they started to provide support independently.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with healthy meals which they enjoyed. One person said, "Yes, the food is very good – a good selection, and they do a good roast" and someone else said, "Yes, I enjoy all the food."
- Staff were aware of any specific dietary requirements for people, for example, if people needed a soft diet. People were involved in menu planning.
- Care plans included information about people's dietary needs and their likes and dislikes. People who needed their nutrition to be monitored had records in place which were used to help identify any concerns.
- Drinks were served regularly throughout the day to prevent dehydration. Some people who stayed in their rooms, through personal choice, had drinks provided, and these were refreshed throughout the day.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate healthcare professionals as required. During our visit, a nurse from the community nurse team was visiting. They said, "No concerns here."
- Staff ensured people's healthcare needs were being met, and if they had any concerns regarding a person's health, then this was communicated to the relevant professional.
- Relatives were assured the care staff supported their family members and were quick to identify changes in the person's health, report their concerns and request the required assistance. Comments included, "Yes, they know she is very anxious and they're trying to help her to settle in" and "Yes, they keep a close eye."
- People's care plans were updated to provide staff with clear instructions about how to follow the advice given by external professionals. People's care records highlighted where risks had been identified. For example, where people needed extra support when accessing the community, this was provided.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their dietary needs, where this was part of their plan of care.
- People's preferences, likes, dislikes, and dietary requirements were recorded in their care plans.

Experienced staff knew people's needs well.

- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.
- There were clear records which evidenced people were seen by external healthcare professionals when required including physiotherapists and attending the falls clinic for additional advice and support.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations. For example, when restrictions or the monitoring of people's movements were in place.
- People were asked for their consent before any care was delivered. People, who were able to, had signed their care plans to indicate they agreed with their planned delivery of care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

The residential service and the domiciliary service each had a manager in place. The residential service had a registered manager in place and the manager on the domiciliary service had applied to be registered. However, both the residential and domiciliary service remain under the same registration of Rowan House Residential Home.

Rowan House Domiciliary Care Agency

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- There were some quality assurance and governance systems in place to monitor the quality and safety of the service. The directors of the company also carried out audits regularly. However, concerns around the management of risks and insufficient, inaccurate information, guidance and direction found in some care plans had not been identified prior to this inspection.
- We found that some risks had not been identified. One person's bank card and PIN were being used by staff to purchase shopping regularly. However, there were no checks, monitoring or audits of these transactions. See the safe section of this report for full details.
- Another person's care plan did not contain sufficient guidance and direction for staff to manage all the risks related to their physical care and social support. See the safe section of this report for full details.
- Risks found at this inspection had not been identified, assessed, or monitored. The manager took immediate action to add the required risk assessments and specific care plans following the feedback from this inspection.

We found no evidence that people had come to harm because of our concerns however, the provider had failed to assess, monitor, and mitigate risks relating to the health, safety and welfare of service users. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff roles and responsibilities were clear and understood. Audits were conducted on care records, supervision, and training information.
- The manager and the administrator had good electronic records regarding their oversight of all visits made, care provided, medicines given, staff training and supervision.
- The director supported the manager, along with the administrator.
- The service had a clear staffing structure. Staff understood their roles and responsibilities and knew who

to speak with if they had any concerns. Staff told us they could easily access support when it was needed.

- The provider understood their legal responsibilities and had submitted statutory notifications to the Care Quality Commission as required by law.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood the duty of candour requirements and ensured information was shared with the relevant people when any concerns were identified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were complimentary about the service they received. Comments included, "Fantastic, great the agency has improved massively with the new manager," "They are really good, and they try and make sure that they have a good continuity of staff" and "We couldn't be happier with my sister's carers."
- The culture of the service was open and transparent.
- The manager and the administrator were very committed to providing the best service possible to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had been asked for their views on the service. Positive feedback had been received, "I'd like to thank your team for the care you are giving me and have already given me at home," "Congratulations on excellent staff."
- Staff were very happy working for the service and told us, "We have a great team who all get on well and work together to give the best quality care to each of our service users. Communication between us all is constant so we can maintain our high standards," "I've worked in care for 10 years and can honestly say this is the best company I have ever worked with. Due to staff, training, support. Absolutely amazing" and "I feel the support with this company is incredible. From personal life troubles to professional life. I cannot fault the management."

Working in partnership with others

- The service had established good working relationships with other agencies to ensure good outcomes for people.

Rowan House Residential Home

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, staff, relatives, and a professional were complimentary of the service. One staff member said, "A good staff team; I'm really happy here, really happy!" A relative said, "Yes, I'm more than happy with the management" and "Yes, I'm confident in the management – they always let me know how she is and are responsive." One person said, "Yes, it is run well; everyone looks at ease."
- There was a warm and friendly atmosphere in the service.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Staff told us they enjoyed their roles. Comments included, "Everyone listens to me and helps me. Good teamwork, and all work well together and no discrimination."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated an open and transparent approach to their role and to the inspection process. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- Audits were carried out to monitor the quality of the service provided.

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements.

- The registered manager had oversight of what was happening in the service and was very visible. They took an active role in the running of the service. They had worked to improve the service. The audit and monitoring processes which were currently in place were mostly robust within the care home. Some medicines did not match the amount held. See the safe section of the report for full details. There was a programme of regular audits which were done regularly and shared with the provider.
- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The management team understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention. However, we did find 1 notification had not been sent in a timely manner. Regular audits took place, and these were completed by the management team.
- There was good communication between all the staff. Important information about changes in people's care needs was communicated to staff effectively.
- The management and staff worked to drive improvements across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Systems were in place to enable people, staff and relatives to give feedback. Feedback recorded under 'what the home does well' on family surveys returned to the home said, "Understanding complex dementia needs" and recorded about the management, "Extremely supportive, understanding and caring."
- Staff and people told us the service was well managed, and they felt valued. Staff told us the registered manager was approachable and always available for advice and support.

Continuous learning and improving care

- The service had a strong emphasis on teamwork and communication sharing. The registered manager and staff said this had been particularly important during the pandemic.
- Organisational audits were in place and used to develop the service by reflecting good practice.
- Policies and procedures were designed to support staff in their practice.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care. They also worked closely with the local surgery and district nurse team to help ensure people get the care needed.
- The registered manager kept up to date with developments in practice by working with local health and social care professionals. One professional stated, "Rowan House has a good reputation in our team."

Working in partnership with others

- The registered manager told us how they had worked alongside the local GP surgery and the local authority during the pandemic, the lockdowns and when people tested positive for Covid-19. The registered manager worked collaboratively with professionals and commissioners to ensure people's needs were met, and people had the relevant support and equipment was made available.
- Where changes in people's needs were identified, prompt and appropriate referrals for external professional support were made. These included GPs to provide care and support.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	<p>The provider had failed to assess, monitor and mitigate risks relating to the health, safety and welfare of service users.</p> <p>This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>