

# Ramnarin Sham Rowan Lodge

## 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 caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

The inspection took place on 8 and 9 December 2015 and the first day was unannounced. The last inspection took place on 6 June 2014 and the provider was compliant with the regulations we checked.

Rowan Lodge Care Home is registered to provide accommodation and personal care for up to three older people. At the time of the inspection the service had no vacancies. The provider is registered as an Individual and as such is not required to have a registered manager in place. The provider runs and manages the service.

Medicines requiring refrigeration storage were not being stored safely and we identified one discrepancy in a stock of medicines which could place people at risk of not receiving their medicines accurately.

Recruitment procedures were not being followed robustly which could place people at risk.

The service was not being monitored so shortfalls were not being identified and addressed.

# Summary of findings

People who used the service said they were happy with the care and support they received and we also received positive feedback from the stakeholders we contacted.

Staff understood safeguarding and whistleblowing procedures and were clear about the process to follow to report concerns. Complaints procedures were in place and people confirmed they would be happy to raise any concerns they might have.

Staff had received training and understood how to identify and meet people's individual needs and choices. Staff received supervision so their training and development needs were identified and staff meetings took place so staff could express their views. The service was being staffed to meet people's needs.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). DoLS are in place to ensure that people's freedom is not unduly restricted.

Risk assessments were in place and identified the risks to each person and the action to be taken to minimise them. Care records reflected people's needs and interests and were kept up to date.

Staff monitored people's health and referred them for input from healthcare professionals appropriately so their healthcare needs were being met.

People were happy with the food provision at the service and meals reflected people's personal preferences. Activities were arranged based on people's interests and people were encouraged to take part and their wishes were respected.

Staff supported people in a gentle and friendly manner, treating them with dignity and respect.

People were given the opportunity to express their views about the service so action could be taken to address any issues raised.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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?

Some aspects of the service were not safe. Recruitment processes were not being followed robustly and shortfalls in recruitment records were identified.

Medicines were not always being managed safely.

Assessments were in place for identified areas of risk and these were personalised and reviewed monthly, so the information was kept up to date.

The service was being appropriately staffed to meet people's needs.

Requires improvement



### Is the service effective?

The service was effective. Staff received training to keep their knowledge and skills up to date and the provider supervised staff to identify any areas where they needed help and support, which staff confirmed was provided.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS are in place to ensure that people's freedom is not unduly restricted. Staff understood people's rights to make choices about their care and had received training in the Mental Capacity Act 2005.

People's weight was monitored and they received the care and support they needed to ensure their nutrition needs were being met.

People were referred to healthcare professionals appropriately, so their healthcare needs could be met.

Good



### Is the service caring?

The service was caring. People said staff looked after them well and were caring towards them. We observed staff listening to people, communicating well with them and supporting them in a gentle and friendly way.

People were involved with making decisions about their care. Staff knew the care and support each person needed and treated them with dignity and respect.

Good



### Is the service responsive?

The service was responsive. Care plans were in place and were up to date so staff had the information required to provide the care and support people needed.

Information about people's interests was available and people were encouraged and supported to take part in activities they wanted to engage in.

The complaints procedure was displayed in the service and people felt confident they could raise any issues if they needed to.

Good



# Summary of findings

## Is the service well-led?

Some aspects of the service were not well-led. The provider was not monitoring the service effectively so shortfalls were not being identified and addressed in a timely way.

Staff were encouraged to keep up to date with care topics and publications were provided to assist with this. The provider was supportive of staff and people using the service.

**Requires improvement**



# Rowan Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 8 and 9 December 2015 and the first day was unannounced.

The inspection was carried out by one inspector. Before we inspected the service we checked the information that we held about it, including notifications sent to us informing

us of significant events that had occurred at the service. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

We spoke with all the people using the service, the provider, the provider's son who works with the provider and who attended for the majority of the inspection on behalf of the provider, two care staff and a person providing weekly entertainment for people using the service. Following the inspection we sought and received feedback from two healthcare professionals, those being the GP practice and the supplying pharmacy. We viewed four staff recruitment records, care records of two people using the service, policies and procedures and a selection of maintenance and servicing records. We observed the interaction between staff and people using the service. There were no relatives or other visitors present during the inspection.

# Is the service safe?

## Our findings

People were not protected because recruitment practices were not always being followed. In the staff records we saw application forms and health questionnaires had been completed. Two references had been obtained including those from previous employers where applicable. Checks including proof of identity and right to work in the UK and, with one exception, criminal record and Disclosure and Barring Service (DBS) checks were seen. For one member of staff an employment history was not available and no explanation for this was recorded. For another who had worked unsupervised at the service, a DBS check had been applied for in May 2015, however evidence that the check had been received was not available. When this was followed up the member of staff explained they had moved accommodation since the application was made and had not received the document. Action was taken at the time of inspection to reapply for the DBS check and the provider stated the member of staff would not work at the service until this was received. We discussed with the provider the importance of ensuring application forms were completed in full and the required checks carried out when employing staff and they said they would address these findings.

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had one member of staff on duty during the day and a sleep-in member of staff at night. Staff and people told us the provider and their representatives visited the service 2-3 times a week and we saw they took people out shopping and for a walk and the service had a volunteer who was also involved with this. This input was not recorded on the staff rota and we discussed ensuring the rota accurately reflected the staffing provided at the service. The provider had another care home a few miles away and had staff members to provide cover at the service when needed, for example, for leave or sickness cover.

People were at risk because medicines were not being safely managed. People were prescribed medicines that required refrigeration storage and these were being stored in the food fridge. The medicines policy clearly stated that a lockable fridge was to be used for these medicines and the provider said he would order a lockable medicines fridge. Daily fridge temperatures were being checked and recorded and confirmed storage temperatures were within recognised safe ranges. We carried out a stock check for

five medicines. Four of these were correct, however for one medicine there was a discrepancy of seven tablets too many in stock, indicating the person had not always received the medicine as prescribed. The provider said this would be investigated.

Staff carried out medicine administration procedures that required them to receive training and authorisation from the GP. Although staff were confident to carry out the procedure and the person was able to tell us all about their medicines and confirmed they were receiving the correct dose, evidence of training and authorisation from the GP was not available and staff said they had been shown what to do by senior staff who previously worked at the service. Following the inspection the provider confirmed the community nurse had taken over these procedures. The dispensing chemist said they carried out a six monthly audit of medicines at the service. The reports from these audits were not available to us and there was no evidence of audits being carried out by the provider, so medicine management was not being monitored.

This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The metal medicine trolley was secure and kept locked when not in use. Medicine administration records (MARs) were complete and up to date. Receipts, administration and returns of medicines were recorded so there was an audit trail maintained for medicines received into the service. Allergy information was recorded on the MARs and a photograph of each person was available alongside their MAR. Liquid medicines and eye drops had been dated when they were opened to ensure expiry dates could be adhered to. Daily temperature checks for the medicines trolley were recorded, to ensure medicines were being stored at safe temperatures. Staff had received training and updates in medicine management and were able to describe the processes they followed to order, obtain and administer people's medicines. When new medicines were started this was included in the care records and staff monitored the effects of the medicine and provided feedback to the GP. For one person a medicine had recently been trialled and then stopped as it was not effective for the person, showing staff monitored people's individual medicines and the effects.

The dispensing chemist confirmed staff ensured medicine stocks were maintained and any changes in medicines were acted upon by staff so people received their

## Is the service safe?

medicines. There was a medicines management policy in place dated 2011, which was comprehensive and clear for staff to follow. The provider said this had been updated and they would provide a copy for the service. We discussed the shortfalls we had identified with the provider who said they would take action to address them and to monitor the medicines management at the service in future.

Risks were identified so action could be taken to minimise them. Individual risk assessments were in place for each identified area of risk. These were clear, personalised and had been reviewed monthly to keep the information up to date. There had not been any accidents in the past 12 months and procedures were in place to be followed should one occur. Staff were able to describe the action they would take in an emergency to support people and summon the emergency services. Feedback from the GP practice confirmed there had been no issues with staff response to emergency situations. One incident that could compromise a person's safety had occurred. This had been comprehensively documented and staff had taken appropriate action to address this and thereafter maintain the person's safety.

Comprehensive risk assessments had been completed for each person's bedroom to ensure they were safe. Risk assessments for fire, equipment and safe working practices were updated during the inspection so the information was current. The last fire drill was recorded on 15/12/2014 and the weekly fire alarm point testing was last recorded on 07/06/2015, so these were not being kept up to date. Quarterly servicing of the fire alarm and emergency lighting had been carried out, with the last service on 24/11/2015 and action was being taken to carry out necessary work to address the findings. The office door was wedged open with cardboard and this was removed at the time of inspection. Two doors

in the service had automatic closures which would respond to the fire alarm and the provider said they would install these on any doors that needed to be held open. The provider was aware they needed to monitor the service effectively so checks and tests were kept up to date and said this would be addressed.

We viewed a sample of equipment servicing and maintenance records. Equipment including the lift, fire safety equipment, emergency lighting, gas appliances and portable electrical appliances had been checked and maintained at the required intervals, to ensure these were safe. The shower had a safety mixer valve in place and the water temperature was checked prior to each shower, to ensure the water was at a safe temperature. The service was clean and fresh throughout and daily cleaning records for each room were maintained. Fridge and freezer temperatures were monitored daily and food temperatures were checked and recorded at each meal. This ensured food was being stored and served at safe temperatures. Call bells were available in the bedrooms and people confirmed they would use these to summon help if they needed to, with one person saying, "You can ring the bell."

People were protected from the risk of abuse. People confirmed they felt safe at the service. One person said, "Everything is good. Nothing ever bothers me." Policies and procedures were in place for safeguarding and whistleblowing and information leaflets for highlighting and reporting any allegations of abuse were on display in the service. Staff had received safeguarding training and we asked them about their understanding of safeguarding and what they would do if they suspected someone was being abused. They were clear to report any concerns to the provider and knew about the outside agencies they could contact, such as the Care Quality Commission (CQC) and the local authority.

# Is the service effective?

## Our findings

Staff had the training and knowledge they needed to care for people effectively. The majority of staff had worked at the service for several years and had a recognised qualification in health and social care. In staff records we saw induction training booklets that had been completed when staff started working at the service. Certificates seen for training included first aid, moving and handling, food hygiene, fire safety, safeguarding and infection control. Staff confirmed they received the training and support they needed to care for the people living at the service. The provider said they were kept informed of training being offered by the local authority and staff were encouraged to undertake regular training and updates. Staff said they had practical training sessions and online training and they demonstrated a good knowledge of how to care for people effectively. Staff said they met with the provider for supervision sessions to discuss their work and their progress and we saw evidence of six monthly supervisions taking place in staff records.

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. 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).

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). Staff told us they had received training in MCA and one member of staff explained, “DoLS is to protect, not restrict. You allow people their freedom.” A DoLS authorisation was in place for one person and we saw an appropriate referral for assessment had been made and the documentation was available in the person’s care record. The person liked to go out for walks and to the

shops and they were happy for staff to accompany them to keep them safe, which we saw during the inspection. People were able to move freely around the service and staff were available to support them where needed. Assessments were in place for people’s mental health and people had the capacity to consent to their care and treatment. We saw people had signed to agree to their care records and they confirmed they were happy at the service and could make choices about their daily lives.

People’s individual dietary choices and needs were identified and were being met. Nutritional assessments were carried out and care plans contained details about people’s dietary needs. These included personal preferences and any health considerations for meals, for example, if someone had diabetes. There was a four week menu and people were asked what they would like at mealtimes, which was then prepared for them. People said they enjoyed the meals and confirmed they were always able to choose what they wanted and we saw people were served meals to meet their wishes. People were weighed each week so their weight was being monitored. Staff confirmed that if they identified any issues with people’s weight they were referred to the GP for input.

People’s healthcare needs were monitored and they received input from healthcare professionals when required. We received positive feedback from the GP practice regarding the service. They told us, “Our Doctors and staff feel that the care provided to our patients is of a high standard and do not have any issues with the Care Home.” They confirmed people were referred appropriately for medical input and the staff implemented any changes to people’s care and treatment needs. Staff were observant and were able to identify if someone was unwell and needed to be referred for healthcare input. Care records evidenced people received input from healthcare professionals including GP, psychiatrist and mental health teams, community nurses and optical services. People confirmed they received the input they needed from healthcare professionals and this was also evident from their care records. One person told us about when they had needed to go to the hospital and said staff had supported them well. All the people confirmed they saw the GP when they needed to.



# Is the service caring?

## Our findings

People were positive about the staff and the care they received. Comments included, “Staff are alright” and “They [staff] like to know everything’s alright. I need help at the moment and they give me that.” Staff were caring and understood the importance of providing good care for people. Comments included, “Give people choices, be flexible and always listen to them”, “It’s not about us, it’s about them” and “It’s the small things you do that make them happy.”

The service was caring and staff treated people with respect. People told us staff were ‘kind’ and confirmed they were respectful towards them and maintained their dignity. We saw staff supporting people in a friendly and gentle manner and we heard staff speaking politely with people. Staff we spoke with said it was important to “allow people to express themselves and to listen to them.” Also they understood the importance of maintaining people’s dignity and privacy and to encourage people to make decisions for themselves.

Care records were personalised and identified the ways in which each person wanted to be supported. People confirmed they were able to get up and go to bed when they wished. One person said, “I go to bed at 10 o’clock and I’m often up early” and another, “I get up any time after 7am – when I want to.” People confirmed they could choose what they wanted to eat at each meal. Information about people’s religious wishes was also recorded in the care records, so these could be met. The service had input from two religious representatives and people confirmed they enjoyed these visits. One person told us, “They talk to us and pray with us.”

Information about local advocacy services was on display in the service, so people could access this if they wished. Satisfaction surveys had been completed in September 2015 and the results were positive. The provider’s son said he met with people to discuss any points that came out of surveys and we discussed recording the outcomes of such discussions to show they responded to address any issues people raised.

# Is the service responsive?

## Our findings

People had been assessed before to coming to live at the service and the assessment information identified their needs and had been used to inform the care plans. Care records were personalised and provided a good picture of each person, their needs and how these were to be met. Care records were updated whenever a person's needs changed and also reviewed monthly, so the information was up to date. People's religious needs and interests and hobbies were identified so the service could plan to meet these needs. There was a daily hand over book in which daily events were recorded including activities, so staff could refer to this to keep up to date with day to day events.

We discussed activities with staff who said they encouraged people to join in but sometimes they were reluctant to do so. People told us they were happy with the way they spent their time. One person told us they were looking forward to "going to a party at the other home" and another said, "I like watching telly." At the time of inspection no-one was

attending a day centre, although two people did have places if they wished to attend. They confirmed they did not wish to do so at that time. Staff told us they were making enquiries about the possibility of a day centre placement for the other person living at the service and felt they would benefit from this. We heard staff chatting with people about topics of interest, for example about the food they liked and people were joining in with the conversation well. On the second day of inspection a musical entertainer attended the service and people were enjoying listening to the music and singing along. The entertainer attended each week and expressed satisfaction with the service.

The service had a complaints procedure which this was on display. People told us they were happy at the service and did not have any concerns, however they confirmed they would feel confident to raise any issues they might have. There had not been any complaints received in the last 12 months. We saw staff took action to alleviate any concerns, for example, one person liked to know the telephone was always working properly and we saw staff reassure them and show them that it was in good working order.

# Is the service well-led?

## Our findings

People were at risk because the service was not being monitored effectively. We spoke with the provider's representative about monitoring of the service and they said they attended the service "two or three times a week" and carried out checks including people's records to ensure they were up to date. They said they had recently carried out a check of the Statement of Purpose information. We viewed the Statement of Purpose and found information including the Care Quality Commission (CQC) and other organisation contact details, the organisational structure for the service and lists of staff and people using the service were out of date. The shortfalls we identified during our inspection with medicines management, recruitment records and health and safety checks not being up to date also demonstrated that the service was not being adequately monitored. The provider said they would take action to ensure the service was monitored effectively in the future so shortfalls could be identified promptly and action taken to address them.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said they felt well supported by the provider and one said, "100% supportive. I love this job and the manager is very approachable." Staff said the provider or their son attended the service 'two or three times' each week to speak with them and with people using the service. People also confirmed the provider attended the service regularly and they enjoyed speaking with them. One said, "The manager comes often and talks with me." Staff meetings had taken place five times in 2015 and minutes were taken and identified topics discussed. Staff told us they were encouraged to keep up to date with training and we saw the service had monthly care publications for staff to keep up with current care ideas and topics of interest.

Staff told us the kitchen had been renovated in the past six months and we saw the service was being maintained. We asked for a development plan and received a copy of this during the inspection. It identified the work that had been carried out at the service and we discussed including future plans for work on the service so this was identified. The provider had notified CQC of notifiable incidents to keep us informed of these. We discussed ensuring all notifications were submitted in a timely way and one for a DoLS was submitted following the inspection. The provider stated they would submit notifications in a timely manner in future.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment for people who lived at the home was not provided in a safe way because medicines were not managed safely for the protection of people living in the service.</p> <p>Regulation 12(1)(2)(g)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not assess, monitor and improve the quality and safety of the services provided.</p> <p>Regulation 17(1)(2)(a)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person did not operate recruitment procedures effectively to ensure the required information was obtained for people employed at the service</p> <p>Regulation 19(2)(3)(a) and Schedule 3</p>