

HC-One Limited

The Rowans Care Home

Inspection report

Owen Street
Coalville
Leicestershire
LE67 3DA

Tel: 01530814466

Website: www.hc-one.co.uk/homes/the-rowans/

Date of inspection visit:
31 August 2016
01 September 2016

Date of publication:
25 October 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out our inspection visit on 31 August and 1 September June 2016. The inspection was unannounced.

The service provided accommodation and personal care to 56 older people including people living with dementia and similar health conditions. At the time of our inspection there were 53 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe living at The Rowans Care Home. They felt safe because they trusted staff's ability to look after them. Staff knew their responsibility to keep people safe from harm and abuse. They followed the provider's guidelines to support people and report any concerns they had relating to people's safety and wellbeing.

Risks associated with people's care were assessed and managed to protect people from harm. The registered manager assessed people's needs and used this to deploy sufficient numbers of staff to meet people's needs.

Staff had access to a range of training which equipped them with the relevant skills they required to meet people's needs. The provider completed relevant checks which ensured that staff had the right skills, experience and knew how to support people safely.

People were supported in accordance with the Mental Capacity Act (MCA) 2005. Staff sought their consent to their care and treatment.

People were supported with their nutritional and health needs. They had access to a variety of healthy meals that they told us they enjoyed. They also had prompt access to healthcare services when they needed. However, people's records did not always show that they received the adequate level of support they required.

Staff were kind and compassionate to people. They were knowledgeable about the needs of the people they supported and treated them with dignity and respect. They provided the support that people needed to be involved in decisions about their care.

Care was centred on people's individual needs. Their care plans reflected the support that they received. Staff provided people with opportunities to access a variety of social activities and support to follow their faith.

The provider listened to feedback from people using the service and their relatives. People told us that staff acted promptly on their feedback.

The provider had effective procedures for monitoring and assessing the service in a way that promoted continuous improvement. People and their relatives were satisfied with the service they received and they felt supported to contribute to the development of the service. Staff felt supported in their role which enabled them to deliver a good standard of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe because they trusted the staff's ability to look after them.

Risks associated with people's care were assessed and appropriately managed. Staff knew what constituted abuse. They knew how to report any concerns they had about people's safety.

People received the support they required to take their medicines safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff received a comprehensive induction and training which equipped them with the skills they required to fulfil their role. They understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People received support with their nutritional and hydration needs; however, this experience was not as enhanced on the dementia floor. Staff did not always complete records or have the required guidance to ensure that the needs of people who required additional support were met adequately.

People who lived with dementia or similar conditions did not have access to spaces that met their needs.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

Staff actively involved people or their relatives in decision about their care and support.

People were treated in a dignified and respectful manner. Staff

ensured that they had the privacy that they needed.

Is the service responsive?

Good ●

The service was responsive.

The care that people received was centred on their individual needs.

People's care plans reflected their current needs or the support that they received.

People were supported to take part in a choice of activities. They were supported to follow their interest and their faith.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was highly appreciated by people and their relatives. They were approachable to staff, relatives and people using the service.

Staff had a clear understanding of the standards expected of them. They were supported by the registered manager to meet those standards.

The provider had procedures for monitoring and assessing the quality of the service.

The Rowans Care Home

Detailed findings

Background to this inspection

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

We carried out our inspection visit on 31 August and 1 September 2016. The inspection was unannounced. The inspection team consisted of an inspector, a nurse specialist advisor and an expert by experience (ExE). An ExE is a person who has personal experience of using this type of service or caring for someone who uses this type of service.

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We contacted the local authority who had funding responsibility for some of the people who were using the service.

We spoke with seven people who used the service, relatives of three people who used the service, five members of care staff, the registered manager and the area manager. We looked at the care records of seven people who used the service, people's medication records, staff training records, three staff recruitment files and the provider's quality assurance documentation. We observed staff and people's interactions, and how staff supported people. From our observations we could determine how staff interacted with people who used the service, and how people responded to the interactions. This was to enable us to understand people's experiences.

Is the service safe?

Our findings

People felt safe at The Rowans Care Home. They told us that they felt safe because they felt at home at the service and trusted staff's ability to keep them safe from harm. Most people described the service as a 'home away from home'.

Staff that we spoke with knew how they would recognise when people were at risk of harm or abuse. They had good knowledge of what constituted abuse and how to recognise and report signs of abuse. They were aware of the provider's policies on safeguarding and whistleblowing and knew how to apply them when reporting any concerns they had about people's safety and welfare. They were confident that the registered manager took any concerns raised seriously and acted promptly to remove or minimize any risk to people. A member of care staff told us, "If I saw anything of concern I would report it. It is taken seriously. I've had to report something recently [details of incident], [registered manager] took it seriously." Another member of care staff told us, "Any concerns raised have been dealt with."

Staff completed comprehensive risk assessments of the support people required. This identified where people could be at risk and guided staff to provide the additional support they required to receive their care and support in a safe manner. This included areas such as supporting people to access the community safely and providing the appropriate safeguards to support people with their finances.

We saw that the premises and equipment were well maintained. The provider had recently replaced all beds and mattresses within the home and kept a stock of replacements should these be required. The environment was clean and free from clutter. This reduced the risks of trips and falls.

We reviewed records which showed that the service had robust systems for recording incidents and accidents, records included what actions staff had taken. Where relevant, they notified relevant agencies including the Care Quality Commission (CQC) and the local safeguarding authority. We saw that staff liaised and followed agreed protocols as recommended by the safeguarding authority to manage and minimise risks associated with incidents, and saw that these had been effective. We found that the CQC were not notified of two relevant incidents. The registered manager sent these to us immediately after our visit.

The provider had safe recruitment practices. They completed relevant pre-employment checks which ensured new staff were safe to support people using the service and as far as possible were suited to support the people who used the service. They carried out all of the required pre-employment checks before a new member of staff was allowed to support people using the service. These included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services.

We received mixed views on whether staffing levels were sufficient to meet people's needs. Most people told us that there were enough people to meet their needs. However, some felt that more staff were required on the dementia floor. One relative told us, "I don't think there are enough staff up here. They are always so

busy and there are residents wandering the corridors. A member of care staff told us, "I think we could do with five staff upstairs." When we asked why they thought this, they replied, "So that we could spend more time with people, most of us staff feel the same." They told us that they had raised this with the registered manager. We reviewed the staffing rota, we saw that the registered manager had deployed staff based on an assessment of people's needs. We saw that staffing was mostly maintained at least at the minimum required level, with additional staff supporting when required. They used temporary agency staff to cover staff absences, although they kept this to the minimum, the registered manager informed us that they used only temporary staff who were familiar with the service. The registered manager told us that they were in the process of increasing staffing levels with an additional person on shift. We saw that this was reflected in staff rotas for the following months.

People's medicines were stored and administered in a safe manner. Medicines, including controlled drugs were stored securely following current guidelines for the storage of medicines. This protected people from unsafe access and potential misuse of medicines. We observed that staff provided the relevant support that people required to take their medicines. Staff explained to people the tasks involved and what medicine was being administered. Staff proceeded to the next tasks when they were satisfied that people had taken their medicines. Only staff who had received relevant training supported people with their medicines. There were protocols in place to guide staff when they administered 'as required' medicines. However, these were not in place for all relevant medicines that were administered on 'as required' basis. We also identified some required checks to assure the provider that people received their medicines safely. We discussed these issues with the registered manager who rectified these by the second day of our visit.

Is the service effective?

Our findings

Staff were experienced and had received a wide range of training to equip them with the skills they required to provide a good standard of care and support to people that used the service. Newly recruited members of staff completed a comprehensive induction program which included being mentored by a more experienced member of staff. A member of care staff commented, "The training is good."

One relative told us that staff had the skills to manage situations when people acted in ways which may challenge others. A relative told us, "It does happen occasionally, but the staff seem to be on it straight away and it is discreetly dealt with." We observed that staff communicated effectively with each other whilst supporting people. However, we observed this to be less evident on the dementia floor.

During our visit, we observed two members of staff support a person with their mobility needs. They did this in an unsafe manner. We brought this to the attention of the registered manager who told us that they would follow their protocols to deal with the incident.

The Mental Capacity Act (MCA) 2005 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 so that they can 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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff that we spoke with demonstrated a good understanding of MCA and DoLS. The provider had made applications to the local authority for DoLS authorisation for most people that required this. On the day of our inspection visit, the registered manager told us that they were reviewing and re-applying for authorisations where required. This meant that for all the people who required this, their liberty was only deprived when it is in their best interest and that it is done in a safe and correct way.

Records showed that where people required additional support to make decisions, that staff liaised with relevant people and professionals involved in their care. We saw that staff sought people's consent before they provide them with care and support.

People had access to a variety of meals and drinks that they enjoyed. One person said, "Oh the food here is good. I certainly never go hungry." Another told us, "There is a new Seasonal Menu which has just come in and it seems quite nice. There might be a few changes, but on the whole it's good tasty food." A relative told us, "Oh the food looks really nice. Mum doesn't always feel like eating or doesn't eat much but they always

offer her something else or find a way to encourage her to eat it a bit later maybe."

We observed two lunch time meals. We saw that on the lower floor there was a pleasant atmosphere with background music, people helping staff serve others and generally appeared to enjoy their meals and the atmosphere. Staff provided adequate support that people required and took turns to sit, chat and eat with people. However, we found that the atmosphere was not as relaxed on the dementia floor. The meal service was chaotic and the dining room was cramped and did not allow staff to easily reach people who required their support.

People had access to a variety of drinks and snacks. One person told us, "I don't really get hungry between meals, but it would be nice to see fruit on the tea trolley sometimes instead of biscuits."

Staff followed professional advice to support people who required further support with their nutritional needs. Where required, they completed relevant records to monitor people's intake of fluid and food. However, records did not always include the target fluid intake for the person that required this. The target intake is important to guide the care staff where additional fluids are required or a trigger for them as to when to alert the senior staff when the target has not been met.

Staff promptly referred people to health care services when required. People told us that staff supported them to see their doctor when they needed to. A person using the service said, "If I have to go to the hospital for an appointment, a carer always comes with me. Last time it was a nice young man." Other comments included, "Oh I regularly see the chiropodist and if I need my eyes checked, I can see them here too, which is great." and "I had a carer come with me to the dentist. I don't like the dentist, so I was grateful she stayed with me."

People's care records evidenced that staff were responsive to fluctuations in people's health needs. These included records of people's visits to or from health professionals including dietitians, psychiatrist etc. However, we saw that a person who had a recent tooth extraction did not have a record of how they would be supported with their oral hygiene following the procedure. Their records also did not include any support staff had offered them and any additional support that they required as a result of the procedure.

People did not always have access to appropriate spaces that met their needs and promoted their independence. We found that the lower floor which accommodated people with physical needs adequately met the needs of people. However, the upper floor for people with dementia and similar conditions was not suitable for their needs. The environment was not dementia friendly. The corridors were narrow, were very similar in colour and lacked directional signage to help people orientate to communal spaces. Clear sign posting is important to promote orientation and independence. Not all bedrooms had the people's names on the doors, where memory boxes were fitted outside the rooms these appeared to contain generalised memorabilia rather than personalised items to aid orientation to people's personal space. We observed that these issues contributed to a chaotic atmosphere on this floor. One member of staff was unable to identify a person's room easily to take them there so we could chat with them as we had not been able to do so in the lounge because it was cramped. A relative told us, "[Person] did stay in this room for respite once, so she likes the room but there is not as much to do up here, but I think on the whole she is happy." Another relative said, "Unfortunately [people] block things up a bit sometimes, but they get by eventually." The registered manager told us that they had plans to address this issue and enhance people's experience on the dementia floor.

The National Institute for Health and Care Excellence (NICE) guidance states that care managers should ensure environments are enabling and aid orientation and include attention to lighting, colour schemes,

floor coverings, signage, garden design and access to and safe external environments.

Is the service caring?

Our findings

People using the service were supported in a kind and compassionate manner. They complimented the caring attitudes of staff. A person using the service told us, "They are wonderful. Always cheery, welcoming and they seem the same to everyone. It's a nice atmosphere." Another said, "The ladies (staff) are very good here. It's not nice having to have someone do a lot for you, but they are nice and chatty. I also have a good banter with the cleaning staff when they come in." Other comments included, "I love living here. Everyone is friendly, we help each other, the staff are really nice and it's a happy atmosphere. I like a good laugh sometimes and if I want to be on my own, I can be. It's like home from home." A relative told us, "The staff here are really patient with residents. I don't think I could be that patient. Some of them [people using the service] take a lot of encouragement to do simple tasks."

Staff were friendly and considerate to people's needs. Throughout our visit we observed caring interactions from staff to people who used the service. We observed that staff and residents were friendly, open, caring, compassionate, stimulating and created a very pleasant atmosphere downstairs. However, interactions on the dementia floor were mostly focused on tasks.

People were encouraged to be as independent as possible. They told us that staff respected their choices and supported them to remain as independent as possible. One person told us, "They [staff] are good here; they don't just leave you to get on with it. If you need help, they give it and if you don't they just watch to make sure you are ok."

Staff supported people to make decisions about their care. They asked people for their opinions about how they would like to be supported. A relative told us, "When Mum was first here on respite because I was on holiday; they phoned me because they were unsure about something and wanted to make the right decision. They kept apologising for interrupting my holiday, but I told them it was what I would want them to do. We have a really good relationship now that she is here permanently and it was her choice. The place was recommended to us and it hasn't let us down. Mum is very happy."

We observed that the provider displayed information about advocacy services, so that where required, people could access these services for support with making their own decisions. One person told us that they were not aware of this opportunity or how they could access such services. They said, "No, I have never heard about it, but it sounds just what I might need...I have wondered who will look after my affairs when I can't do it anymore." They told us that they would request further information from the registered manager. We also discussed this with the registered manager who told us that they would discuss this as part of their regular meeting with people that used the service.

Staff treated people with dignity and respect. People using the service told us that staff respected their privacy and independence when needed. One person told us, "I prefer to spend most of my time in my room or in the garden, depending on the weather really. I also go into town to the bank sometimes. I just tell someone I am going and that is it really." They told us that they were only required to inform staff when they returned back home. Another person said that they enjoyed living at The Rowans Care Home because it felt

like a community. They said, "I can also have my space when I want it so it's really the best of both worlds."

We also saw that people's information was stored in a secure and confidential manner. Only authorised people had access to this information.

People's friends and family could visit them at the home without undue restrictions. Relatives could access the building using a secure key code. A person who used the service told us, "Oh yes (family visit) anytime they like. They fit it around what they are doing."

Is the service responsive?

Our findings

People who used the service received support that focused on their individual needs. They told us that this enhanced their experience of the service. One person told us that this made them feel like they still lived in their own home. They gave us an example of things they still enjoyed as they did in their home. They said, "I can have my glass of red wine before I go to bed!" Another person commented, "I can truthfully say that not once up to now have I felt I made the wrong decision to come here." Another person told us, "My family do come and take me out sometimes, but I always think of coming back here as coming home." They went on to say, "Just knowing people care about me and are here to make sure I am looked after, I wasn't good at living on my own really..."

The provider operated a 'resident of the day' system. This involved a monthly focus on the needs and preferences of one individual that used the service. Staff ensured that the 'resident of the day' had a thorough review of how staff were meeting their needs and ensured that any additional request were catered for.

The provider also made adjustments to suit the needs of people that used the service. For example, the service did not have an audible call system. Call bells were transmitted to pocket alarms carried by staff, this was in response to the old system distressing people with dementia and disturbing people during the night.

People's care plans were person-centred and include comprehensive information about their personal history, their interests, their likes and dislikes. The service was in the process of changing the format of people's care plan. We found that the new version was easy to navigate and to access salient information. People's care records included a daily log of staff observation and summary about their care. We found that these logs lacked detail of care delivery and did not tell the reader what kind of day the individual may have had. We brought this to the attention of the registered manager who told us that they would follow this up with staff to ensure that they improved their recording.

People who used the service or their relatives, if the person wished, were involved in planning their care and support. Although the care records we reviewed did not evidence that residents or their families were involved in planning or reviewing their care. People told us that they were as involved as they wanted to be. One person said, "Oh I leave all that to them, that's what they are paid for – looking after me." Another person said, "I wouldn't know what was right and what was wrong." Relatives told us that staff involved them in planning people's care. One relative said, "Oh yes, they are really good. They keep me informed and have asked whether I have any concerns about her care – which I don't." another relative said, "I do remember that when Mum first came here, I sat with the manager and she asked questions about her and her likes and dislikes. It was comforting to know they really were interested in her."

People were supported to follow their interests. They also had access to a variety of social activities within the home and in the community. They had use of a mini bus which people used to access the community. We saw that the activities board had information of several activities planned for the week and month. People received a flyer on information of planned activities to allow them to make a choice of which

activities they wanted to participate in. The registered manager told us that they had employed an activities coordinator who would commence the role in the following month. A person that used the service told us, "They have been brilliant helping me to get out in the garden. It is what I love to do. I have a greenhouse now and have been growing things from seed." They told us that they would like staff to use their produce when they prepared meals. A relative told us, "Mum is far less isolated here than she was at home. I couldn't get to her each day and sometimes she wouldn't speak to anyone for a whole day. She loves the little community here and really can choose what she does in her day."

Some staff from the dementia floor told us that they would welcome more opportunities to spend more time with people, which would allow them to encourage people to participate in individual activities. A member of care staff told us, "Most of the people don't join. You get the same people participating in activities and going on trips. I know it's their choice but some people require more encouragement. I took [person] into town the other day, she loved it but she doesn't enjoy trips."

People were supported to follow their religion. They had access to church services in the home. A person that used the service had expressed their wishes to be baptised. Staff organised this, and held a celebration. One person told us, "I am actually Church of England, but we have always had a close link with the Methodist Church in our lives, so it really doesn't bother me, as long as it is a pleasant experience – and it is." A relative said, "They have really good connections with the local Methodist Church here and also I believe, the Catholic Church. There is often something going on here which is church affiliated and it always seems that residents are enjoying themselves. There is a Harvest Supper soon and I have heard them talking about it."

The registered manager provided opportunities for people to give their feedback about the service. People and their relatives told us they were comfortable to make their views and any concerns known, and they were confident that they would be listened to. One person told us, "I complain if I am not happy and they sort it." Another told us, "The hairdresser here is very good, but her prices went up and it got a bit expensive. We talked about it at our meeting and the Manager has found another lady who is cheaper. They now both come on different days." We reviewed records of residents and relatives meetings which showed that the registered manager used people's feedback to make improvements in the service. Examples included liaising with the cook to make new additions to the menu and continued decoration of the home. We also saw that the registered manager used these opportunities to inform people about how to make a complaint and reiterated that they operated an open door policy should people want to raise any concerns about their care.

Is the service well-led?

Our findings

The service had a registered manager. It is a condition of registration that the service has a registered manager in order to provide regulated activities to people. The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission (CQC).

People who used the service were involved in developing the service to ensure that they received good quality care that met their needs. They told us that the registered manager involved them and sought their opinion on how to develop the service. They did this through the residents and relatives meetings. One person who had used the service for several years told us that the registered manager was the best manager that they had in their time at the home. This was due to the fact that the manager consulted them regarding all aspects of their care at the service. They said that the communication with the manager was good and that they thought the new monthly dates for the diary was a good idea. A relative told us, "I have much greater peace of mind now that mum is here. They keep me informed and ask my opinion if there are any changes they are considering. I still feel like my opinion counts."

We reviewed records of residents and relatives meetings and saw that people who used the service and their relatives were encouraged to give feedback on new things that had been tried. Some were identified as not worth pursuing further. The registered manager used this opportunities to talk to people about what their care plans were and encourage them to be involved with their care planning.

The registered manager was supported in their role by an area manager and a team of senior carers. The registered manager demonstrated good knowledge of the people that used the service. They showed that they knew about them as individuals and their likes and dislikes; whilst walking around the service many people recognised and responded to the registered manager positively.

People were complimentary about the registered manager. They told us that they had easy access to the registered manager when they required it and were confident in their ability to deliver a high standard of care. One person told us, "She is the best manager yet and I have seen a few in the eight years I have lived here. Very approachable. She actually used to be a carer here when I first came you know." Another person said, "Everyone is really approachable, but the manager does what she says she will do. She really seems to care." Other comments included, "The manager is really good – the best yet. She gets stuff done."

Staff told us that they were supported by the registered manager. They said the registered manager supported them to meet the standards that they expected of them. They told us that they were able to approach the registered manager for feedback, guidance and support when required. A care staff told us, "[Registered manager] is a good manager. She's approachable. I think because she's worked as a carer and worked her way up, she can relate to us and the support we need." A newly recruited member of staff told us, "I have been supported to settle in this role, particularly by [registered manager]." We saw that the registered manager was available and 'hands on' to support people where needed.

The provider had quality assurance procedures for assessing and monitoring to ensure that they provided a

good quality of service. These included quality assurance audits of people's care and support and the general maintenance of the building and equipment. The registered manager held daily "flash meetings" with senior carers, catering, maintenance and laundry staff where any issues were discussed. These meetings were also used to plan the day and the requirements for escorts to the community as well as requirements relating to the 'resident of the day'.