

Wellington Healthcare (Arden) Ltd

Rowan Garth Care Home

Inspection report

219 Lower Breck Road
Liverpool
Merseyside
L6 0AE

Tel: 01512639111

Date of inspection visit:
11 February 2020
12 February 2020

Date of publication:
06 March 2020

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Rowan Garth is a residential care home providing personal and nursing care to 105 people aged 65 and over at the time of the inspection. The service is registered to support up to 150 people across five units, however one of the units was not in use at the time of inspection.

People were accommodated in four purpose-built, single-story units. Each unit specialised in different types of support. These included residential or nursing care for people with a variety of health and care needs, including those living with advanced dementia. Rowan Garth is situated in a residential neighbourhood of Anfield in Liverpool.

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

People's experience of using the service was overall positive. This was confirmed by our observations and the consistently good feedback we received from people, family members and staff. However, some of the systems, processes and records underpinning safe, quality and person-centred care at times needed to be more robust.

We therefore made recommendations to encourage the service to continuously improve some safety and governance aspects. These included aspects of risk management, recruitment checks, development of person-centred record keeping and service oversight. The provider had identified other improvement needs effectively. Action plans were actively driving the development of the service, for example person-centred records and refurbishment.

Feedback from professionals was complimentary about the service leadership, its transparency, dedication to improvement and active partnership working to develop people's care. A credit to this was a noteworthy consistency in the positive, people-focused culture we found across the four units of this large service. We observed examples of support and activities that uplifted, engaged and stimulated people. Throughout the service, staff were welcoming, kind, respectful and clearly knowledgeable of people in their approaches.

People felt safe living at Rowan Garth and there was enough for them to eat and drink. The service worked effectively with other professionals to maintain people's wellbeing or promote positive outcomes. Health professionals complimented the service on some particularly effective proactive care. This was supported by the registered manager, who continuously sought further learning opportunities for staff.

There were enough staff to meet people's needs and staff felt well supported. The registered manager provided opportunities for people, relatives and staff to get involved in the development of the service through regular meetings and seeking their feedback. 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.

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

Rating at last inspection

This service was registered with us on 6 March 2019 and this is the first inspection.

The last rating for this service was good (published 25 August 2018). Since this rating was awarded the registered provider of the service has changed.

Why we inspected

This was a planned visit in line with our inspection programme.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Good ●

Rowan Garth Care 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 Care Act 2014.

Inspection team

The inspection was carried out by three inspectors and an Expert by Experience on the first day, and two inspectors and an assistant inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Rowan Garth is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and eight relatives about their experience of the care provided. We spoke with 15 members of staff including care staff, senior care staff, unit managers, activities staff and the registered manager. We spoke with several visiting health and social care professionals, to obtain their views about the service. We used two Short Observational Frameworks for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time on each individual unit, to speak with people, relatives and staff, check the safety of the environment and observe staff practice.

We reviewed a range of records. This included 15 people's care records and multiple medication records. We looked at staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including safety procedures and quality checks were reviewed.

After the inspection

The provider and the registered manager sent us additional information on the day after our visit. This included safety and quality checks, as well as measures taken on the day after our inspection to address issue we had highlighted for action. We reviewed this information and took it into consideration when making our judgements.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Regular checks of the premises took place, to help ensure a safe environment for people. However, at times fire safety and repair checks needed to be improved, for example to ensure doors closed firmly and were effective at preventing fire from spreading. This was an issue particularly on one unit, with some additional doors in other areas. The registered manager confirmed a specialist had been appointed on the day after our visit to rectify any issues.

We recommend the service utilises feedback and assessments from fire specialists to review their fire safety checks for completeness.

- Individual risk assessments gave staff basic guidance on how to keep people safe. Plans at times needed to include more detail to reflect the person-centred approaches staff were using. This was being addressed as part of care plan development. Professionals particularly complimented staff's preventative working to avoid damage to people's skin from moisture lesions.
- Accidents and incidents had been analysed at provider level, to identify any trends or patterns and prevent reoccurrence. We considered use of this within the service needed to be developed. This included more consistent reflection of lessons learned to protect people in personalised risk assessments and their review. The provider had identified this.

Staffing and recruitment

- A significant recruitment drive had taken place, to help create a more permanent staff team to provide care for people. Recruitment checks had been carried out for staff, to help ensure they were suitable to work with people using the service. However, some improvement was required to ensure staff's employment history and any gaps within were explored more robustly.
- Where needed, regular agency staff were used as much as possible which promoted consistency and quality in people's support. However, the service needed to ensure they liaised with the agency to ensure they provided full, quality staff profiles, which had not always been the case. Inductions for agency staff had not been evidenced by the service. Managers developed records to support this following our inspection.

We recommend the service reviews their recruitment checks and staffing procedures for robustness and consistency, including the auditing of this at oversight level.

- There were generally enough staff to meet people's needs and people did not have to wait long to be helped. Although some relatives noted at times there needed to be more staff, people's comments included, "There is always someone near me. I cannot walk on my own so there is always one of [the care staff] near

me." Staff praised the registered manager for their ongoing support in ensuring good staffing levels to meet people's needs.

Preventing and controlling infection

- The service was generally clean and hygienic, which helped to protect people from the risk of infection. Personal protective equipment, such as gloves and aprons, was available and used by staff. Staff had access to hand sanitising gels, however there was limited availability of hand sanitising stations around the service for visitors. The registered manager rectified this.
- At the last relevant food hygiene inspection, the service had been rated as good overall, with some areas noted as generally satisfactory.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their safeguarding responsibilities, which helped to protect people from the risk of abuse. Staff had confidence in managers to address any concerns. Stakeholders commented positively regarding the registered manager's improvements to safeguarding processes.
- People felt safe living at Rowan Garth. They told us this and we observed it in the way they engaged with staff or responded to their reassurances. People told us, "[Staff] were very good to me when my [partner] died". They always keep an eye on me" That is why I am here, I know I am safe here." A family member said, "[Relative] is safe here, everyone bends over backwards here."

Using medicines safely

- People's medicines were managed safely overall, so they received them correctly and at the right time.
- The service worked effectively with an external medication optimisation team. This helped to ensure the safety and quality of medication procedures, as well as effective review of people's medicines.
- We highlighted that as part of care plan development, protocols for people's 'as required' medicines required review, to ensure consistent personalisation. Some 'as required' protocols had not been in place, which the service addressed immediately.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed prior to them moving into the service, to plan their support and help achieve positive outcomes. A family member had written to the provider complimenting them on this. They said, "[Relative] came in for respite for three weeks. Thank you so much, they are a new person. Loved every minute of it." Staff gave us examples of positive outcomes achieved for people, for example reducing people's anxieties and distress.

- The service worked effectively with other agencies to provide consistent, timely care for people. Visiting health professionals praised the registered manager for their transparency and reaching out to seek partnership working, for example regarding pressure sore prevention. They commented, "Staff are already very knowledgeable. Out of so many people living here potentially being at high risk of moisture damage, to only have so few - it is impressive."

Staff support: induction, training, skills and experience

- Staff felt well supported and were guided effectively to be competent in their role through induction, training and supervision. Staff told us, "If you ask for help, you always get it." Some updates were required to manual handling training, which the service was addressing through the use of in-house trainers.
- There was mixed feedback from staff regarding the use of online training. However, the registered manager was also seeking new and additional, specialised learning opportunities.

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

- Staff were aware of people's specific dietary needs and supported them effectively. Staff were gentle, supportive and encouraging in their mealtime assistance for people.
- When staff were concerned about people's weight, they made appropriate referrals to relevant professionals for advice and guidance.
- People overall enjoyed the food. Regular snacks and drinks were offered throughout the day.

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

- The provider had a comprehensive refurbishment plan to update the service environment to meet people's needs.
- People were able to individualise bedrooms to their own taste. Memory boxes outside of bedrooms and other signage assisted people to orientate themselves.

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

- Staff worked effectively with outside healthcare services, to meet people's everyday health needs. People saw a doctor or other relevant professional when they needed to, and families were kept up to date about their relative's wellbeing.
- Assessments had started to be completed to support people's oral health better. The registered manager was arranging additional training for staff regarding this.

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 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. 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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that they were.

- Staff sought people's consent before offering or providing care. Mental capacity assessments had been completed for people regarding the basic decision whether to reside at Rowan Garth. The provider was developing this further for other specific decisions. Their new records supported the detailed recording of best interest considerations and decisions.
- Appropriate applications had been made to the local authority to deprive people of their liberty. The service worked closely with social workers who spent time at Rowan Garth weekly.
- People's right to make their own decisions under the MCA was respected. For example, one person's decision to overturn professionals' advice regarding receiving a specialist diet had been assessed, respected and supported.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with dignity, respect and kindness. We received consistently positive comments from people and relatives we spoke with. People told us, "They are friends of mine", "I get on very well with them", "They are marvellous, they are wonderful, all of them" and "The staff are out of this world."
- Relatives also praised staff for people's good care and support. Their compliments included, "The staff are lovely, they go above and beyond", "All the staff are very helpful" and "We are very appreciative of the professionalism of the staff."
- There was a consistently positive, supportive atmosphere across the different units of this large service. A staff member who had won a prize as part of the provider's employee recognition scheme told us, "I spent the money on toiletries for people here who could not afford them otherwise." Another staff member told us, "We go to [the funerals of people who lived here], because they are family."
- Staff supported people in warm, friendly, engaging and empathic ways. At times of distress, staff reassured people gently and in person-centred ways. We observed staff and the activities coordinators visibly lifting people's moods and encouraging their engagement.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their views or feelings in individual ways about the care they received. For example, a preference questionnaire had been introduced to individualise support and check the person's wishes.
- People and their relatives were involved in the planning of and decisions over their care. Support plans encouraged staff to promote people's choice-making.
- The service worked in partnership with best interest assessors or independent advocates, to uphold people's rights and ensure there was someone to speak up on their behalf if needed. New consent forms had been introduced but not always signed. This was being addressed as part of record development.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in ways that respected their dignity and privacy. When people required assistance to eat at lunchtime, staff used gentle, but effective encouragement. This helped people to eat a little more, while also trying to retain their independence.
- Care plans promoted and encouraged support to people's independence. A dignity care plan provided a pledge like general charter, to maintain and respect people's equality and privacy. Other plans were more personalised, such as bathing and washing plans that promoted people's dignity and encourage them to have as much choice and control over their care as possible.
- People's confidential records were stored in lockable cupboards within staff offices.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were knowledgeable about people's needs and how to support them. Care plans contained basic guidance for staff to follow when providing people with support. These plans were being developed to reflect in more detail the good, consistent person-centred knowledge staff demonstrated. We observed all staff using personalised approaches to support people well.
- Staff were knowledgeable about people's backgrounds. Individual life stories were being developed. However 'memory boxes' outside people's bedrooms had been put together with input from relatives, to help tell people's stories.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A variety of activities was on offer to engage and stimulate people. The service employed three activities coordinators, who offered different things for people to do. Activities staff invited people from across the service to join in with events on different units, for example when local school children visited.
- Staff supported people to feel involved and less isolated. When unit staff and activities coordinators engaged with people, there was a visible lift in their mood. Staff encouraged and supported people to meet others and sit with them, to help reduce social isolation.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's communication needs and how to support them. Care plans gave basic guidance regarding this.
- Important documents could be made available in different formats for people on request, to make them accessible or easier to understand.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint. People and relatives told us, "They listen to me" and "The care is amazing, I have not got a complaint."
- There had been few recorded complaints. The registered manager had responded to complaints and taken appropriate actions to resolve them.

End of life care and support

- Care for people at the end of their life was supported by clinical care plans and effective working with professionals. The registered manager had sought further external learning opportunities to develop the service's end of life care practice.
- A more personalised document had been introduced to capture people's individual, less clinical wishes. Staff were continuously seeking to explore this but noted if people did not wish to discuss these matters.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was overall well managed and led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Record-keeping was being improved across the service to support the consistent delivery of person-centred care. People's care plans had not always moved to the new provider's format and were still being developed to reflect staff's person-centred knowledge in more detail. The provider had recognised this, and additional staff hours had been allocated to speed up this process.

We recommend the service continues to develop, with speed, people's records to achieve a consistent standard of detailed, personalised plans to reflect the person-centred care provided.

- The registered manager was aware of their regulatory requirements and obligations under the duty of candour. Statutory notifications had been sent to inform the Care Quality Commission (CQC) of certain events.

Continuous learning and improving care; Working in partnership with others

- A variety of checks and audits at service and provider level helped to ensure the safety and quality of people's care. Audits had particularly highlighted needs to develop people's person-centred care planning and how to achieve this. Areas for improvement had overall been identified effectively and action plans created to meet them. However, some review of existing quality checks regarding recruitment was needed, considering the area for improvement we found.

- The service worked in partnership with external assessors, to learn from their input and promote the safety of people's care. This had led to improvements, however at times this needed to be reflected more robustly in internal audits and actions; for example, learning from external hygiene audits regarding infection control provisions or fire risk assessments regarding fire door closure issues. The registered manager appointed an external specialists the day after our visit, to support this and address issues.

We recommend the service and provider review their governance checks for completeness, with particular, but not exclusive, consideration of areas for improvement we highlight in the report.

- The service worked effectively in partnership with others, to help ensure and promote the quality of care people received at Rowan Garth, as well as within other services. The registered manager was part of a new project to support this, as well as the steering group guiding the project.

- The registered manager was dedicated to making improvements for people and welcomed feedback to support the service's development with honesty. Professionals complimented the registered manager on their openness when inviting them in and said, "It takes a lot of transparency to allow any external professional coming in. [Registered manager] has that." Commissioners commented positively on improvements made.

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

- A positive, warm, engaging and person-centred culture was consistent across the different units of this large service. Family members praised, "We cannot believe how well they have looked after [relative], they have been great. They are usually really fussy with food, but it has not been a problem here at all."
- The service supported the diversity, individuality and inclusion of those who lived or worked at Rowan Garth. Staff said, "I have respect for everyone, for their beliefs or sexuality or what footy team they support and respect everyone. Everyone here takes everyone as they find them."
- The consistency in positive culture was a credit to effective leadership by the registered manager. They led the service culture with openness, fairness and a dedication to making a difference for people. One staff summarised the consistent positive feedback, by saying, "[Registered manager] is really approachable and lovely and you can talk about anything. She will listen to you whatever concerns you have."
- Staff felt consistently positive about the service culture. Staff comments included, "It is a home from home" and "I enjoy it. You get time to get to know the residents and feel you can meet their needs. You do not go home at night like you have been 'on a wheel'. I go home and feel good about myself."

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

- The registered manager sought to involve people, relatives and professionals in the delivery and development of the service. Regular meetings and satisfaction questionnaires invited the views of people living at Rowan Garth and their families. Compliments from relatives and professionals praised the staff, including, "Their care of my [relative] has been of the highest quality. They effectively communicate all issues, needs and updates when requested."
- The service promoted staff involvement, information and recognition through regular meetings and awards. Staff felt they could contribute their views and be listened to. An 'employee of the month' scheme had been introduced to recognise and award outstanding staff members. The registered manager visited all units at least daily to stay up to date with events and keep in touch with staff and managers.
- Staff felt that although they did not always like the long working hours, their job was rewarding, and staff morale was described as good or even high at times. Staff told us, "I love coming in, making the residents smile and making sure they are ok. If someone comes in a bit miserable then we try get morale back up. Together with the] residents we put music on and get them dancing and the morale is brought up then."