Mrs A Hurley

Rowan House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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

Care service description

Rowan House a residential care home for a maximum of 16 older people who may be living with dementia. At the time of our inspection there were 12 people living at Rowan House. They were accommodated in a converted older property in a residential area of Southampton. There was a shared lounge / dining area and a small secure garden.

Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Rating at this inspection

At this inspection we found the service remained good.

Why the service is rated good

The service met the fundamental standards defined in the regulations, and had made improvements since the last inspection.

People were protected against risks to their safety and wellbeing, including the risk of abuse and inappropriate care. There were sufficient suitable staff deployed to support people safely. The provider had effective processes to make sure people's medicines were stored and administered safely, and to make sure people were supported in a clean, hygienic environment which reduced the risk of the spread of infection.

People were supported by staff with the relevant skills and knowledge according to detailed and up-to-date assessments and care plans. People were very happy with the food and menus. The provider worked with other services for people to access the healthcare services they needed. The provider took account of the legal protections in place for people who lacked mental capacity. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were positive, caring relationships between people and the staff who supported them. The provider supported people to be actively involved in decisions about their care and support. Staff respected and promoted people's privacy, dignity and independence.

People's care and support reflected their needs and preferences. People could access a range of leisure activities with support from staff. People were satisfied with the service they received, and had not needed to use the provider's complaints system.

There were appropriate management systems in place for a service of this size, and staff were motivated in a calm, supportive, homely atmosphere. The provider engaged people who used the service, their families and visiting professionals to take part in quality monitoring and improvement processes. There was a good relationship with the health and social care services people used.

Further information is in the detailed findings in the body of the report.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service has improved to good.	**Good**
Is the service well-led? The service remains good	**Good**

Rowan House

Detailed findings

Background to this inspection

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

This was a routine comprehensive inspection. The inspection took place on 30 October 2018 and was unannounced. The inspection was carried out by a single inspector.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people who lived at Rowan House. We observed care and support people received in the shared area of the home.

We spoke with the care home manager and three members of staff.

We looked at the care plans and associated records of four people. We reviewed other records, including the provider's policies and procedures, internal and external checks and audits, the provider's business continuity plan, quality assurance survey returns, training and supervision records, and medicine administration records. We checked records concerning activities, daily logs, the handover diary, safeguarding, dignity, diversity, infection control, health and safety, training and quality assurance. We reviewed recruitment records for four staff members and read thank-you cards from people's families and other compliments.

Good

Is the service safe?

Our findings

There were systems and processes in place to protect people from the risk of abuse and other risks to their safety and welfare. All staff members had had a supervision on safeguarding to follow up the provider's training. Safeguarding procedures were based on the local authority's published guidance which was available for staff to refer to. People we spoke with told us they felt safe in the home.

The provider identified and managed risks to people's individual safety and wellbeing. People's care plans contained guidance for staff on how to manage risks relating to both physical and mental health needs. These included risks relating to dry skin, infection, falls and recurrence of depression. There were processes in place for increased observations and follow up after falls.

There were general risk assessments in place for the safety of the environment people lived in. These included risks to people's physical security, infection control, and individual room risk assessments. There was a business continuity plan which covered possible loss of major utilities, loss of the kitchen, and how to keep people safe and comfortable if they had to evacuate the home. There were personal evacuation plans which showed the support people would need individually in the event of an evacuation.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Staff numbers were based on people's needs and dependency. We saw staff were able to go about their duties in a calm, professional manner. The provider was actively recruiting because a number of experienced staff had recently left. In the short term staffing levels were maintained by increased use of agency staff and employed staff working additional hours. When recruiting new staff, the provider made the necessary checks and kept the necessary records to show staff were suitable to work in a care setting.

Processes were in place to make sure people's medicines were administered safely and properly. All staff had training in the administration of medicines, and had their competence checked yearly. There were regular audits by the provider's pharmacist. The most recent of these, in June 2018, had identified two minor recommendations, both of which had been actioned. Staff only administered prescribed medicines. Where necessary, people had prescriptions for "as required" medicines in case they needed pain relief, routine skin care or laxative medicine. People's medicines records were complete and up to date.

The provider took appropriate steps to protect people from the risk of the spread of infection. Staff completed a system of checklists to show cleaning activities were completed as required. The provider carried out a monthly infection control audit. People we spoke with told us there were high standards of cleanliness throughout the home. One person described the standard of cleanliness as "excellent".

The provider had a system in place to learn from accidents and incidents. Staff logged any incidents in people's care files and these were taken into account during the monthly care plan reviews.

Good

Is the service effective?

Our findings

People's care plans were detailed, thorough, and reflected people's physical and mental health needs as well as their wishes and preferences. The care home manager kept themselves up to date with changes to published guidance, standards and legislation through membership of relevant sector associations and online subscriptions. Records reflected recent changes to data protection regulations. People's care and support were based on relevant guidance.

The provider had a training programme designed to make sure staff had the necessary skills and knowledge to deliver effective care and support. Training was based on the Care Certificate, which sets out an identified set of standards that health and social care workers adhere to in their daily working life. For new staff a period of up to 20 hours shadowing an experienced colleague was followed by a 13 week induction period. Training was followed up by competency checks, supervisions and appraisals.

Staff supported people to eat and drink enough and to maintain a balanced diet. Staff prepared hot meals in the home's kitchen from good quality ingredients. People we spoke with were very complimentary about the food. One person described it as "excellent". There were monthly checks on people's weight, and where these showed a person was losing weight, staff referred them to their GP who prescribed fortified drinks for them. The service catered for other dietary requirements, for instance if people were living with diabetes.

The provider worked in cooperation with other organisations to deliver effective care and support. This included regular contact with GPs, community nurses and the older people's mental health team. There were emergency care plans in place which contained the necessary information about people's care if they had to go into hospital.

Staff supported people to have access to healthcare services where necessary, including transport to hospital outpatient appointments for treatment for a long-standing condition. Records showed people had routine visits by their dentist, chiropodist and optician. One person had recently had new spectacles following a routine eye check. Staff called people's GP, community nurses and paramedics when needed.

The provider had decorated the home in line with people's needs. People's room doors had their name and a picture of something important to them. Shared rooms also had appropriate signs to help people orientate themselves. Furniture in the shared lounge was arranged so that people could socialise in small groups. The provider had replaced some furniture, floor coverings and other furnishings since our last inspection. The decoration kept a homely feel while helping staff to support people safely, for instance by the use of non-slip flooring.

The care home manager and staff were aware of the obligation to make sure people consented to their care and support, and of the legal protections in place where people lacked capacity. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes are called the Deprivation of Liberty Safeguards. Where people were at risk

of being deprived of their liberty, the provider had made the necessary applications under the safeguards and renewed them promptly.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. One person we spoke with described the staff as "marvellous". Written comments by people's families in quality survey returns included, "Very happy with the quality of care. Pleasant conditions. Lovely staff." Unsolicited compliments included, "You were all so caring", and "wonderfully looked after and cared for by all the dedicated staff". Another family member had commented that it put their mind at rest because their loved one was "always very happy at Rowan House". They also referred to staff's "kindness, care, love and devotion".

Staff supported people with their emotional needs by helping them to maintain their family relationships with people outside the service. When one person's partner moved into a nursing home and could no longer visit Rowan House, staff took the person to the nursing home to visit them. Staff worked with the manager of the nursing home to arrange a timely visit as the partner approached their final hours.

The service supported people to be actively involved in their care and support. Staff involved people and their families in care planning and reviews. Staff supported people to make choices about their day to day care, such as what to have for lunch and where to sit. The provider had picture cards available to assist people in decisions about food and activity choices.

The provider respected and promoted people's independence, dignity and privacy. One person's care plan included instructions for staff to prompt the person to be as independent as possible with their personal care. The person would say they could not do anything, but with encouragement they would be able to have considerable independence.

Guidance about dignity in care from the local authority and other national organisations was available for staff to consult. Every six months staff completed a self-assessment checklist, which rated the service against the principles of providing dignity in care. Where people shared rooms, there were portable screens to help maintain their privacy and dignity. The provider had confirmed people consented to sharing information in the light of recent legislation.

Staff were aware of their responsibilities with respect to equality and diversity. Diversity guidance published by the Royal College of Nursing was available for staff to consult, and equality and diversity were included in staff training.

Good

Is the service responsive?

Our findings

At our previous inspection in April 2016 we found that people's wellbeing was not promoted by a range of appropriate activities. At this inspection we found the provider had taken steps to engage people regularly with meaningful activities and entertainments. People's care plans included information about how people like to spend their time, and staff kept records of when people participated in activities, and whether they enjoyed them.

Activities included individual time spent reminiscing and being supported with games and pastimes, sitting exercise, dancing, films, and music. Where people wanted to, they helped with daily tasks around the home, such as folding napkins ready for lunch. There was a programme of weekly entertainments, and a monthly visit by a local church.

The provider supported people to go shopping if they wanted to, and had arranged an excursion on a wheelchair-friendly boat. People told us they enjoyed and appreciated the activities available for them.

People's care was based on individual care plans that took into account their needs and preferences. Care plans included information about the person's life history and background. Where necessary care plans contained guidance about people's communication needs. At the time of our inspection nobody had a disability or sensory impairment which affected their communication.

People we spoke with were happy they had appropriate support and their choices were respected. They were able to follow their own preferred routine, and were supported to take their medicines as prescribed.

Where appropriate, staff supported people to take part in reviews of their medicines or other treatments with their GP and other healthcare professionals. Staff had supported people to trial different mobility aids with a visiting physiotherapist. People's physical and mental health needs were met.

People were aware of how to complain about the service if they needed to but told us they had "no complaints". There had been no recent complaints logged by the provider.

Nobody living at Rowan House at the time of our inspection was receiving end of life care. The provider had previously cared for people who had expressed the wish to spend their last days at the home. A local hospice service had accredited Rowan House in line with a recognised national standard for end of life care.

Good

Is the service well-led?

Our findings

The owner of Rowan House was also the 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.

The owner worked with the care home manager to manage the service on a day to day basis. There was a clear, shared vision for the service, which included empowering staff to deliver high quality care in a homely atmosphere. The service had recently lost some experienced staff members, but staff who remained were motivated to provide a good service. An experienced care worker had recently been given additional responsibilities, which showed the provider developed staff's skills.

People who use services and others have a right to know how care services are performing. To help them do this, providers are required by regulation to display our ratings in the home and on any websites for the home. Our ratings were clearly displayed in the home, and our last report was available near the entrance, but our ratings were not displayed on the home's website. We pointed this out to the care home manager, who arranged for the ratings to be displayed in accordance with the regulation within 24 hours of our visit.

Processes to engage with people living at Rowan House, their families, and visiting healthcare professionals included regular surveys. The most recent survey showed people living at the home considered all aspects of care to be "good" or "very good" with no negative comments or complaints. One comment in the survey of family members read, "It is the best care home we have ever encountered. Faultless."

The owner and care home manager were both closely involved in the day to day management of the home. They had regular discussions about improvements based on recommendations from checks and audits, public domain guidance about changing standards, best practice and legislation, and their own observations and input from staff. There had been improvements to the physical environment, and updates to processes and procedures, including the management of computer data.

There was a good working relationship with the local authority, and local healthcare service providers. Input from the local GP practice was positive about how and when they were engaged.