

Somerset Care Limited







Rowden House

Inspection report

2 Vallis Road,
Frome, Somerset, BA11 3EA
Tel: 01373 462271
Website: www.somersetcare.co.uk

Date of inspection visit: 16 March 2015
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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	

Overall summary

This inspection was unannounced and took place on 16 March 2015.

Rowden House is registered to provide personal care and accommodation for up to 39 people. The home specialises in the care of older people.

There is a registered manager in post. 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.

During the inspection there was a relaxed and cheerful atmosphere; staff and people living in the home were happy and at ease when they spoke with us. We observed friendly but professional banter with staff discussing local news and topics of interest. One person said, "It's quite a cheerful place, they always have a smile and there is never a cross word." A visitor said, "I am always welcomed, it's more like visiting a family than a care home."

Prior to this inspection we received concerns that care was not being carried out properly due to a shortage of staff. The registered manager confirmed they had been short of staff but all staff had worked well as a team

Summary of findings

ensuring people received the care they required. One staff member said, “Yes we have had a time when we were short of staff but we worked together and covered the shifts. We are better now, some people have left and we have new staff. It has really improved.” Records showed there were adequate staffing levels on each shift. The manager confirmed staffing levels could be flexible to meet the care needs of people and to support other staff with activities such as parties and trips out.

The manager’s vision for the home was to ensure all people received person centred care, recognising people’s freedom of choice and control over their life. Staff all demonstrated their awareness of the manager’s vision and could tell us how they helped people to maintain choice and provide support in a dignified and respectful manner. One staff member said, “We are always mindful that it is their home, that care is specific to them and that they make the choices for the day not us.”

All care staff had received training in identifying and reporting abuse. All staff spoken with were able to explain to us the signs of abuse and how they would report any concerns they had. They all stated they were confident any concerns brought to the manager would be dealt with appropriately. People told us they felt safe in the home and they all knew who to talk to if they wanted to raise a concern or complaint.

People said they felt safe living at the home and with the staff who supported them. One person said, “Everybody is very kind, I don’t think I have seen anybody grumpy when they are with us.” A visitor said, “I am confident my friend is safe and well looked after.” There was a robust recruitment procedure in place which minimised the risks of abuse to people.

People’s health care needs were fully assessed and care and support was provided on an individual basis. One staff member told us, “We have very clear care plans but we also know everybody individually, there is very good communication so we know immediately if there is any changes.” This meant people’s individual changing needs were considered and catered for in consultation with them or a family member if necessary. Care plans and care practices were monitored to ensure people’s preferences were being followed and improvements were made when needed.

People saw healthcare professionals such as the GP, district nurse, chiroprapist and dentist. Staff supported people to attend appointments with specialist healthcare professionals in hospitals and clinics. Staff made sure when there were changes to people’s physical well-being, such as changes in weight or mobility, effective measures were put in place to address any issues. One visiting healthcare professional said they found the staff to be proactive, going to the community team for advice if they needed extra input to people’s care.

Everybody spoken with told us they enjoyed the food, they all said the food was good. People were offered choices and the food was nutritious and well presented. People who needed assistance with eating were supported in a dignified and unhurried manner. Some people chose to eat in their room.

People told us there had been plenty of options for organised activities; however the activities organiser was now a care worker. The manager confirmed they were recruiting a new activities organiser. We saw people had been involved with the Frome College Arts Project. People shared their life histories with students. They planned to create a memory quilt for the Frome Festival. A local school also visited people for their community and history projects. People had been involved in a living eggs programme when they had incubated eggs and hatched chicks. People were supported to maintain links with the local community; the manager had links with local groups and schools.

There were systems in place to monitor the care provided and people’s experiences. An external audit was carried out by the manager of another home in the organisation as well as the regular audits carried out by the registered manager. Action plans were put in place to address any issues found. A regular survey was carried out asking people and their relatives about the service provided by the home. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

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Prior to this inspection we received concerns that care was not being carried out properly due to a shortage of staff. The registered manager confirmed they had been short of staff but all staff had worked well as a team ensuring people received the care they required. One staff member said, "Yes we have had a time when we were short of staff but we worked together and covered the shifts. We are better now, some people have left and we have new staff. It has really improved." Records showed there were adequate staffing levels on each shift. The manager confirmed staffing levels could be flexible to meet the care needs of people and to support other staff with activities such as parties and trips out.

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as well as the regular audits carried out by the registered manager. Action plans were put in place to address any issues found. A regular survey was carried out asking people and their relatives about the service provided by the home. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

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?

The service was safe.

People were safe because the provider had systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

People were provided with enough experienced and skilled staff to support their needs. However it was too soon to judge if the staffing levels could be maintained consistently.

People's medicines were managed well and staff received training to support them to do this.

Requires Improvement



Is the service effective?

The service was effective.

People who lived at the home received effective care and support because staff had a good understanding of their individual needs.

Staff received on-going training and supervision to enable them to provide effective care and support.

People's health needs were met and they could see health and social care professional when needed.

People's rights were protected because staff understood the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Good



Is the service caring?

The service was caring.

Staff were kind, compassionate and respected people's diverse needs recognising their cultural and social differences.

People's privacy and dignity was respected and they were able to make choices about how their care was provided.

Visitors were made welcome at the home at any time.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their needs because staff had a good knowledge of the people who lived in the home.

The manager worked with professionals to ensure they responded appropriately to people's changing needs.

Good



Summary of findings

People had access to activities on a daily basis; however due to staff changes a new activities organiser was being recruited.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

The service was well led.

There was a management team in place who were open and approachable.

The management team listened to any suggestions for the continued development of the service provided.

The quality of the service provided was effectively monitored.

Good



Rowden 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 inspection took place on 16 March 2015 and was unannounced. It was carried out by two adult social care inspectors.

The provider had not completed a provider information return as we had not requested one. This document enables the provider to give key information about the service, what the service does well and improvements they

plan to make. We spoke with the registered manager about the improvements they had made since the last inspection. We looked at information held about the service before the inspection date. At our last inspection of the service in September 2013 we did not identify any concerns with the care provided to people. However we have received concerns regarding staff shortages before the inspection took place.

At the time of the inspection there were 36 people living in the home. We spoke with ten people, three visitors, eight members of staff and three visiting health care professionals.

We also looked at records which related to people's individual care and the running of the home. Records seen included five care and support plans, four staff recruitment files, quality assurance records and medication records.

Is the service safe?

Our findings

People told us they felt safe living at Rowden House; one person said, “I feel really safe here, they are so nice to me.” Another person said, “Why wouldn’t I feel safe, the staff are kind and the manager listens to what I say.”

Staff told us they had all attended training in safeguarding people. They also confirmed they had access to the organisation’s policies on safeguarding people and whistle blowing. Staff were able to tell us about the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. People had access to information on how to report abuse; contact details for the local authority safeguarding team were displayed in the home for people, staff and visitors to read.

Risks had been identified and where possible discussed with people or someone acting on their behalf. For example one person was at risk of not eating enough to maintain their health. Their care plan was clear about the strategies in place to reduce this risk. Staff demonstrated they were aware of the risk and the way to enable the person to eat well whilst maintaining their dignity. Other risk assessments included the risk of developing pressure ulcers and falls. People at risk of developing pressure ulcers had been assessed and the protective equipment was put in place to reduce the risk. The risk of falls for one person had been identified and records showed staff monitored them. Safety equipment such as pressure mats that alert staff when a person has stood and started to move was being used. This enabled the risk of falling to be reduced without restricting the person’s freedom to move around the home.

Before the inspection we had received concerns that there were not enough staff in the home to care for people safely. People told us there were sufficient staff to meet their needs. One person said, “I think there are enough staff although sometimes they have worked short because someone goes off sick.” Another person said, “I don’t worry about staff, there seems to be enough and my bell gets answered soon enough.” During the visit we observed staff had time to chat and join in activities with people as well as carry out their routine duties and respond to requests for assistance. Call bells were responded to promptly and nobody had to wait to receive support.

The registered manager confirmed there had been a spell when they were short of staff. They said they had made some changes to the way care was provided and the pattern of shifts in the home following feedback from staff, people and their families. Some staff did not agree with the changes put in place so they had left. One staff member said, “There are enough staff now but we did have a time when we had to work extra hours to cover. Some staff left due to changes but it is better now, as we work as a team.” Staffing rotas confirmed that following the changes and recruitment there had been better staffing levels in the home.

At the time of the inspection we saw people were safe and were supported by adequate numbers of staff. However it was too soon following these changes to judge whether the improvement would be maintained consistently.

The registered manager confirmed the numbers of staff on each shift could be flexible dependent on the needs of people in the home. They said they would assess the needs of people using a dependency tool to show how much support individuals needed. They also confirmed extra staff would attend if they had activities outside the home which required more staff.

Risks to people were minimised because relevant checks had been completed before staff started to work at the home. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were of good character. The DBS checks people’s criminal history and their suitability to work with vulnerable people.

People received their medicines when they needed them. There were procedures in place for the safe management and administration of people’s medicines; these were followed by staff. Medicines were only administered by staff who had received appropriate training to carry out the role.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. Staff preferred to support people with medication in their own room. One staff member said, “We try not to be institutional, standing by a trolley at meal times. It’s more dignified to get eye drops or support to take the medicine in private.” We observed staff ask one person if they would like to come to their room for eye drops.

We looked at the medicines administration records and noted that medicines entering the home from the pharmacy were recorded when received and when

Is the service safe?

administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We checked a sample of records against the medicines held at the home and found them to be correct.

The service had plans in place for emergency situations and maintained important equipment to ensure it was safe for people to use. There were regular checks on the passenger lift and the fire detection system to make sure

they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. There was an emergency plan in place to appropriately support people if the home needed to be evacuated. This included an agreement with a home owned by the same provider to ensure there would be a safe place for people to go.

Is the service effective?

Our findings

People spoke highly of the staff who worked in the home; they said staff knew their needs and knew how to support them in the way they preferred. One person told us, “I don’t live here anymore but they were brilliant and it was down to them I could move out to live in sheltered housing.” Another person said, “They know what I need and look after me well, no complaints there.”

The staff team consisted of a mix of long standing and new staff. One staff member said, “We work well as a team now. It is a lot better. We know people’s needs and work together to support them how they prefer.” The registered manager confirmed that some staff who had previously worked at the home did not work as a team. She said the skill mix they had had for the last few months before the inspection worked well and staff morale had improved. Staff were able to tell us how they would care for each individual effectively. One staff member told us, “The communication here is really good, we have handover meetings when we can discuss how a person’s needs have changed and we have access to the computer care plans.”

We spoke with staff and reviewed training records. Staff said there were opportunities for on-going training and for obtaining additional qualifications. This included annual updates of the organisation’s statutory subjects such as, manual handling including use of hoists, medication, safeguarding vulnerable adults, infection control, health and safety, health and hygiene, first aid and nutrition. Records showed most of the staff had attended all the statutory training and dates were advertised for ‘mop up’ sessions to ensure all staff had attended by the end of the organisation’s business year. Staff confirmed they could also request training specific to people’s needs such as dementia care or diabetes care. During the inspection some staff were attending dementia awareness training, one staff member said, “It has certainly made me stop and think. I will be working differently when I come on my next shift.”

Staff were provided with an induction programme which followed the Skills for Care common induction standards. These are nationally recognised standards for people to achieve during induction. New staff were able to shadow more experienced staff which allowed them to observe practices and learn how to care for individuals. One staff member confirmed they had followed a thorough

induction process, they said, “The induction gave me somewhere to start but it was working alongside a senior member of staff that pulled it all together for me. I learn better when it is practical.” Staff said they received formal supervision and had an annual appraisal. Records of these showed staff had discussed the care needs of people, their personal development and ways of improving the service they provided.

Records showed people were involved in their care plans and consented to the care they received. Three of the five care plans we looked at included the signatures of the person showing they had agreed to the plan being in place, one was signed by a relative who had lasting power of attorney (LPA); an LPA gives a person the legal right to make decisions on another person’s behalf, whilst the other was not signed. One person said, “I know it’s there and I know I agreed it but it doesn’t really worry me. I can tell them daily what I want.” The care plans contained an initial assessment which identified people’s needs. The daily records maintained by staff showed people’s needs were being met according to their care plan.

The manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. One staff member told us, “I went to the training; it was interesting that you can’t assume people don’t have capacity, and that we can all make the wrong decision. It made me think differently about how I explain things to people so they are better informed.”

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager was familiar with this legislation and had made appropriate applications to make sure people had their legal rights protected.

People told us they saw health care professionals if they needed to. Records showed regular appointments had been made with a chiropodist, optician and a dentist. During the inspection an optician visited to see one person.

Is the service effective?

A senior care worker also discussed organising a hearing test for another person with the GP. One visiting healthcare professional said they visited regularly and always found the staff were aware of people's needs, worked well with them and followed any advice given.

Everybody spoken with said the food in the home was good; one person said, "I like the food it is good." Another person said, "There is always a choice and if you don't like either they are really good at finding something else." The chef said menus were devised by the organisation who considered the nutritional value of the overall menu. There was room for some limited flexibility, for example the menu for the day of our visit included herby crusted cod. The chef told us she knew people did not like the herby crust by the amount of waste. Therefore she substituted this with cod in parsley sauce. The registered manager confirmed that as long as the main ingredient remained the same, each home was allowed flexibility of their menus.

The menu included a choice of two main meals each day and in addition people could have baked potato with

beans or cheese or salad or an omelette. People living at the home confirmed this choice. The home also catered for people needing additionally fortified dishes or diabetic dishes.

In each lounge there were jugs of orange squash and glasses on the table. We observed people being offered drinks and snacks through the day.

Where people had been identified as at risk of weight loss and malnutrition appropriate professionals had been involved and care plans had been put in place to address these issues. Staff were aware that one person needed encouragement to eat as they would decline food if left alone. They supported the person in a dignified and respectful way.

Adaptations to the premises had been made to help people living with dementia to remain independent. There was clear signage directing people around the home and clear guidance on how to work the lift. One person's room had labelled draws and cupboards to enable them to remain independent. This meant they did not have to rely on staff to find their clothes or other personal possessions.

Is the service caring?

Our findings

Everybody spoken with told us they felt staff were caring and respectful. During the inspection we observed staff were kind, compassionate and treated people with dignity and respect. The atmosphere in the home was cheerful and people appeared relaxed and comfortable with the staff that supported them. One person told us, "The staff are all friendly and nice, if you want a cup of tea at night, nobody worries they just get it for you." One person who had moved out of the home said, "They really care here. When I was leaving I said I would love a bath with a glass of wine and the manager arranged it for me. They just go that bit further." Whilst another person said, "The girls and boys are very very good; the help the girls give me can't be beaten."

When people became distressed or upset, staff provided appropriate support. When one person started to cry in the lounge we observed staff respond immediately with a caring and compassionate approach. They talked calmly to the person, found out what the problem was and resolved it for them. The person was clearly more relaxed and happy when staff left.

Visitors also spoke highly of the care provided; one visitor said, "I never worry, I know my friend is cared for by really kind staff. There is always a welcome when I come in and nothing is too much." One health care professional said they had seen some nice, compassionate care carried out by the staff. They said staff were always happy and knew everybody on a personal level.

People told us they could see their friends and relatives whenever they wanted. One visitor had lived in the home but moved on; they said they visited daily to meet their friends, "By friends I mean the residents and the staff, it's that sort of place." We heard staff chatting with people about the local community, discussing local news and

people they both knew. We observed staff had a very friendly and close relationship with people in the home. We observed friendly banter between people and staff during the day.

People said staff respected their privacy. All rooms at the home were used for single occupancy. People told us they could spend time in the privacy of their own room if they wanted to. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff always knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality.

We saw that people were treated with respect for their dignity. For example one person became ill at lunchtime. We observed that they were assisted to leave the dining room. It was not until later that we realised they had been sufficiently unwell as to prompt an ambulance call. Their dignity had been safeguarded and the distress to others had been minimised.

People were able to make choices about their care. They told us they could choose when they got up or went to bed and whether they took part in an activity or not. Life histories had been recorded in care plans so staff knew what the person liked to talk about, their hobbies and likes and dislikes.

People's wishes relating to the care they wanted when they were nearing the end of their lives were clearly recorded. This included details about people's individual or religious beliefs.

The information held showed discussions about resuscitation had been recorded and decisions reviewed with people. These had been carried out with the appropriate professionals and family members.

Is the service responsive?

Our findings

Staff spoken with demonstrated a clear knowledge of the needs of the people in the home. This meant they were able to provide care that was responsive to individual needs. Staff were able to give us detailed information of how they would care for each person as an individual. One staff member told us, “We all know everyone personally, and we discuss changes at handovers so we know what is important to that person at that time.”

People said they thought staff responded appropriately to their requests. One person said, “It’s uncanny they seem to know when I am in a low mood and are there to cheer me up.” Another person said, “They answer my call bell promptly, I know they sometimes have to rush as they are short of staff but you never see that change the way they come and help me when I need them.”

Before a person moved into the home their needs were assessed to ensure the home could meet them. The registered manager confirmed they would only take a person into the home if they felt they could meet their needs. They stated the assessment would include the person as far as was possible, healthcare professionals and relatives involved in their care. One person said, “I came here for respite and decided to stay, so the chat about whether they could look after me was between them and my social worker but I made the final decision.”

Following the initial assessment each person had a personalised care plan which reflected their individual needs. The care records were up to date and included regular reviews and changes made when people’s needs changed. Each care plan included a ‘hospital passport’ so key issues were immediately available for health professionals if a hospital admission was needed. Care plans included regular reviews and showed people and their relatives had been involved. Daily records showed that the needs identified in care plans had been met, for example people were monitored for falls or weight loss in line with their care plan.

Each person was allocated a keyworker. This is a staff member who understands one person’s specific needs and likes and dislikes. They were responsible for ensuring all staff were kept informed of any changes in this person’s care.

The service encouraged and responded to people’s views and suggestions. People said they felt they could discuss their care and living in the home at any time. The registered manager sought people’s feedback and took action to address issues raised. The provider operated a system called ‘You said, We did’ which allowed people to make suggestions and receive a response. One comment concerned staffing levels and suggested more staff were needed. The registered manager had developed an action plan and forwarded it to the organisation’s operations manager. A recruitment programme had been carried out and was on-going with more staff apparent on each shift.

We asked people how they were involved in the day to day decisions made in the home. Two people told us about a resident’s meeting they had attended; one person said, “Oh yes, we have no end of meetings about the buildings and what they’re doing to change them, and the staff take notice.” However another person told us “No we don’t really have meetings.” A member of staff told us the home held resident’s meetings to ask them what they wanted to do for activities or how the home could improve.

People told us about the activities in the home. One person told us, “There used to be plenty but the organiser left. They have had a few since but they go on to do care.” We observed staff included people in discussions about local news and played board games with them. The registered manager confirmed they were looking for a replacement activities organiser. However the home also had links with the Frome College Arts Project. People shared their life histories with students. They planned to create a memory quilt for the Frome Festival. A local school also visited people for their community and history projects. People had been involved in a living eggs programme when they had incubated eggs and hatched chicks. People were being kept up to date with their progress once they left the home.

Staff told us about the availability of computers which people used to keep in touch with their family and friends. One person managed to keep in contact with family living abroad through the use of the internet. One staff member said, “It was great when we first explained how to use it; they can now see their relatives and it is really heart-warming to see the smiles when they have spoken.”

We looked at how people’s views, concerns or complaints were acted upon. The registered manager had clear documentation to show a complaint or concern had been received and how it had been managed. We saw all

Is the service responsive?

complaints had been dealt with promptly and included outcomes for the person as well as a record of what could be learnt. This meant the service listened to, acted on and learnt from the concerns raised.

Is the service well-led?

Our findings

People told us they felt the registered manager was open and approachable. One person said, “The manager is always available. She sees us most days.” One visitor said, “The manager is always prepared to talk with you; she is really good, you feel like your ideas count.” One visiting health professional said they found all staff from the manager down to be open and approachable, which they felt was influenced by the manager’s approach.

Rowden House is run by Somerset Care Ltd who are a large organisation with many locations. There are senior managers and peers in place to support the registered manager. There were also specialist teams such as human resources available to support specific functions of the service. Staff members had job descriptions which identified their role and who they were responsible to. Staff rotas showed there was a senior member of staff on each shift for staff to go to for guidance. Staff members said the registered manager was always prepared to work on the floor alongside them. They said this gave them the confidence that the registered manager understood their roles and ensured care was being carried out in line with people’s care plans. One staff member said, “You never feel on your own, there is always someone senior you can talk to if you want advice.” Another staff member said, “I enjoy working here it has a real family atmosphere and you feel supported by senior staff.”

The manager had a clear vision for the home. One staff member said, “The manager emphasises the importance of person centred care. We must remember we are here for them, it is their home and their choice.” Another staff member said, “We try to improve standards all the time. I like the poster on the wall, ‘The standard you walk past, is the standard you accept,’ says it all really.” Staff confirmed they discussed how to provide care that is personal to the individual in staff meetings and supervisions. We spoke with one visiting professional who had been going to the home regularly for a number of years about the ‘mum test.’ They said they would be happy for their mum to be cared for at Rowden House.

There were effective quality assurance systems to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. Where shortfalls in the service had been identified, action had been taken to improve practice. In response to an audit of care plans we saw action plans in place to address some shortfalls. This had been discussed with staff at team meetings and staff were reminded of best practice in recording changes in people’s care.

The provider had a quality assurance system that looked at areas for improvement. Audits for all areas of the service were completed by the registered manager then audited by the operations manager. The organisation had a system in place that meant a full audit of the home was carried out by a manager from another home in the organisation. The manager from that home would also have themed conversations with people around specific areas. They were asked to give a score of one to ten then if rated below ten they were asked what could be done better. An annual survey of people, relatives, staff and service commissioners was carried out so people could be assured that improvements were driven by their comments and experiences.

All accidents and incidents which occurred in the home were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. Where concerns with an individual were raised by the analysis appropriate additional support was provided.

The manager kept their skills and knowledge up to date by on-going training and reading. They shared the knowledge they gained with staff at staff meetings. They also attended regular meetings for managers with the provider group. Staff members who took the lead in specific areas would cascade their learning to other staff. For example the dementia awareness training being provided on the day of the inspection was being led by a member of staff who had attended the organisations training.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.