Rowles House Limited

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Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

We carried out an unannounced inspection on 17 June 2015.

The service provided care and support to adults, some of whom may be living with a variety of needs including chronic health conditions, physical disabilities and dementia. At the time of the inspection, 21 people were being supported by the service.

The service has 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.

Some areas of the home had an unpleasant smell, and some of the carpets were stained and dirty.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from the risk of possible harm.

Summary of findings

The provider had effective recruitment processes in place. However at busier times of the day, there was not sufficient staff to support people.

Staff received supervision and support, and had been trained to meet people's individual needs. They understood their roles and responsibilities to seek people's consent prior to care being provided.

People were supported by caring and respectful staff. They were supported to access other health and social care services when required.

People's needs had been assessed, and care plans took account of people's individual needs, preferences, and choices.

People did not always get support when they wanted it.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to improve the quality of the service.

The provider had effective quality monitoring processes in place.

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 not always safe.

Some areas of the home had an unpleasant smell and some carpets were dirty.

There were robust recruitment systems in place, but there was not always sufficient staff to support people safely.

There were systems in place to safeguard people from the risk of harm.

Requires improvement

Is the service effective?
The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff who had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Good

Is the service caring?
The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Good

Is the service responsive?
The service was not always responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs. However, they did not always receive support when they needed it.

People were supported to pursue their hobbies and interests.

The provider had an effective system to handle complaints.

Requires improvement

Is the service well-led?
The service was well-led.

The registered manager provided leadership and stability.

Quality monitoring audits were completed regularly and these were used effectively to drive improvements.

Good

Summary of findings

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

Rowles House Limited

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 unannounced inspection took place on 17 June 2015 and it was conducted by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

Prior to the inspection, we spoke with the commissioners of the service from the local authority. During the inspection, we spoke with the seven people who used the service, three relatives, the registered manager, the activities organiser, one of the cooks, three care staff, the hairdresser, the pharmacist and a community nurse.

We looked at the care records for five people who used the service, the recruitment and supervision records for six staff and the training records for all the staff employed by the service. We reviewed information on how the provider assessed and monitored the quality of the service. We also saw the action plan that the manager had completed following a review by the local authority.

Requires improvement

Is the service safe?

Our findings

There was an unpleasant smell on the ground floor of the home, including in some of people's bedrooms. The carpets along the corridors and the large lounge were stained and dirty. We saw evidence that the home was being cleaned daily, but the manager was not able to show us evidence of how often the carpets were cleaned. They told us that this was usually done every two to three months. They also said that they would arrange for the carpets to be cleaned in the next few days after our visit. A chair was being used to keep the dining room door opened and we found this to be a trip hazard. The manager moved the chair away as soon as we pointed this out to them.

People told us that they felt safe. They said that they had no concerns about how staff supported them and their ability to provide care safely. One person said, "This place is a home from home." However, another person told us that they had recently not been given a call bell while lying in bed and therefore had no way of attracting attention when they needed support. They said that they had looked for something to throw at the door, but could not find anything accessible, adding, "I was really frightened. I felt helpless and didn't know what to do. It hasn't happened often at all, but I was scared." Another person who had a call bell near them said, "I don't know what I would do if I needed someone urgently." They did not appear to understand that they could use the device to call for assistance. We fedback people's concerns about the call bells to the manager and they told us that staff were expected to always check that people in their bedrooms had access to their call bells before leaving the room. They also said that they would remind staff of this during handover meetings. However, the provider also had an observation chart that required staff to check people regularly and the charts we looked at had been completed.

The provider had up to date safeguarding and whistleblowing policies that gave guidance to the staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace. Information about safeguarding was available and it included contact details for the relevant agencies. We noted that staff had received training in safeguarding people. They demonstrated good understanding of these processes and were able to tell us about other organisations they could report concerns to. Staff also told us that they were confident that the manager would deal appropriately with concerns, if any were raised.

The care records showed that care and support was planned and delivered in a way that ensured people's safety and welfare. There were personalised risk assessments for each person to monitor and give guidance to staff on any specific areas where people were at risk. The risk assessments included areas associated with people being supported with their mobility and risks of developing pressure ulcers and skin damage for those who were mainly cared for in bed. This maintained a balance between minimising risks to people and promoting their independence and choice. We noted that the risk assessments had been reviewed and updated regularly or when people's needs changed. Each person also had a personal emergency evacuation plan which identified the support they required to leave the home safely in the event of an emergency. This information was also readily available when needed. Fire drills had been completed regularly so that staff knew what to do when there was a fire, in order to keep everyone safe.

A record was kept of accidents and incidents, with evidence that appropriate action had been taken to reduce the risk of recurrence. There were processes in place to manage risks associated with the day to day operation of the service so that care was provided in safe premises. Checks such as fire risk and the safety of electrical and gas appliances, equipment and others had been assessed. An environmental risk assessment had been updated in January 2015. The provider also kept maintenance records and all repairs were signed off when completed. These records showed that repairs were completed quickly.

People did not feel that there was always enough staff to support them. One person said, "They are short staffed here a lot of the time." A relative of another person said, "There are enough staff here mostly, but sometimes they are a bit stretched." Prior to the activities organiser coming in around midday, we observed that nine people had been left in the lounge without a member staff present for periods of up to 20 minutes. On the day of the inspection, we observed that the four care staff were not always available to support people quickly during the busier times of the day. One member of staff said, "We have the correct number of staff, but it will be nice to have extra staff so that

Requires improvement

Is the service safe?

we could spend a bit longer with each person." They said that they would benefit from having an additional member of staff in the afternoon, when they normally had three care staff to support people. In addition, some staff said that they were not always motivated to work because they sometimes worked longer hours, under a lot of pressure.

A member of staff had been provided by an agency to cover leave and staff told us that they did not normally have agency staff working with them. One member of staff said, "It is the first time in the many years I have been working here that we have had to get additional staff from an agency." We found this promoted safe and consistent care because people were normally supported by staff who knew them well. However we raised our concerns with the manager, that the rota showed that the agency member of staff had worked for six consecutive long days during the week commencing on 1 June 2015. We were concerned that this could lead to them becoming tired and consequently, not being able to provide safe care. The manager told us that they would review this with the member of staff and amend future rotas.

The provider had an ongoing recruitment programme so that they covered any vacancies as they occurred. The manager told us that they had five care staff due to start work in the next few weeks. We noted that the provider had effective recruitment processes and systems to complete all the relevant pre-employment checks, including obtaining Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People told us that they were given their medicines as prescribed. We saw that people's medicines were managed safely and administered by staff who had been trained to do so. However, one member of staff told us that medicine rounds were sometimes rushed because the staff that administered medicines were also needed to support people with personal care. The medicines administration record (MAR) had been completed correctly with no unexplained gaps. The medicines were stored securely. There was a system in place to return unused medicines to the pharmacy for safe disposal. Audits of medicines and MAR were completed regularly as part of the provider's quality monitoring processes and any issues identified were rectified promptly. In April 2015, the pharmacist who supplied the medicines to the home had completed an audit of how medicines were being managed. Some recording issues had been identified and the manager had completed an action plan following this, so that these issues were rectified promptly. When we spoke with the pharmacist during their visit to deliver medicines to the home, they said that medicines were managed well and there was good communication so that people received their medicines in a timely manner.

Good

Is the service effective?

Our findings

People told us that staff were well trained for their roles. One person said, "They do a good job and they go on training courses." Another person told us, "When the care staff use the hoist, you can tell that they know what they are doing. I'm ok with them."

The provider had a training programme that included an induction for all new staff. Staff told us that this had been effective in helping them acquire the right skills and knowledge necessary to support people well. The manager kept a computerised record of all staff training which made it easier to monitor any shortfalls in essential training, or when updates were due. This enabled staff to update their skills and knowledge in a timely manner. All staff had completed the training that the provider considered to be essential and some had also completed additional training in continence care, dementia care, first aid, diabetes awareness and others. All staff said that the training they had received was sufficient to enable them to carry out their roles. One member of staff said, "The training is enough for what we do, but it will be nice to acquire additional qualifications." They said that they did not feel that staff were always rewarded for their work because they had requested to be enrolled on a further National Vocational Qualification (NVQ) course, but this had not been approved. The provider also kept information about the training undertaken by the agency staff who worked occasionally at the home, so that they assured themselves that the staff had the right skills and knowledge to support people appropriately and meet their individual needs.

Some staff told us that they had regular support through staff meetings and they could speak with the manager whenever they needed support. They said that they worked well as a team and there was good communication. However, some said that they did not feel supported or listened to by the manager and there were no incentives to keep them motivated. There was evidence of regular supervision in the staff records we looked at. These meetings were used as an opportunity to evaluate the staff member's performance and to identify any areas they needed additional support or training in. One staff member said, "We get supervision and I can also speak with the manager whenever I need support."

People were supported to give consent before any care or support was provided. Staff understood their roles and responsibilities in relation to ensuring that people consented to their care and support. One member of staff said, "People always tell me if they happy for me to support them." There was evidence that where a person did not have capacity to make decisions about some aspects of their care, mental capacity assessments had been completed and decisions made in conjunction with people's relatives or other representatives such as social workers, to provide care in the person's best interest.

Where necessary, Deprivation of Liberty Safeguards (DoLS) authorisations had been applied for and received so that people were appropriately protected in accordance with the requirements of the Mental Capacity Act 2005 (MCA). This included safeguarding people who were not able to leave the home unaccompanied by staff, so that the measures in place to protect them from harm did not place unnecessary restrictions on their freedom.

Most people told us that the food was generally good and they enjoyed it. There were mixed views about whether or not people were given a choice of what they wanted to eat. One person said, "Is there a choice? I just have what they bring." Another person said, "I don't like the mashed potatoes as I am used to roast potatoes. I eat what I can and then leave the rest." Two relatives said that the food was good and there was enough for people to eat. The menu offered a choice of a meat and vegetarian option at each mealtime and the cook told us that they had information about people's preferences and specific dietary requirements. During lunch, we observed that the food appeared well cooked and was presented in an appetising way. Staff gave support to people who were unable to eat their meal without assistance in the dining room. However, one person in the lounge was struggling to use the cutlery provided until we asked if they could be given a spoon. In addition to the main meals, people were also regularly offered snacks and hot or cold drinks.

People were supported to access additional health and social care services, such as GPs, dietitians, and district nurses so that they received the care necessary for them to maintain their wellbeing. Records indicated that the provider responded quickly to people's changing needs and where necessary, they sought advice from other health and social care professionals. We saw that a person living

Good

Is the service effective?

with diabetes was having their insulin injections administered by district nurses on a daily basis. A member of staff said, “We will always call the person’s GP if they tell us or we notice that they are not looking well.”

Good

Is the service caring?

Our findings

Most people told us that staff were kind and caring. One person said, "The carers are alright. They always help me." Another person said, "It's lovely here." Other comments included, "The women who look after me are nice."; "There are some excellent carers here, my [relative] is happy here." However, other comments suggested that people did not find all staff caring. One person said, "The regular carers are ok, but the agency ones are not so good." However when asked further, it was clear that they felt that way because they had not yet got to know the agency staff well. Others did not feel that staff were caring because they did not have enough time to chat with them. One person said, "Some of them you can't have a conversation with, they never have time." The exception to this, was the activities organiser who spent some time talking with people. However, their time was also split between supporting people to attend their health appointments, some administration work and facilitating group activities.

We observed positive interactions between staff and people. Staff were kind and caring towards people and when staff were available in communal areas of the home, there was a happy and friendly atmosphere. While supporting people, the staff gave them the time they required to communicate their wishes and it was clear that they understood people's needs well to enable them to provide the support people required. One person said, "Most of the staff are marvellous, nothing is too much trouble."

Most people could not recall if they had been involved in developing the care plans or involved in reviews. One person said, "I haven't seen a care plan at all." Another person said, "I've seen the notes that they write, but I haven't been involved in any planning or asked about my views." However, the records we saw indicated that people had been asked for their views and that staff took account of this in the planning of their care. Staff demonstrated good knowledge of the people they supported, their care needs and their wishes. One member of staff said, "We get to know people well and how they prefer to be supported." We noted that people's preferences were respected. For example, people could go to bed or wake up at a time of their choosing. One person said, "I can go to bed whatever time I want."

People told us that staff provided care in a way that respected their dignity and privacy. Staff also demonstrated that they understood the importance of respecting people's dignity, privacy and independence. They gave clear examples of how they would preserve people's dignity. One member of staff said, "We always provide personal care in private and we are discreet when asking people if they need support while they are sitting in the lounge." Staff were also able to tell us how they maintained confidentiality by not discussing about people who used the service outside of work or with agencies who were not directly involved in people's care. We also saw that the copies of people's care records were held securely within the home.

Information was given to people in a format they could understand to enable them to make informed choices and decisions. Some of the people's relatives or social workers acted as their advocates to ensure that they received the care they needed. Information was also available about an independent advocacy service that people could access if required.

Requires improvement

Is the service responsive?

Our findings

We observed that people were not always supported promptly during the morning. In the lounge, one person asked to be taken to the toilet several times, but we could not find any care staff in the vicinity to help the person. After 15 minutes, one member of staff came in the lounge and we explained that the person had been waiting a long time for help, but they could not immediately find another member of staff to help them move the person safely. We noted that it was around 30 minutes after the person first asked for help when they finally got it and this had resulted in them becoming a bit distressed. The feedback from people was that staff were busy and were not always able to support them promptly.

Some people said that they did not like sitting in the lounge because it was too noisy. One person said, "It is very loud in there." Another person said, "I don't like the big room. They are all talking and no one is listening." However, the smaller sitting room was not arranged in a way that was comfortable for use by people who preferred a quieter environment. There was only one TV in the communal areas for people to watch if they chose to, but we observed that it was not on for most of our time at the home. One person said, "I don't have a TV in my room and they don't have the TV on here. They just have that picture and music playing." They were referring to the TV being set to a radio channel.

The home had a large garden that people could use during the warm weather. Unfortunately, a clothes line hung across the main access to the garden making it difficult for people to access this area safely. We discussed with the manager alternative areas where this could be located. We fedback to the manager that some people thought that the laundry service was disorganised and their clothes were often mislaid. They said that they would explore ways of improving this.

People who used the service had a wide range of support needs. These had been assessed and appropriate care plans were in place so that they were supported effectively. People's preferences, wishes and choices had been taken into account in the planning of their care and had been recorded in their care plans. Also, information sheets about various health conditions people were diagnosed with were included in each person's care records so that staff fully understood each condition and what this meant for the care they provided. One person said, "I get the care I need." A relative of one person said, "[Relative] gets the care they need. We are happy with everything." However, some people told us that they did not always have their glasses or hearing aids on them. One person said that sometimes staff inserted their hearing aid, but forgot to switch it on. This was meant to be checked as part of a daily check that care staff completed, but it was not always consistently done.

We noted that people's relatives or friends could not visit during meal times. We found this did not promote choice, particularly for people who might have preferred their relatives or friends to assist them to eat. It was also difficult to judge how this restriction worked as on the day of our visit, some people were still having breakfast until around midday and lunch was still in progress in some areas of the home at almost 2pm. The manager told us that this was reviewed on an individual basis and they could accommodate any requests if someone had a particular need to visit at a certain time.

There was evidence that care plans were reviewed regularly or when people's needs changed. Staff told us that they had got to know people's needs very well because they regularly supported a small group of people. This enabled them to provide consistent care. One member of staff said, "We always make sure that each person is treated as an individual and we meet their needs at all times."

People were encouraged to pursue their hobbies, interests and socialise with others within the home. We saw evidence that a variety of activities were provided and that a number of people took part. The activities organiser was well liked by people and they looked forward to seeing her when she came in around 12pm. One relative said, "The activities lady is fabulous. She is great. My [relative] is now dancing. [Relative]'s never danced in their life, but look at them now." One person said, "We have knitting and sewing that I enjoy." Another person said, "We do exercises." A newsletter was produced quarterly to showcase some of the activities already completed and advertise upcoming events. The provider had a minibus and were able to occasionally take people out in small groups. Entertainers were also invited to the home and some people attended a local rotary club.

The provider had a complaints policy and procedure in place and people were aware of this. However, we brought to the attention of the manager that the contact details for

Requires improvement

Is the service responsive?

the regulator of Health and Social Care services were no longer up to date. People told us that they would feel comfortable raising any concerns they might have about the care provided. Most people told us that they had not made any complaints. One person said, “There is nothing to complain about. There is nothing I would change.” Others told us, “You can complain. If you do, they will do something about it.”; “I would talk to [Manager] and [Deputy manager] if there was a problem. I complain on a regular basis about small issues. Some things they sort out, but others I take responsibility for.” There was one recently recorded complaint from a relative of one person about poor personal care and we saw that appropriate action had been taken to resolve this. There was a form to record what was considered to be low level issues and these were audited weekly by the manager.

Good

Is the service well-led?

Our findings

Robust records had not always been kept in relation to people who used the service. The records where staff wrote what support they had provided to people each day had limited information that did not describe what the experience of care was for the person. For example, one person's daily record read, "Washed and dressed. Fluids given, cup of tea and biscuit. Walking about in the lounge." The only detailed record was about when the person had been accompanied to an outpatient appointment at a local hospital. However, we noted that appropriate action had been taken to improve this as it had also been highlighted during a review by the local authority. This included training all staff in what information needed to be included in these records.

The service has a registered manager. People we spoke with knew who the manager was and they all felt that she was approachable. One person said, "[Manager] is really good. I would speak to her if I needed anything." Another person said, "She knows what she is doing. She's just interviewed more staff, so they will be alright." People also spoke highly of the deputy manager who had been recently appointed to that role. One person said, "She is fantastic and always there for people whenever she can be."

Until recently, following a review by the local authority, there had not been any recorded evidence that the manager was being formally supervised and supported by the provider.

Most staff told us that the manager provided stable leadership, guidance and the support they needed to provide good care to people who used the service. They also thought that it was a positive move to appoint a deputy manager to provide additional support to the registered manager, and the day to day leadership and support to the staff. A member of staff told us that both the manager and the deputy manager were approachable and were a good source of advice when they needed it. Staff told us that they were encouraged to contribute to the development of the service so that they provided good quality care that met people's needs and expectations. We saw that regular staff meetings were held for them to discuss issues relevant to their roles. They said that these meetings were essential to ensure that they had up to date information that enabled them to provide care that met people's needs safely and effectively. One member of staff said, "We always work well as a team and communication is normally good." However, one member of staff said that they did not always feel valued and appreciated for their hard work.

The manager promoted an 'open culture', where staff, people or their relatives could speak to them at any time, without a need to make an appointment. There was evidence that the provider worked in partnership with people and their relatives, as well as, health and social care professionals so that they had the feedback they required to provide a service that was safe and appropriately met people's needs. Monthly meetings were held with people who used the service, but these were not always well attended. One person said, "We have meetings and I go sometimes. They are alright." People's relatives were also invited to meetings, but only a few normally attended. The relatives we spoke with said that they were aware of these meetings, but they mainly chose not to attend as they were too regular.

The provider also completed annual surveys of people who used the service, their relatives and professionals that worked closely with the service. The results of a survey completed in March 2015 showed that the majority of people were happy with the quality of the service provided and staff that supported them. Most people we spoke with liked the atmosphere in the home and were happy with how their care was provided. People's positive comments were supported by the hairdresser who visited the home every Tuesday and Wednesday. They told us that the service was well run and people received the care they needed.

A number of quality audits had been completed on a regular basis to assess the quality of the service provided. These included checking people's care records to ensure that they contained the necessary information. Other audits included checking how medicines were managed, health and safety, bedrooms, kitchen and others. Where issues had been identified from these audits, the manager took prompt action to rectify these. There was also evidence of learning from incidents and appropriate actions had been taken to reduce the risk of reoccurrence. The provider had recently improved their quality monitoring processes so that they were more robust in identifying areas where improvements were required. The manager showed us a copy of the audit form they would use in the future.