Mrs Marina Stack

Rowallan House

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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection was unannounced and took place on 2 March 2017. At our previous inspection on 15 July 2015, we rated the service Good. However, we identified one area that required an improvement. This was in relation to the recording and safe administration of medicines. Following that inspection the provider sent us their action plan which set out how the intended to make improvements. During this inspection, we found that medicine recording, administration and storage remained issues which put people's health and wellbeing at risk.

Rowallan House is registered to provide accommodation for persons who require nursing or personal care for 41 older people some of whom have dementia. At the time of the inspection there were 33 people using the service.

The service did not have a registered manager. However, there was an acting manager who was yet to apply to register with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are "registered persons". Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe in the service and that staff treated them with respect and dignity. Staff were kind, compassionate and friendly when interacting with providing care. There were various systems in place which promoted people's safety. For example, people's risk assessments were completed and reviewed, equipment was regularly tested and enough staff were provided to ensure people received care that they needed.

Staff supported people to have access to health care. Health professionals came to the service and referrals were made for people so that they could receive medical treatment. The food provided at the service was nutritious and reflected people's preferences.

Staff were supported by the management and received regular supervision and training. They knew what adult safeguarding meant and how they could apply it in practice. They also had good knowledge about the Mental Capacity Act 2005 (MCA) and how to apply it within their role. The provider did not always follow their staff recruitment system in practice. We have made a recommendation to improve this.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have served a warning notice in respect of this breach. You can see what actions we told the provider to take at the back of the full version 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?

Requires Improvement

The service was not safe. Medicines were not appropriately managed by staff. This put people's health and wellbeing at risk.

People's risk assessments were identified and staff were provided with guidance to ensure people were safe.

Although fire risk assessment was in place and regular health and safety tests were undertaken, we recommended that the registered person seeks advice from fire officers regarding the safety of people with mobility needs.

Staff knew what adult safeguarding meant and how to report incidents of abuse.

The service had enough staff to ensure people were safe. However, the staff recruitment was not always robust enough to ensure that they were appropriately vetted.

Is the service effective?

Good

The service was effective. Staff had the skills and experience to support and meet people's needs.

Staff obtained people's consent before supporting them. They understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and ensured people's rights were respected.

The food provided at the service was good and reflected people's preferences. Staff supported people to access health care services and referred to the relevant health care professionals to promote their health and wellbeing.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and respectful to people and their relatives.

Staff provided people with support and care that reflected their needs. Comprehensive needs assessment was used to identify the needs of each person and provide them with appropriate

care.

People's privacy and dignity was respected in the provision of care.

Is the service responsive?

Good

The service was responsive. People were offered a place at the service only if it was believed that their needs could be met.

People could decide how to spend their time, including participating in the activities staff provided or staying in their rooms watching television or reading books.

People and their relatives could be confident that staff would listen to and deal with their complaints.

Is the service well-led?

Requires Improvement

The service was not always well led. There provider had employed an acting manager who was yet to apply to register with the Care Quality Commission.

Staff recruitment and the medicine policies and auditing systems were not always fully implemented to ensure that people's health and wellbeing were protected.

The acting manager and staff were clear about the aims and vision of the service which was to provide a quality care that recognised and promoted the rights of people.

The acting manager actively sought people, relative and staff views through regular meetings and survey questionnaires. This ensured that people had opportunities to share their views and that there were systems in place to monitor the quality of the service.

Rowallan 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 2 March 2017 and was unannounced.

The inspection was carried out by two inspectors 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. The expert by experience for this inspection had experience of caring for older people living with dementia and was able to talk with and observe people using the service and their relatives.

Before the inspection we looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about. We also looked at other information sent to us from people who used the service or the relatives of people who used the service and health and social care professionals.

We contacted health care professionals and commissioners for health and social care, responsible for funding some of the people that live at the home and asked them for their views about the service.

During the inspection visit we spoke with 11 people who used the service. We spoke with 15 relatives who were visiting their family members and a visiting healthcare professional. We spoke with three care workers, a laundry assistant, maintenance person, two cooks and the acting manager.

We looked at the care and support of six people, which included looking at their plans of care. We looked at six staff recruitment and training records. We checked records relating to the maintenance of the environment and equipment, staff rota, training, complaints and the quality monitoring and assurance.

Requires Improvement

Is the service safe?

Our findings

We noted a number of errors in medicine administration and recording. For example, two of the 19 people's medicines supplied in blister packs contained tablets which were signed for by staff as administered. This showed that medicines were not appropriately managed and people's health and wellbeing was put at risk. We noted that staff recorded 'L' to indicate social leave when people were visiting their relatives and therefore were not taking their medicines at the service. The issue was this was that 'L' was used in various occasions, for example, when medicines were given to relatives to administer and when medicines were not administered due to other reasons such as people refusing to take them. This meant that it was not easy to ascertain when medicines were taken or not taken by people. We also found other gaps in pain relief medicines such as Ibuprofen and Co-codamol tablets where medicine administration record sheets (MARS) and the actual tablets did not tally in that the medicines were either too many or too few.

We found that homely remedies such as Paracetamol 500mg tablets, which had been prescribed to a person using the service, were being used by the staff for generic 'homely remedy' purposes. A member of staff told us that the GP prescribed medicines to a named individual and this was used generically as a 'homely remedy'. Although the service had a detailed 'homely medicines protocol' in place, we found that some people who used the service were given 'homely remedy medicines' that doctors did not prescribe for them.

Medicines were stored safely in locked cabinets. We noted that the temperatures of the fridge, where some medicines were kept, were monitored and recorded. Staff who administered medicines had appropriate training. However, we looked at the controlled drugs storage and found controlled drugs were held not in metal cupboards but in a kitchen type cupboard/cabinet (possibly plywood) with a standard lock. This cupboard was fixed to the wall and housed within a standard cupboard. A member of staff told us that only staff authorised to administer medicines had access to locked door and only the duty managers had access to the key to the locked Controlled Drugs (CDs) cabinet.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us they felt safe using the service. One person told us, "Yes, I do feel safe, the staff are lovely. [They] take good care of us." Another person said, "Oh yes, I absolutely feel safe, no question of that." A third person said, "I do feel safe, other people make me feel safe here," Relatives told us that they felt people were safe and were happy with the service. One relative told us that they visited the service once a week and they felt the person using the service was "safe". Another relative said, "Oh yes, [the person using the service] is very safe. [The person] has a wheelchair and staff are there to support [the person]."

Staff had attended safeguarding adults training and were able to tell us how they would recognise and report any incidence of abuse. One member of staff said, "I will write down everything I have observed and report it to my manager." Another member of staff told us that they had attended safeguarding adults training and had read the service's policies on adult safeguarding and whistle blowing. Staff told us they

knew they could raise concerns with the local authority, the police or the Care Quality Commission (CQC) if they felt it necessary. We noted from information we held on the service that anonymous whistle blowing information had been raised and dealt with by the service effectively. This showed that people were protected through the practice of raising concerns and taking them seriously.

Risk assessments were completed and updated yearly or when people's needs changed. The risk assessments provided details of 'identified risks', their 'likelihood of happening' and 'the options considered to be taken by staff' to manage them. Staff told us they were aware of each person's risk assessments and knew what action to take to minimise the risks. For example, staff told us some people had allergies to some foods, which they were aware of and knew not to give them. Another member of staff told us that following the moving and handling risk assessment of a person, two care staff supported them with their personal care or when transferring them from a bed to a wheelchair.

Staff were aware of the procedures to follow if there was a fire emergency. They told us and records confirmed that there was a fire risk assessment and emergency evacuation plan. We noted fire alarm emergency lights testing were carried out weekly and the passenger lift was regularly serviced. The first floor bedrooms were accessible through the lifts to people with a mobility difficulties. The acting manager confirmed all bedroom doors were fire doors which closed automatically in a case of a fire. We noted each person had personal emergency evacuation plan. Staff told us they had seen and knew these emergency plans.

Most of the people and relatives told us there were enough staff at the service. One person said, "Yes, there [are] enough staff here." Another person told us, "I think [the staffing level] is OK, there is nothing to make me think otherwise." A relative told said, "I have never heard [the person using the service] complain [about the staffing level], so I am happy with that." However, some people and relatives told us that the service "could do with a bit more staff". The staff rota showed that there were five care staff, an activities co-ordinator, two cleaning staff, two laundry assistants, a cook, a kitchen assistant and a maintenance person during the morning shift. Four care staff and a cook worked in the afternoon shifts and three waking night staff at night. The acting manager was at the home during most parts of the day and was available on standby to provide support and advice by telephone when not at the care home. Our observation during our visit showed that there were enough staff available to support people with meals, activities and personal care.

The service's staff recruitment policy was updated in April 2016 and contained detailed information relating to the procedures needed to be followed in the employment of new staff. The acting manager told us that he was responsible for recruiting staff. He told us that staff were interviewed and those who were successful presented written references and were subject to disclosure and barring checks (DBS) to confirm they were safe to work with people. The DBS is a criminal record and barring check on staff who intend to work in the health and social care field. The staff files and the records showed that DBS had been carried out and references received. However, we noted that gaps in employment history were not always checked for some staff. We recommend that the registered person seeks guidance on best practices for safer staff recruitment to ensure that the staff recruitment practice is robust.

Good

Is the service effective?

Our findings

People told us staff were appropriately skilled and experienced in meeting their needs. One person said they were "well looked after [by staff]". They said they had "no complaints" about the care they received. Another person said, "[I am] very satisfied to be honest, I couldn't ask for anything else." Relatives told us they were satisfied with the staff. One relative said, "The staff are doing a very good job, I am pleased with their help." Another relative told us, "I come without warning and I am always satisfied and impressed [with the way staff treated people]."A third relative told us that the "vast majority [of staff] do a fantastic job [whilst] there are very few who are looking for other jobs. But overall I am happy". Another relative told us that the staff were "marvellous" and they were satisfied with their knowledge and experience to support the person using the service.

We looked at the on-line training records for six staff and found that all the staff had completed various training programmes which included moving and handling, health and safety, fire safety, basic food hygiene, confidentiality, infection control, challenging behaviour, first aid, dementia awareness and health and safety at work. Records showed and staff told us that staff also received face-to-face training. Staff told us they had attended induction when they started work, which introduced new staff to how the service operated and provided them an opportunity to shadow and learn from existing staff. Staff told us they found their induction helpful.

Staff had good knowledge about the Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We noted that staff and the acting manager knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised, if needed for their own safety. Staff told us and records showed that assessments of people's capacity had been completed and where appropriate DoLS obtained for some people. We observed that staff encouraged and supported people to make their decision, for example, by asking them what they preferred for their lunch and how they wanted staff to support them.

Staff talked positively about the support their colleagues and the acting manager provided. One member of staff said, "I like working here. We work as a team, we support each other." Another member of staff said, "I feel I am supported here. The people are nice. The staff and management are nice." We noted that staff had regular supervision and annual appraisal. Staff told us they could discuss their professional development and practice issues in their supervision. Staff told us and records confirmed that staff attended team meetings and handover meetings where they shared information about changes to people's care needs and how to support them. The acting manager told us that the service was in the process of employing a deputy manager who would assist with providing support and supervision to staff.

People and relatives were satisfied with the food provided at the service. One person told us, "The food is very good. There is always a choice." Another person said, "If you don't like what they provide, there is always something else to choose from." A third person said, "The food is alright, they know what I like which is good." A relative told us, "[The person using the service] eats all of it, [they like] it." Another relative said, "I haven't tried it, but I am sure the food is good, and definitely looks good." The cook told us they had enough information (which was displayed on the wall in the kitchen) about people's dietary needs, food tolerances and preferences. They told us examples of food not suitable for some people because of allergies and preferences. We observed that the food provided reflected the menu of the day. The menu showed that a variety of meals were provided, which were nutritionally balanced and included choices to meet cultural and religious needs. People received food that reflected their assessed needs such as 'soft' and 'pureed' diets, for example, people at risk of choking or those who had difficulty swallowing. We observed that staff were available to help people with their food. We saw good practice which included staff talking to people and sitting by them when assisting them with their meals. This showed staff were respectful to people when assisting them with their meals.

Staff supported people to have access to medical care. During the visit we spoke with a healthcare professional who confirmed that they had been coming to the service regularly for many years. They told us that staff worked well with them in calling them when and as needed and in sharing information with them. People and relatives told us they were satisfied that they were referred to and accessed healthcare professionals when needed. Records showed, and people and relatives told us, that people had access to various healthcare professionals including GPs, opticians, chiropodists, speech and language therapists, audiologists and dietitians. This showed that people were supported to receive appropriate healthcare.

Good

Is the service caring?

Our findings

People and relatives talked positively about the attitude and kindness of staff. One person said, "[Staff] are very caring, kind and compassionate towards me." Another person told us, "The staff are kind and respectful. I would recommend this care home to friends if they need care." A relative said, "Staff are caring, friendly, and respectful. [The person using the service] has more contact with staff and the manager. All of them are caring."

We observed staff had developed positive relationships with people. For example, we observed people were relaxed when interacting with staff and we saw staff addressed people in their preferred names and titles. One person told us that they were satisfied that their clothes were properly washed, ironed, folded and brought for them. They told us their clothes had never gone missing. We noted people personalised their bedrooms with family pictures and personal items. One person told us they had their own small fridge in their room. Throughout the visit we observed clothes were clean and no person was in discomfort or a distressed situation.

People lived in a clean environment. People and relatives told us their bedrooms and the communal areas were cleaned. One person told us that staff cleaned their room and changed their bed. A relative told us, "The home was always clean and the bedroom was 'cleaner and tidier than mine'." However, when we arrived at the service there was a bad odour in the corridors near the main entrance. The acting manager explained that this might have been caused either due to a chemical they were using to clean the carpets or due to the morning time when staff were helping people with personal care. We were advised by the acting manager that this would be further investigated and addressed to ensure that all parts of the service were free from bad smells.

People's files contained assessment of needs and care plans. The files also included pictures and profiles of people describing short biographies so that staff knew their history and preferences. The assessment of needs were detailed and covered areas such as general conditions, pressure sores, mobility, hearing, eyesight, oral hygiene, speech, pain, memory, nutrition, diabetes, dressing, foot care, continence, protection and food allergy. We saw that the assessments were reviewed regularly. Care plans were formulated based on the assessed needs. They also outlined the 'aim of the plan' and 'plan of action' describing what was required to be undertaken and achieved to ensure people's needs were met. Staff told us, and records showed that people and their relatives were involved in the assessment and care plan. This was confirmed by people and relatives we spoke with.

People felt staff respected their privacy and dignity. One person told us, "They do respect my privacy and dignity, they always close the door and the curtain." Another person said, "Yes, they do respect my privacy and dignity, by closing the doors and asking me if everything is OK." A relative told us, "This could not be better. They are very good. They respect [the person's] privacy." Staff told explained how they ensured people's privacy. They said they knew how they ensured confidentiality. Staff told us they closed doors when, for example, supporting people with personal care and gave choice of how they preferred support to be provided. We observed that staff knocked on the doors and waited for permission to enter rooms. We

noted that people could choose to keep their bedroom doors shut.

Good

Is the service responsive?

Our findings

People and relatives told that they had been involved in the assessments of their needs. They told us that they discussed their needs with staff before making the decision to come to the service. A relative said a person using the service had been living at the home for many years because the service was meeting their needs. They told us and records confirmed that they were involved in the assessments of needs. Staff told us that new people were admitted to the service only if the facilities available were suitable to their needs. The acting manager said the service would not admit people whose needs could not be met as doing so would put their and other people's health and wellbeing at risk.

Each person had a keyworker. A keyworker was a named member of staff who had a special interest in the wellbeing and on-going care of a person. Keyworkers checked and ensured that the person had appropriate toiletries and clothing, and attended healthcare and other appointments. Staff told us that the key working system worked well in helping them meet people's needs.

People were satisfied with the activities provided. One person told us, "Staff ask me to join in activities, but I like to be on my own reading books and watching television. I am happy I am allowed to do what I want to do." A relative told us, "[The person using the service] is happy, I don' think [they are] bored. Staff check on them frequently." We observed staff spent time interacting and playing different games with people. We saw that there were communal rooms for people to engage in activities, watch television or socialise. We also saw there was a large well-looked after garden where people to sit and relax when the weather permitted. The service had provided a smoking room outside the main building for people who smoked.

The service had a full time activities co-ordinator and a hairdresser who came on Wednesday every week. The acting manager told us that an entertainer also came every month and people from a local place of worship visited on Monday once a month to conduct services. This was confirmed by two people and three relatives.

People and relatives told us that they would talk to the staff or the acting manager if they had any concerns. One person said, "I have no complaints. [If I have a concern] I know I can speak with staff." A relative told us, "I know how to complain. My first line is to speak to management. [However] I haven't had to complain." Another relative said that they knew what to do if they were not happy about the service. They told us that they had previously complained and were satisfied with the outcome.

People and relatives told us their views were sought about the quality of care and service provided. We noted that 'residents'' meetings took place allowing people to share their views about the service. The acting manager also held individual meetings with relatives to listen to their views and discuss how the service could improve. Relatives we spoke with and the records we checked confirmed that these meetings had taken place. We also noted that the service encouraged people and relatives to provide feedback on the quality of service through surveys. The outcome of the last survey (2016) showed that people and relatives were overall positive about the service.

Requires Improvement

Is the service well-led?

Our findings

The service did not have 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. At the time of the inspection, the service was being managed by an acting manager who was yet to apply for registration with CQC. The acting manager told us that he had worked as a deputy manager at the service for three years before his present post. He told us that he had previous management experience in another care setting.

The provider's policies and auditing systems were not always robustly implemented to ensure that the service was safe. For example, medicine recording, administration and auditing systems were not effectively implemented to ensure that people's health and wellbeing are protected. We also noted the provider's staff recruitment policy was not always strictly followed to ensure that gaps in employment were checked when employing new staff.

People, relatives, a professional, and staff told us that there had been a marked improvement since the acting manager had been employed. One person said, "I can see a wonderful management in [the acting manager]." A relative told us, "[The acting manager] is fantastic. There is an improvement in the variety of food, care and management of staff [since the acting manager has taken up management post]." A professional said, "The manager is approachable and co-operative." A member of staff told us, "I get a lot of support from the manager."

The acting manager understood their responsibilities and displayed commitment to providing quality care in line with the provider's mission statement, vision and values. The aim of the service is "to provide quality care support and assistance tailored to each resident's needs. We are committed to ensuring that each individual's rights to dignity, respect and control over their own lives upheld whilst continuing to focus on improving and delivering quality of care and choice of those we support." The acting manager and staff confirmed that they understood the service's vision and values and promoted equality and diversity within the service.

Before the inspection we had received whistle blow information and some anonymous concerns and passed them to the provider to investigate. We were assured that the provider took appropriate and prompt action by undertaking comprehensive and inclusive investigations. This showed that the provider was open to suggestions and ready to taking action to ensure people lived and staff worked in safe environment.

However, we noted that the acting manager monitored the systems in place for care plan reviews, maintenance of the building and equipment. Staff knew the reporting procedure in place for faults in equipment. They informed us that they would report any faults in equipment to the maintenance officer or the acting manager. We noted that external contractors had been employed to come periodically to test or repair any faults in the equipment.

The provider had a responsible individual who visited the service two days (or more when required) a week to monitor improvements and provide people with an opportunity to make comments or raise concerns. The acting manager reported to the responsible individual about the performance of the service. For example, complaints, accidents and incidents, concerns and requests for equipment or facilities were reviewed during the visit. The acting manager told us that the responsible individual and the provider had agreed to employ a deputy manager to provide more management support.

People, relatives and staff had opportunities to influence the quality of the service through the meetings and survey questions. People, relatives and staff confirmed attending meetings and discussing issues related to the service. Relatives also told us that they had completed survey questionnaires about the quality of the service. We saw copies of the survey questionnaires and the report which detailed the findings and the action plan proposed to be implemented to improve the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not appropriately managed by staff. This put people's health and wellbeing at risk.

The enforcement action we took:

Warning notice issued