

HC-One Limited

The Rowans Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Rowans Care Home is a residential care home providing personal care for up to 54 people. The service provides support to older people, people living with dementia and people with a physical disability. At the time of our inspection there were 49 people using the service.

The Rowans Care Home is purpose built and has ground and first floor accommodation. Bedrooms at the home are single. There are communal rooms, including lounges and dining rooms on both floors. There are gardens and outdoor space for people to use.

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

People spoke highly of the staff who supported them. A person told us. "I've lots to praise the staff for, the carers are lovely. I get on well with all of the staff." People spoke of the staffs understanding of their individual needs and wishes and spoke of being happy at the home. A person told us. "They [staff] don't wake me; I usually wake up myself. I'm ready to get up at 6. I'm ready for them when they come to me with toast and a cup of tea. It's very nice."

We observed staff and people at the home enjoying each other's company, we heard much conversation and laughter. People spoke of, and we saw their enjoyment in participating in activities. A person told us. "I like to do arts and crafts, a couple of weeks ago I did flowers [flower arranging]."

Systems and processes were in place to support people's safety. People's needs, including their safety in relation to care were assessed and monitored. Timely referrals were made to health care professionals where required to promote safety and well-being.

People received the support they required with their medicines, which were managed safely.

People were supported by staff who had undergone a robust recruitment process. There were sufficient staff to meet people's needs. People and their family members spoke of the knowledge staff had of their relatives' needs, and of their kind and caring approach.

Staff worked consistently within the providers policy and procedure for infection prevention and control and followed government guidance related to COVID-19.

People were supported to have maximum choice and control of their lives. People's views, and that of family members were sought, which included involvement in decisions relating to people's care.

Staff spoke of the management team being supportive and the manager having an open-door policy. Staff were enthusiastic about their role, and of their commitment in working with the manager to continually improve people's care.

The providers systems and processes monitored the quality of the service being provided to bring about improvements where identified. A schedule of audits in key areas was in place, with audits being undertaken by the management team. Quality monitoring was undertaken and kept under review by senior managers on behalf of the provider to drive improvement.

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

Rating at last inspection

The last rating for this service was Good (published 17 October 2018).

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service sustained an injury. This incident is subject to a safeguarding investigation by the local authority. As a result, this inspection did not examine the circumstances of the incident.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Rowans Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Rowans Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an 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

Service and service type

The Rowans Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Rowans Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. The manager of The Rowans Care Home has applied to the Care Quality Commission (CQC) for registration.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people as part of the site visit. We spoke with five people and five family members by telephone on 24 March 2022 to seek their views about their experience of the care provided. We spoke with eight members of staff during our site visit, which included the manager, deputy manager, senior care staff, care staff, housekeeping staff and the area quality director.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management and monitoring of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff competency assessments, minutes of meeting, policies and procedures and analysis of data.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were in place to protect people from abuse.
- People and family members told us they felt safe. A family member told us. "When [relative] first went into the home we had a lot of information on safeguarding and risk assessments. I've no concerns about abuse or safeguarding at all."
- Staff received training on safeguarding and understood how to recognise and report abuse.
- Investigations in response to safeguarding concerns, accidents and incidents were used to review and update systems and processes to promote people's safety. For example, improvements had been made to the monitoring and recording of people's wellbeing following an incident where a person fell.

Assessing risk, safety monitoring and management

- Potential risks to people's care and safety were assessed and kept under review to promote their safety. For example, equipment was used such as sensor mats and hoists to reduce people falling.
- Mental capacity assessments were undertaken where it was believed people lacked capacity to make an informed decision regarding their safety. For example, vaccinations against health-related conditions and the administration of medication without people's knowledge, disguised in food and drink.
- People and family members told us they were involved in decisions about their care, where they wished to be. A family member told us. "I feel involved in [relatives] care planning; they [staff] know that I want to be involved and they make sure that they let me know what's happening."
- Clinical risk meetings were held to review people at risk in key areas. Each person's risk was discussed, and actions agreed to manage and reduce the risk. For example, people who had been identified as losing weight, were referred to health care professionals, and dietary changes made to encourage weight gain, such as high calorie fortified meals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were sufficient staff to meet people's needs. People's needs were kept under review and were used to influence staffing levels within the home. Staff told us, when staffing numbers were as they should be, they were able to meet people's needs in a timely way.
- We observed call bells were responded to in a timely manner by staff. People and family members spoke of staff being busy, but spoke positively of the care provided, and the caring approach of staff. A person told us. "When I ring [press the call bell] they come to help me, they help me to get dressed and undressed."
- Staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. However, we found pharmacist guidance had not been sought where medication was administered in food or drink. The manager acted during our site visit, contacting the pharmacist who provided the guidance required.
- People were supported with their medicines in a safe and timely way. People's records detailed the prescribed medicine, which included clear guidance as to the use of medicine to be given as and when required. For example, to reduce people's anxiety when they became anxious or to control pain.
- We observed medicine being administered. Staff were caring in their approach, providing an explanation as to the medicine, and took time to support the person to ensure all their medication had been taken before the electronic medication administration record was signed.
- Staff involved in handling medicines had received training in the administration of medication and had their competency assessed.
- People's medicine was regularly reviewed by a health care professional.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have regular contact through visits with family members and friends. Visitors were required to follow government guidance for visiting care homes, which included undertaking an LFD test and wearing PPE. A family member told us. "They [staff] send letters out to tell us about COVID procedures. Also, the staff will tell us when we visit, or they will ring us up. We make an appointment to visit and take a lateral flow test and wear a mask."
- Government guidance and advice from local health protection teams was adopted during COVID outbreaks, with regards to closing the home to visitors. Family members continued to visit during an outbreak where their relative was receiving end of life care and where family members had essential caregiver status. A family member told us. "I'm my [relatives] essential visitor. It means that I can visit

whenever I like."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service did not have a registered manager. The manager who was appointed in November 2021 has applied to the Care Quality Commission (CQC) for registration and their application has been validated and is being processed.
- Staff spoke of the management team being supportive, and the manager having an open-door policy. However, staff said there had been limited opportunities for both individual and collective meetings. The manager had identified this as an area for improvement and told us they had meetings planned for the near future.
- A schedule of routine audits for health and safety, analysis of incidents and accidents, maintenance of the environment, call bell response times, staff training and people's care records ensured continuous monitoring of safety and the care provided.
- Notifiable incidents were reported by the manager to the Care Quality Commission (CQC) and other agencies.

Continuous learning and improving care

- The provider had a senior management team who provided support, mentorship and oversight of the service. Action plans were developed and kept under review to improve the service, and support was being provided to staff to enable them to perform their key roles and responsibilities well.
- Staff were enthusiastic and spoke passionately about their commitment to provide good quality care by working with the manager to drive improvement for the benefit of people at the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Systems and processes were in place to promote a positive culture and oversight. These included daily walk arounds of the home by the manager. Daily 'flash meetings' took place. These involved a representative from each team. For example, care staff, housekeeping, maintenance, catering and an activity co-ordinator.
- Our observations and discussions with staff supported the commitment of staff to provide good quality care for people. Staff were attentive to people's needs; people were positive about the care provided. A person told us, "I like my home. I feel happy. I'm contented here. I like the food. I do arts and crafts. The carers are really nice."

- Family members were complimentary about the care provided, and the approach of care staff towards their relative and themselves. A family member told us. "The hands-on carers we're really impressed with." A person spoke to us about the staff, they told us. "They're all very kind to me. The staff try so hard to make things comfortable for me."
- Policies and procedures were in place for the duty of candour, which requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.

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

- Family members spoke positively about the newsletters they received, which included photographs and information about the activities held within the home.
- People were invited to attend meetings at the home and their views were recorded, which included the actions taken in response to people's views. For example, opportunities for people to take part in activities of interest to them, which recently included making Valentine's Day cookies and celebrating St. Patrick's Day.
- Staff had a good understanding of how to raise concerns and referred to the provider's whistleblowing policy. All staff were aware of the dedicated telephone number they could use. Staff said they would initially approach the manager with any concerns or a member of the senior management team.

Working in partnership with others

- The local authority undertook quality monitoring of the service. They informed us that where improvements had been identified, the manager had responded and made the appropriate changes.