Somerset Care Limited

Rowden House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Rowden House is a care home which is registered to provide care and accommodation to up to 39 older people. At this inspection there were 32 people living at the home. Some of them had dementia so were unable to share their views with us. The home has a number of people who wish to live a more independent lifestyle within the safety and security of the care home.

The main building is a period building and has three floors with communal spaces such as lounges and a dining room on the ground floor. At this inspection everyone had their own individual bedroom. The provider has some people attending the home during the day and completing periods of respite.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good

Improvements had been sustained to ensure people remained safe at the home. There were adequate numbers of suitable staff to meet people's needs and to spend time socialising with them. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. The provider and registered manager promoted positive risk enablement to ensure people's wishes were respected. People received their medicines safely. People were protected from abuse because staff understood how to keep them safe.

The home continued to ensure people received effective care. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People who required special diets had their needs met and meal times were treated as a social opportunity. Staff had the skills and knowledge required to effectively support people. People told us their healthcare needs were met and staff supported them to attend appointments.

The home continued to provide a caring service to people. People told us, and we observed that staff were kind and patient. People's privacy and dignity was respected by staff and their cultural or religious needs were valued. People, or their representatives, were involved in decisions about the care and support they received. People who had specific end of life wishes had their preferences facilitated by staff to help provide a dignified death.

The service remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. A programme of activities was being developed providing a range of opportunities. This considered people's hobbies and interests and was becoming as personalised as possible. Complaints were fully investigated and responded to in a timely manner.

The service continued to be well led. People told us the registered manager was excellent and had made

positive improvements to make the home a happier place. The registered manager and provider continually monitored the quality of the service and made improvements in accordance with people's changing needs. Staff and the management were increasing links with the local community to provide wider opportunities for people.

Further information is in the detailed findings below

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 has improved to Good	Good
Is the service effective? The service remains Good	Good
Is the service caring? The service remains Good	Good
Is the service responsive? The service remains Good	Good
Is the service well-led? The service remains Good	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 checked 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 24 and 25 May 2017 and was an unannounced comprehensive inspection. It was carried out by one inspector and one 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. They specialised in care for older people and dementia.

Before the inspection, we looked at information we held about the provider and home. This included their 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 took this into account during the inspection.

We spoke in depth with nine people that lived at the home and had conversations with others. We spoke with the operations manager, registered manager, deputy manager and 10 staff members, including a supervisor, chefs, an activity coordinator, care workers and auxiliary staff. We spoke with five visitors including relatives, friends and a health worker who regularly visited the home.

We looked at three people's care records and observed care and support in communal areas. 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.

We looked at three staff files, previous inspection reports, rotas, clinical audits, training records and supervision records, health and safety paperwork, accident and incident records, complaints file, safeguarding file, minutes from meetings and a selection of the provider's policies.
Following the inspection we asked for some information from the registered manager including some actions taken for things we identified during the inspection. The registered manager returned all information within the required time frame.

Good

Is the service safe?

Our findings

At the last inspection of the home we found improvements had recently been made to make sure there were enough staff to keep people safe and meet their care needs. At this inspection, we found the required improvements had been sustained. . People in their bedrooms were checked regularly and call bells were answered promptly. One person told us, "They always make sure I am ok". One relative said, "My mum has never missed out.". A healthcare professional said, "The staff level is very good". Staff said, "Three staff are back from maternity leave which has made a difference" and, "People's needs are met". The registered manager and operations manager told us they had audited how many staff were required and showed us how they did this. They were constantly reviewing this in line with people's needs.

People were supported by staff who had been through a recruitment procedure. This included checks on staff suitability to work with vulnerable people and references from previous employers. We found some staff did not have a full employment history because the provider's application form only asked for 10 years. This meant the provider and management were unable to determine what all staff had been doing prior to working at the home. During the inspection the registered manager spoke with staff to complete their work history. Following the inspection, the registered manager and provider had resolved the issue including changing the application form.

Risks of abuse to people were reduced because staff were trained in how to recognise and report abuse. Some people said, "They always look after me", "I feel very looked after" and "I love being here. I worry about nothing". When a relative was asked if their family member was safe they said, "Yes, definitely". Staff knew who to speak with if they had concerns. Staff said, "I would report it to the manager or supervisor" and "I would pass concerns on". They were confident action would be taken to protect people.

Risk assessments were carried out to ensure people's health and well-being and to promote independence. For example, one person had been assessed by a speech and language therapist as requiring a soft diet and they preferred normally prepared food. Control measures to enable the person to retain their choice with minimum risk had been put in place. Other risk assessments included risks associated with people's mobility, nutrition, use of oxygen and pressure area care and control measures were in place to minimise risks. This reflected what the provider had told us in their PIR. The operations manager and registered manager explained they promoted positive risk enablement at all times.

People were kept safe because accidents and incidents were regularly analysed. When patterns had been identified actions were taken. For example, one person had a high level of falls in a short space of time. The registered manager had requested the GP review the person's health. As a result, treatment was received and a reduction in falls was noted.

People's medicines were safely managed and administered by staff who had received appropriate training. This included specialist training from the district nurses for administering insulin. One health care professional who regularly visited the home said, "Medication is on time and done properly". There were systems to audit medication practices and clear records were kept to show when medicines had been

administered or refused. When medicine errors had occurred, appropriate action had been taken. There were occasions when medicines had been kept in stock despite no longer being administered. The registered manager said they would review this and return any medicine not required.

Good

Is the service effective?

Our findings

The home continued to provide an effective service to people. People were asked for their consent before staff supported them. One member of staff said, "I always ask if they want help". Some people lacked capacity to make specific decisions for themselves. One person's relative said, "She gets anything she needs". The PIR told us and we found all staff had received recent training about the Mental Capacity Act 2005 (MCA) and were able to tell us about their responsibilities.

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 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.

Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Where appropriate, staff had involved family and professional representatives to ensure decisions made were in people's best interests. Care plans contained assessments of people's capacity to make certain decisions. For example, one person required a piece of equipment to alert staff they had left their bedroom to prevent falls. A best interest decision had been made and a record maintained showing the decision making process and who was involved.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support staff in this area. The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe. This included starting an urgent DoLS for one person who had recently begun respite.

People were supported by staff who had undertaken training in health and safety and other subjects relevant to the people who used the service. Staff were competent in their roles and told us they received good training. One relative said, "It appears staff have training". Staff told us, "There has been a lot of training", "Loved dementia training" and "There is training in staff meetings". The registered manager told us ensuring staff had received relevant training was one of their first actions.

People were supported by staff who had received a thorough induction recently redesigned by the registered manager and a supervisor. This meant staff had a mentor and close support for the first 22 weeks of their employment. The supervisor said, "They [meaning new staff] have as many shadow shifts as they need to feel confident".

People had access to healthcare professionals according to their individual needs. One relative told us "[My family member] needed a hearing check and this was arranged immediately". They also told us their family member sees a doctor when required. During the inspection we attended two handover meetings for staff.

This demonstrated staff constantly monitored people's health and well-being and sought advice for ongoing health issues. For example, one person had recently had their eyesight reassessed.

The PIR told us and we found people who required specialist diets had their needs met. One member staff explained they had recently completed specialist training on textured meals. The kitchen staff had a folder which highlighted all these needs and people's allergies so their needs were met. When people expressed preferences, staff and the registered manager would find ways to make it possible. For example, one person required a soft diet and missed eating toast. The registered manager had liaised with a speech and language therapist to find a solution of cutting the toast into small squares with lots of butter.

People had a menu with two choices for meals. If a person did not want either option it was possible for them to ask for a specific meal. One relative said, "There is a choice of food". The food was cooked fresh on site with staff sitting with people for their lunch. We saw joking between staff and residents at meal times, making it a social occasion. Occasionally, people told us the food still needed improving. The registered manager shared with us the ongoing positive work they were doing around mealtimes.

Good

Is the service caring?

Our findings

The home continued to provide a caring service to people. People were very complimentary about the staff who worked at the home. People said, "We love it here", "I am very cared for" and "They are very good to me". Another person pointed towards several staff that were on duty and said, "Now them over there are amazing, couldn't ask for better people [meaning the staff]". One relative said, "Staff are wonderful, polite and caring. They all talk to her and call her by her name". Staff explained the caring attitude of staff is led by the registered manager. They said, "[Registered manager's name] is out on the floor and interacts with residents" and "She cares".

The PIR and monthly satisfaction phone calls reflected the comments we received during the inspection. These were phone calls made by a member of staff to give relatives and people opportunities to feedback on the care being received and whether improvements were required. For example, relatives who were phoned said, "I am so pleased, they are so well treated. Happy she is safe and much happier" and "[Name of staff] and the care girls are all very good".

During the visit we saw kind and patient interactions between staff and the people they were supporting. No one was rushed and staff helped people at their own pace. The registered manager had introduced '10 minute time outs'. This meant staff stopped their work so they could sit and have a conversation with a person. By doing this they were helping to change the culture of how staff worked with people. A member of staff explained, "We go and get a cup of tea. Have 10 minutes with a person. It has made a massive difference. Staff were stuck in a rut". Recently, one of these conversations had led to a game of dominos being planned.

People were involved in decision making about their care and treatment. When people were asked if they contributed to the planning and changing of their care the response was positive. People said, "Oh yes one hundred percent" and "I can always talk to them". Staff said, "We give people choice of where to eat", and "Doesn't matter if they stay in bed".

The PIR told us and we found people's privacy and dignity was respected by staff. Staff told us they knocked on doors before entering. Others explained that whenthey supported people with intimate care they would, "Make sure the person is covered". When people required assistance with intimate care this was provided discreetly to maintain people's dignity.

People's religious and cultural needs were respected by staff. One person's care plan said, "Although I was born into and grew up around the Church of Scotland, I now happily follow the Church of England". They regularly attended the in house church service conducted by a local clergyman. Another person's cultural wishes were respected because an Elvis Presley impersonator had been invited to perform at their birthday party. By listening to people's religious and cultural needs people's wishes and preferences were being met.

People's end of life wishes were respected and staff supported them to have a dignified death. For example, one person wanted to go ou tside one last time despite being bed bound. The registered manager and staff

padded out a wheelchair and assisted them into the garden. Staff told us the person responded positively to this.

Good

Is the service responsive?

Our findings

The home continued to be responsive. Each person had an electronic care plan which outlined their needs and personal preferences. They provided guidance for staff to meet their care needs. For example, one person's care plan had information about where they were born, their life history plus their current needs. By involving people in their care plans it made sure staff respected what was important to them. The registered manager explained the new '10-minute time outs' were contributing to further personalised details being added to people's care plans.

Care and support was responsive to people's changing needs. Handovers for staff provided daily updates about these. People had monthly reviews of their care plans with a named member of staff. The staff member printed off sections of care plans and asked what changes were required. For example, one person had gone from receiving day care to being on respite at the home. The staff had responded quickly to update their care plan in line with their new needs and support requirements.

People had their health and care needs assessed prior to moving into the home so they could be met by staff. The registered manager explained it also helped with the transitioning process. During the inspection, one person visited the home and was assessed by the deputy manager. The person said, "I've come home" because they were made to feel so welcome. The deputy manager used the process to identify important things in the person's life including their life history, needs and interests. The person met other people and arranged a board game once they had moved in.

Everyone had access to an inclusive and person centred activity plan. The activity coordinators planned activities a month ahead following meetings with people. There were group activities in the morning and afternoon followed by evening one-to-one activities. The PIR told us and we saw weekly clubs ran such as gardening club and cooking club. They had separate regular meetings to plan for the future. People helped to democratically decide the monthly trip. Previous trips had been made to the seaside, historic towns and safari parks. Some people felt there were not enough activities for them. We spoke with the registered manager who explained the way activities were currently run was new, so it was taking some time to embed in the home. They had plans to make them as person centred as possible. For example, one person who liked knitting proudly showed us some independent projects they had been working on.

The provider had begun a celebration day throughout their services. The registered manager and staff promoted this in the home. The most recent one had the theme 'Somerset day'. Horses had been brought onto the lawn and lots of local drinks had been provided. The registered manager and operations manager told us one lady had loved horses all their life and had not been close to one for a long time. They also celebrated significant events like Easter, people's birthdays and Christmas.

The provider had a complaints procedure which was displayed in the home. When people were asked if they would complain they said, "Of course I feel very comfortable", "I don't mind speaking to them at all" and "Yes, very much so". One relative told us they had never had to complain. They said, "If I have to complain I would approach the manager". There had been four complaints since the registered manager had started;

these had all been investigated and responded to in a timely manner. For example, one relative had raised concerns about their family member not having their care plan followed. The registered manager had met with the relative and person to resolve the issues; both the person and relative were happy with the outcome.

Good

Is the service well-led?

Our findings

The home continued to be well led. There was 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.

People, visitors and staff spoke incredibly highly of the registered manager. People said, "She is brilliant", "She really listens to me", "Wonderful person", "Ever so lovely" and "I can always talk to her". One relative said, "[The manager] is very approachable". A healthcare professional told us, "I can't praise her [meaning the registered manager] enough". Staff said, "It has improved a lot since [registered manager's name] came. Lots of changes and done it well", "She [meaning the registered manager] is amazing", and "[Registered manager's name] is really, really nice".

The registered manager had a clear culture they were creating for the home which reflected what the PIR told us. They said, "I want it to be Rowden House. You live and work here. One big team". This was communicated to staff and they understood this. Staff told us the registered manager's vision was, "It is to be one big team" and "To be a happier, friendly home. The best for the residents" and "To make it feel like home".

The provider and registered manager had quality assurance systems which enabled the quality of the care and the environment to be monitored and improved. We looked at some in house audits which included health and safety, medicine administration and care plan reviews. These showed good standards were being maintained.

The registered manager was developing links with the local community. They wanted to ensure people felt part of it and the community were welcome to visit. For example, a local choir came in to sing with people. Also, they were part of a volunteer scheme for lonely people in the local area; every month they would come to the home for tea and cakes.

The provider was constantly striving to improve their services. For example, the operations manager spoke about lessons learnt from an inspection at one of their other homes. As a result they had improved the current medicine management systems and staff understanding about dementia at Rowden House.

Initiatives were being put in place by the provider such as training all staff to receive 'Dementia Friends' training. This is a nationally recognised group which is an Alzheimers Society intiative. A 'Dementia Friend' learns about what it's like to live with dementia and uses this knowledge positively to support people.