

National Care Consortium Ltd

The Rowans Care Home

Inspection report

West Ella Way
Kirk Ella
Hull
North Humberside
HU10 7LP

Tel: 01482659161

Date of inspection visit:
23 January 2019
28 January 2019

Date of publication:
01 March 2019

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

About the service: The Rowans Care Home is a residential care home that was providing personal care to 46 older people, including people who were living with dementia, at the time of the inspection.

People's experience of using this service: People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives told us they were happy with the service provided. Staff understood the importance of providing person-centred care and had developed positive relationships with people.

People received support where this was required but staff encouraged their independence to live fulfilled lives free from unnecessary restriction.

Staff had received training and clear guidance was followed to keep people safe from avoidable abuse. Where people had been assessed as at risk from any activity, support plans provided guidance for staff to provide safe care and support.

Medicines were managed and administered safely. Records confirmed people had received their medicines as prescribed.

People's records were detailed, person centred and evaluated consistently. The provider was working to improve records further to ensure information was always accessible and current for staff to follow.

Records confirmed people's input and where they were unable to consent the provider followed appropriate legislation to make sure any decisions were in the persons best interest. Staff were working hard to ensure any decisions made in people's best interests were robustly recorded with the required input.

Staff received appropriate induction, training, and support and applied learning effectively in line with best practice. This led to good outcomes for people and supported a good quality of life.

The registered manager and their deputy were responsive to any concerns we raised during the inspection; implementing corrective actions immediately where this was apparent and discussing plans where further improvements were required.

Staff were friendly and polite. Staff took time to get to know people. They had a clear understanding of, and how to support, people's individual and diverse needs.

People and their relatives told us they were confident if they had any complaints the registered manager would address them appropriately.

People knew the registered manager and told us they trusted them. Staff told us the registered manager was supportive and approachable.

The provider completed oversight of the service to ensure quality assurance remained a priority and was effective in maintaining standards and driving improvements.

Rating at last inspection: At the last inspection the service was rated as Good (report published May 2017).

Why we inspected: This inspection was a planned inspection based on previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was dementia care.

Service and service type: The Rowans Care Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the CQC. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection we reviewed information, we held about the service. We reviewed information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we spoke with the registered manager, the deputy manager and four care staff. We spoke with eight people who lived at the home, and six visiting relatives. We reviewed documents and records that related to the management of the service. We looked at five people's care records, a range of policies, procedures and guidance used by staff in their role, records of safeguarding, accidents, incidents and complaints, audits and quality assurance reports. We reviewed three staff member files, checks and risk assessments for the environment and records associated with the management and administration of people's medicines.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Staff had a good understanding of safeguarding people. Staff could explain the action to take to ensure people were safe and protected from harm and abuse.
- The provider had a safeguarding policy in place. Safeguarding concerns had been reported and acted upon, involving all the relevant professionals when appropriate.
- People and their relatives told us the service was safe. One person told us, "We are kept nice and safe; staff are very good at that."

Staffing and recruitment.

- We observed sufficient numbers of staff on shift to support people safely. Staff said there were enough staff to meet people's needs safely and they did not feel rushed or under pressure.
- The provider was reviewing implementation of a tool to further determine staffing according to people's changing needs.
- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people.

Assessing risk, safety monitoring and management.

- People received care and support safely without unnecessary restrictions in place.
- The provider completed assessments of people's needs. Any identified risks were recorded, and support plans aided staff to reduce the risks when providing assistance.
- Service records, the environment and equipment were safe and well maintained.
- Each person had an up to date personal emergency evacuation plan that would be used in the event of an emergency such as a fire.

Using medicines safely.

- Staff followed best practice guidance to manage people's medicines. People received their medicines safely as prescribed.

Learning lessons when things go wrong.

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.

Preventing and controlling infection.

- All the communal areas and people's bedrooms were clean and there were no unpleasant odours. Everybody spoke positively about the cleanliness of the home. One person said, "There are no odours; it is always clean."

- The provider had policies and procedures in place to control and prevent the spread of infections.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's assessments were detailed. Information was regularly reviewed which ensured it remained up to date.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- Staff had commenced training in equality and diversity and the staff team were committed to ensuring people's diverse needs were met.

Ensuring consent to care and treatment in line with law and guidance.

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked and found the provider was working within the principles of the MCA. People had been assessed, where they were unable to consent to certain restrictive practice, for example, to go outside unaccompanied the restrictions had been authorised and any conditions on such authorisations were being met.
- Staff had received associated training and had a working knowledge of the MCA.
- The provider was improving record keeping ensuring decisions made in people's best interest were clearly recorded, with signed input from those with the associated knowledge and expertise.

Staff support: induction, training, skills and experience.

- People received care and support from skilled and knowledgeable staff. People said, "I am looked after well" and, "Staff keep you nice and steady. They know what they are doing."
- Staff told us they completed an induction to their role and received regular ongoing training and supervision to keep their knowledge up to date and remain competent. One staff member said, "I have regular supervisions and if I need any learning then I only have to ask."
- The service provided tailored training to staff to meet the specific needs of people. A relative told us, "Staff understand how to support [person's name]. They understand about dementia and their medication."

Supporting people to eat and drink enough to maintain a balanced diet.

- Care plans contained people's food preferences and specific instructions around their diets.
- People received appropriate levels of support during meal times according to their assessed needs. For example, staff knew who required one to one assistance and this was provided.
- People were involved in meal choices and supported to maintain a balanced diet. One person told us, "We receive a choice, if we are not happy we can have something else; they are very good here."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People were assured of a consistent service should they need to attend other services. Records included a hospital passport. Hospital passports are communication tools to inform other health services and professionals of people's health needs. These were written in detail and provided information on how to care for people in a person-centred way.
- Records of healthcare professional visits were recorded and outcomes of these visits were used to update people's recorded information for staff to follow.
- People confirmed they were supported to access healthcare professionals to maintain their wellbeing. For example, a GP when they needed to, without any unnecessary delay.

Adapting service, design, decoration to meet people's needs.

- The environment was relaxed, and people told us they felt comfortable both in the communal areas and their own rooms.
- All areas of the home were safe to navigate, with some directional signage to help people navigate their way around and back to their bedrooms.
- The home would benefit from further signage and clear bedroom numbering to reduce further confusion that may be apparent where people were forgetful. The registered manager told us there was a programme of improvements planned that would help to improve navigation and access to bedrooms.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People received a service from staff who were friendly and polite. We observed good interactions between staff and people which showed positive relationships had been developed.
- People and their relatives told us staff were caring. Comments included, "Everyone is kind to [relative], they look out for her" and, "No amount of training can equip staff to care the way they do. They are very caring."
- People had been consulted with and their wishes and preferences had been recorded. Staff had taken time to read this information and to get to know people. They used this information to care for them in the way they liked.

Supporting people to express their views and be involved in making decisions about their care.

- People's records confirmed their input and involvement with assessing their needs and planning their care.
- People's diverse needs were recorded in detail and staff we spoke with demonstrated a good knowledge of people's personalities and individual needs, and what was important to them.
- Where required staff positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence.

- Staff were polite and showed empathy to people's needs.
- Staff knocked on people's bedroom doors before entering and our discussions confirmed they understood the importance of treating people with dignity. For example, when providing personal care.
- People were encouraged to retain their independence and staff confirmed they only assisted people where this was required. One staff member said, "We help people with personal care. We always encourage them to wash areas they can and we help with other areas. It's important people carry on doing whatever they are able to do on their own."
- Where people required assistance to mobilise around the home, staff were available to assist which included taking them to the bathroom, dining room or back to their bedrooms.
- Relatives told us they felt welcomed and comfortable when they visited the service. Comments included, "I often pop in to see [person's name]. I am always made to feel welcome."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans were person centred and were reviewed on a regular basis. Staff were improving records further to ensure information was easily accessible for staff to follow.
- Some of the care plans we looked at required further detail around people's specific needs. For example, one care plan recorded a person showed signs of verbal and aggressive behaviour. Information was not available with this record for staff to understand the triggers for this behaviour or how to support the individual at this time. We spoke with the registered manager about these concerns and on our second visit they had implemented a positive behaviour support plan. This meant staff had access to appropriate up to date information to support the person. The registered manager told us this would be implemented for all similar assessed needs.
- Life histories were recorded in detail to support staff to provide non-discriminatory care and support to people.
- Activities took place seven days a week and three times a day, with a different activity at each time of the day. People told us, "They do loads of stuff" and, "I have been to the odd quiz but I don't do the exercise sessions." A relative said, "Everyone is amazing. The recreation activity is very well organised. There are plenty of different activities. [Person's name] likes the activity sessions, sing a longs and jigsaws."
- People were supported to follow their faith. The home had good links with the nearby church. The vicar came in once a month to deliver a service and the church held movie showings just for people from the home. They were also invited to all the church events.
- People were supported to live full lives and access the community. The home had a good relationship with the local public house which people frequented for meals.
- People received information in a way they could understand following The Accessible Information Standard (AIS). AIS is a legal requirement that was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.
- People were assisted to communicate using a variety of formats and equipment. Staff provided people with a magnifying reading glass, picture cards, visual communication aids, and even large print cross words.

Improving care quality in response to complaints or concerns.

- The service had a complaints procedure displayed in the service for people and visitors to refer to in an accessible format.
- People and their relatives told us they were confident if they had any complaints the registered manager would address them appropriately.
- Where complaints had been made, they were responded to in line with provider's policy. For example, a relative had raised concerns about a person's eating and drinking. Staff had provided the relative with access to the persons' diet and fluid chart. A malnutrition screening tool was used to record the persons weight and staff requested a GP visit. Because of concerns raised staff had introduced finger foods and the

persons' weight had stabilised.

End of life care and support.

- People's end of life care preferences were discussed. Where people agreed, information was recorded. This help to ensure people would receive dignified, comfortable and pain free care at the end of their life and to support and maintain cultural and spiritual requirements.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager demonstrated a positive culture and promoted a high standard of person centred care and support for people.
- The provider and registered manager had a visible presence in the home. They knew people, their needs and their relatives well.
- People and their relatives spoke positively about the management of the service and felt they could approach staff with any problems.
- Staff said they felt supported by the registered manager and received regular supervisions and staff meetings to promote their development.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The registered manager understood their legal responsibility to notify the CQC about incidents that affected people's safety and welfare and our checks confirmed this.
- Systems and process were in place to oversee the service and governance systems drove improvements in the quality of the service. This enabled them to collate information daily to show how the service was performing.
- The provider completed weekly visits to the home. Their oversight was used to maintain standards and to identify areas for improvement.
- Where accidents and incidents had occurred, staff had completed associated paperwork. Actions were implemented. For example, a 72-hour short term personal plan was routinely implemented to keep people safe from further incidents such as when they had fallen.
- An individual falls diary was completed and evaluated on weekly basis. Further actions included referrals to the falls team, observations, and checks with implementation of equipment which helped to improve people's care.
- Staff were clear about their roles and responsibilities and when to escalate any concerns for further investigation.
- Effective communication between the registered manager and staff team supported a well organised service for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- Links with outside services and key organisations in the local community were well maintained to promote

independence and wellbeing for people.

- Staff worked closely with other health professionals where people required expert advice and intervention. Examples included, GP's, district nurses and physiotherapists.
- People, relatives and visiting healthcare professionals had completed surveys of their views and their feedback had been used to continuously improve the service.
- Surveys were produced in a range of formats for people to understand, which included large print and pictorial. An evaluation of responses resulted in an action plan and service improvement. Examples included, more drinking water around the home, more music and DVD's for people to watch in the lounges. A relative said, "There are regular meetings for everyone, including residents; it's nice they can have some input because after all, it is their home."