

Mrs Marina Stack

# Rowallan House

## Inspection report

17 Little Heath  
Chadwell Heath  
Romford  
Essex  
RM6 4XX

Date of inspection visit:  
21 January 2020

Date of publication:  
10 February 2020

Tel: 02085974175

Website: [www.rowallanhouse.com](http://www.rowallanhouse.com)

## 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

Rowallan House is a care home registered to accommodate and support up to 41 elderly people. At the time of the inspection, 37 people were living at the home. The service is a two-floor building. Each floor has separate adapted facilities.

### People's experience of using this service

Care plans contained suitable and sufficient risk assessments to effectively manage risks and help keep people safe. Pre-employment checks had been carried out to ensure staff were suitable to support people. People told us they felt safe at the home and staff were aware on how to safeguard people from abuse. There were appropriate numbers of staff to support people when required. Medicines were being managed safely.

Systems were in place to record incidents and take appropriate action. However, analysis of incidents had not been carried out to ensure lessons were learnt and to minimise the risk of re-occurrence. We made a recommendation in this area.

Staff had completed essential training to perform their roles effectively and felt supported in their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care from staff who were caring and had a good relationship with them. Staff respected people's privacy and dignity. People were encouraged to be independent and to carry out tasks without support.

People received person centred care. Care plans had been reviewed regularly to ensure they were accurate. People participated in regular activities to support them to develop and maintain relationships to avoid social isolation.

Feedback was sought from people, relatives and staff and this was used to make improvements to the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

At our last inspection on 25 July 2017, the home was rated good (published 19 August 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 ●

# Rowallan House

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Rowallan House is a care home providing care and support to elderly people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had 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.

#### Notice of inspection

The inspection was unannounced and took place on 21 January 2020.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the information we already held about the service. This included the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We also contacted professionals that were involved with the home. We used all of this

information to plan our inspection.

During the inspection.

During the inspection, we spoke with five people who lived at the home, six relatives, the registered manager, the activities coordinator, the cook and five care staff. We reviewed documents and records that related to people's care and the management of the service. We reviewed five care plans, which included risk assessments and five staff files, which included pre-employment checks. We looked at other documents such as training, medicine and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection, this key question was rated good. At this inspection, the key questions has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risk assessments were carried out and were specific to people's individual needs.
- There were risk assessments to ensure people were safe when being supported such as with falls, skin integrity and high-risk medicines such as blood thinning medicines. Risk assessments had also been completed in relation to people's health conditions such diabetes. Assessments included identified risks and control measures to minimise risks.
- Staff told us that they understood risks to people and found the risk assessments helpful.
- Premises and fire safety checks had been carried out to ensure the premises was safe to live in.

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

- People were protected from the risk of abuse.
- There were processes in place to minimise the risk of abuse and incidents. Staff we spoke with understood their responsibilities to protect people's safety and had been trained in safeguarding people from abuse.
- People told us they were safe. One person told us, "I feel safe, I don't really have a problem." Another person commented, "I feel safe, there is nothing to worry about."

### Learning lessons when things go wrong

- Incidents had been recorded and detailed the action that was taken. However, analysis of the incidents had not been carried out to identify trends and minimise the risk of re-occurrence, so lessons could be learned. This is to ensure people always received safe care.

We recommend the service follows best practice guidance on incident management.

### Using medicines safely

- Medicines were being managed safely.
- Medicine Administration Records showed that medicines were administered as prescribed. One person told us, "They give me medication on time."
- We observed that staff gave people their medicines safely, engaging positively with people and ensuring people took their medicines.
- Staff had been trained in medicines management and told us they were confident with managing medicines.

### Staffing and recruitment

- There were appropriate numbers of staff on duty to support people safely. A staff member told us, "We do

have enough staff." A relative commented, "It is very safe here; the front door is always locked and there is a member of staff around. They seem to have enough staff."

- We observed staff were available when people wanted them and they responded to people's requests quickly. Staff were also able to spend time with people engaging in personal conversations. A person commented, "There is always somebody at hand when I need help, you don't need to look around."
- Records showed relevant pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out.

#### Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection and staff were aware of their roles and responsibilities in this area.
- We observed the environment was clean and tidy and staff wore uniforms. A staff member told us, "We always have plenty of cleaners and we always do our best to keep it clean." A relative told us, "This place is clean; there is no smell."

# 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.

At the last inspection, this key question was good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had completed mandatory training and refresher courses to perform their roles effectively. A staff member told us, "(Registered manager) is very thorough with training. We are always up to date. I do find it helpful." A person told us, "Staff know what they are doing, they are well trained." A relative commented, "No cause for complaint over the staff training. I see how they interact with each other and with residents."
- Regular supervisions and appraisals had been carried out. These focused on training, performance, objectives and enabled staff to discuss any issues they may have.
- Staff told us they felt supported. A staff member told us, "(Registered manager) is very approachable and he is very good. He does support."

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

- Pre-assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- Regular reviews had been carried out with people regularly to ensure people received support in accordance with their current circumstances.
- This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- Care plans included the level of support people would require with meals or drinks if required and their likes and dislikes.
- People were given choices with meals. We saw a weekly menu was in place, which offered choices. A staff member told us, "Majority of (people) like the food, always plenty of choice. If they do not want anything on the menu, they are given alternatives." People told us they enjoyed the food. One person told us, "The food is good; I choose what I want."
- We observed that people were able to eat together and were supported by staff when needed. We saw that staff told people what the meal was before placing meals in front of them and asked people if they wanted anything else. People were also supported to eat safely and comfortably in their rooms.
- The kitchen area was clean and tidy and had an environmental rating of five. We saw that the cook had a good relationship with people and made time to speak to people about what they would like for lunch. The cook had good knowledge of people's preference with food.

Supporting people to live healthier lives, access healthcare services and support

- Care records included the contact details of people's GP, so staff could contact them if they had concerns

about a person's health. Staff knew when people were not well and what action to take. A relative told us, "The staff know when (person) has pain or stress by picking on their facial expression and signs and gestures, for example when (person) touches their tummy."

- Records showed that people had been supported to access a number health of services such as opticians and GPs. We saw a nurse had visited the home to review a person's health.
- People also had access to dental services and we observed that people had access to dental care products to ensure they were in the best of oral health. An oral health care plan was in place on how to support people with oral health. Staff had also been trained in oral healthcare.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Assessments had been completed to determine if people had the mental capacity to make specific decisions on areas such as personal care and medicines.
- Staff had received training on the MCA and were aware of the principles of the act. DoLS applications had been made for people whose liberty was being deprived to ensure their safety.
- Staff told us that they always requested people's consent before doing any tasks. We observed that staff asked for people's consent before supporting them, such as with medicines or hoisting.
- Records showed that people's consent had been sought prior to receiving care from the service.

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

- People had their own rooms. We observed people's rooms were decorated with their preferences. This meant that people's preferences were taken into account and their needs were being met.
- There was a communal and dining area for people to spend time with each other and staff. There were signs and pictures of previous eras to help people with their memory. We saw that people felt at home and had a good relationship with each other and staff.

# 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.

At the last inspection this key question was rated good. At this inspection, the rating has remained the same. This meant 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 told us that staff were caring. One person told us, "The staff are kind and they listen." A relative commented, "I once observed the (staff) cleaning (person) without them knowing that I was there. I was very impressed by their kind words to (person), and the way they were treating (person) in general. This was the best way you could be reassured of the way your loved one is cared for. They didn't know that I was at the door, watching them."
- We observed that staff had a positive relationship with people and spoke to them in a caring way. Staff had been working at the home for a number of years and told us they see people as part of their family. A staff member told us, "I have been here 21 years. I love working here. It is home. We treat (people) like family." A relative commented, "There is no high turnover of staff and that tells you a lot about this place. I never regret we brought (person) here."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.
- People's religious beliefs, interests and preferences were included in their care plans.

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

- People and relatives were involved in decisions about their care. A relative told us, "We have an annual meeting to discuss (persons) care. But the manager is accessible; he has an open-door policy."
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care. A staff member told us, "We always involve (people) in decisions like when dressing, they will choose what they want to wear."
- Care plans had been signed by people to confirm they agreed with the contents of the care plan.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- We observed that people were able to spend time in their room without being disturbed and when a person was hoisted, a shutter was placed around them to preserve their dignity. A staff member told us when supporting people with personal care, "We always knock on the door before going in. I make sure (people) are covered and move the curtains and shut the doors. We always let them know what we are doing." A person told us, "They (staff) knock at the door and wait for me to open or to tell them to come in."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal

information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.

- Staff encouraged people to be independent. Care plans included information on certain tasks people completed independently.

## Is the service responsive?

### Our findings

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

At the last inspection, this key question was rated good. At this inspection, the rating has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised and included information on how to support people in a person-centred way. A staff member told us, "Care plans are helpful especially for new residents, we read the care plans so we know everything about them. It is very helpful for us, it gives you an insight into how the person is."
- There was an oral health care plan, that included information on how to support people with dental care and encourage people to maintain their oral health. Information on one oral plan included, "Ensure teeth is in good condition, cleaned twice daily, monitor any mouth soreness and gum disorders and give good supply of toothpaste."
- We observed that staff asked people how they were engaging in conversation with laughter and humour and also support people when needed. A staff member told us, "Everyone gets person centred care."
- There was a daily log sheet, which recorded information about people's daily routines, behaviours and daily activities in most cases. Staff told us that the information was used to communicate with each other between shifts.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported with regular activities. A staff member told us, "We have the activities coordinator, who is very thorough to encourage the residents to join in with activities. If somebody does not want to be involved with group activities, time is made to do individual activities so everyone has time." A person told us, "We have activities in the house. We did exercise this morning and did the drawings." A relative commented, "In terms of activity; they (people) have a lot of stimulating things that keep them busy, such as regular activities, music, animals coming in for pet therapy; they invite singers too."
- Care plans included people's interests and what they enjoyed doing. A weekly activities schedule was in place. We observed group and individual activities took place inside the home. People participated in fun exercises and art activities. Staff were clearly immersed in helping and guiding them throughout, making sure no one was left out. The activities coordinator told us that activities were regular, and plans were in place to ensure everybody participated in activities if they wanted to and follow their interests. This meant people were supported to avoid social isolation, develop relationships and follow hobbies that meant something to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met. We observed staff communicated well with people and most people communicated well. The registered manager was aware of what AIS was and told us, should they support people with communication difficulties then they would explore what equipment or resources were available. This would ensure staff communicated with people effectively and responded to their needs.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. No complaints had been received since the last inspection.
- People told us they were aware of how to make complaints and that they would report to the manager.
- Staff were able to tell us how to manage complaints.

End of Life care and support

- The home supported people with end of life care. End of life care plans were in place and staff had been trained on how to deliver end of life care. An end of life policy was in place.

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

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

- Audits had been carried out on the running of the home, such as with staff files and spot checks to ensure people received personalised high-quality care.
- Audits had been carried out on medicines management to ensure medicines were being managed safely. These were carried out by the management team and an external audit was done by a pharmacist.
- The registered manager was involved in developing and updating care plans but told us systems were not in place to carry out audits on care plans and risk assessments. Although we had no concerns with care plans and risk assessments, we discussed the importance of ensuring that standards were maintained through regular checks. The registered manager told us they would look to introduce audits in this area that could be completed by senior management.
- The registered manager was aware of their duties in regard to notifications and notified the CQC of incidents such as safeguarding and serious injuries.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an effective system to gather people's and staff feedback on the service.
- Resident meetings were held with people to gather their feedback about the quality of the service. Staff meetings were held to share information and discuss quality performance. The meetings kept staff updated with any changes in the service. They allowed them to discuss any issues or areas for improvement as a team to ensure people received high quality support and care.
- People and relatives told us the home was well-led and people enjoyed living at the home. One person told us, "The manager is always polite, when you have a question, he answers. I am glad I came here; I am well looked after." A relative commented, "This is a very well-run home, very caring. Excellent manager, he is top notch." Another relative commented, "The manager is excellent, approachable, easy to talk to. If there is any problem, he is available to talk to. He is good with the residents and involved with them. He doesn't shut the door."
- Staff told us the service was well-led and they enjoyed working for the service. One staff member told us, "(Registered manager) is very good. He is supportive. He always wants us to excel and exceed."
- We observed that the registered manager had a good relationship with people, relatives and staff. The registered manager operated an open-door policy where people or relatives could come and speak to them

when they wanted to and we saw this happened throughout the day. A relative told us, "The manager knows resident's name and he finds time to talk, even for a little talk. We have time to talk about other things too, despite the busy job of running a service like this one."

- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns and these would be dealt with.

Continuous learning and improving care

- Quality monitoring surveys were carried out to obtain people's and relative thoughts about the home. Comments from people included, "Home providing excellent care", "Staff providing excellent care" and "Staff are very kind and helpful."
- Feedback had also been sought from staff. Comments included, "I am always happy to come to work" and "It's perfect place to work."
- The results of the surveys were analysed and action was taken where possible to make improvements to the home. This meant that there was a culture of continuous improvement.

Working in partnership with others:

- Staff told us they would work in partnership with other agencies such as health professionals if people were not well, to ensure people were in the best of health. Records confirmed that people had access to a number of health services.