



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Rowans The

**West Ella Way
Kirkella
Hull
East Yorkshire
HU10 7LP**

Lead Inspector
Rob Padwick

Key Unannounced Inspection
21st August 2007 1:45

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Reader Information	
Document Purpose	Inspection Report
Author	CSCI
Audience	General Public
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Rowans The
Address	West Ella Way Kirkella Hull East Yorkshire HU10 7LP
Telephone number	01482 659161
Fax number	01482 653220
Email address	manager.therowans@hica-uk.com
Provider Web address	
Name of registered provider(s)/company (if applicable)	Humberside Independent Care Association Limited
Name of registered manager (if applicable)	Mrs Jennifer Diane Taylor
Type of registration	Care Home
No. of places registered (if applicable)	53
Category(ies) of registration, with number of places	Dementia - over 65 years of age (53), Old age, not falling within any other category (53)

SERVICE INFORMATION

Conditions of registration:

1. To take one service user under pensionable age

Date of last inspection 31st August 2006

Brief Description of the Service:

The Rowans is situated in Kirkella, a village to the west of the city of Hull. The home is registered to provide care and accommodation for up to 53 older people, including those with dementia. The home is owned and operated by the Humberside Independent Care Association Limited, which is a not for profit organisation. There is easy access to a wide variety of local shops, pubs and local transport.

The accommodation is on one level and communal accommodation comprises of two shared bedrooms and 49 single bedrooms, some of which have en-suite facilities. Service users have the benefit of a number of lounges, a large dining room, open plan gardens and two small, enclosed courtyard areas. All areas of the home are accessible to service users.

The standard fees charged by the home range from £415 to £460 with additional charges made for hairdressing, chiropody, toiletries etc.

The Rowans provides information about the home to service users in its Statement of Purpose and Service User Guide.

SUMMARY

This is an overview of what the inspector found during the inspection.

This inspection report is based on information received by the Commission for Social Care Inspection (CSCI) since the last key inspection of the home on 31st August 2006, including information gathered during a site visit to the home

A questionnaire asking for information about the service was sent to the provider before the inspection visit and information from this was included as part of the inspection process. Other information used, included feedback from questionnaires sent out to people living in the home, their relatives and professional staff who know them well, together with official notifications received by the Commission for Social Care Inspection about the home.

The inspection visit for this service lasted for 6 hours and during this period, time was spent talking with people living in the home and observing their daily lives. Other time was spent looking at their care plans and other records and talking to staff and relatives who were visiting. The inspection visit also included a tour of the properties.

What the service does well:

People are provided with information about the service and their needs are assessed to make sure that the home is able to meet their needs. The service provides a warm and caring environment and people living at The Rowans are supported to be as independent as possible by staff who treat them as individuals. People living in the home can choose to take part in a range of activities and a variety of nutritious meals are provided to ensure that their dietary needs are met. Staff are supported well in their training and development needs by the parent organisation and strong management arrangements make sure that the quality of the service is regularly checked.

What has improved since the last inspection?

Improvements had been made to care plans belonging to people living in the home so that it was easy to see that their health needs were being met and what care had been given by staff. A new continence management policy had been developed and staff had received guidance about this. Newly recruited staff had received training about infection control and understanding dementia and information provided by the manager indicated that over 50% of the staff team had now obtained an NVQ 2 in care. Information about an advocacy scheme had been developed and the manager indicated that this was to be provided to people living in the home. Decoration and maintenance to the home had taken place and more of this was planned for the future.

What they could do better:

Recording of medication and money held on behalf of people living in the home must be improved, to ensure that they are properly safeguarded. Personal information about the interests and backgrounds of people living in the home should be included further into their individual support plans so that their general well being may be enhanced. The staffing levels should be reviewed to make sure that that enough staff are on duty to meet the needs of people living in the home.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

3, 5 and 6

People who use this service experience **good** outcomes in this area. People living in the home had been involved in the processes of moving into the home and their needs had previously been assessed to ensure that the service was suitable for them. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

The case files of the two most recently admitted people to the home contained evidence that the manager had ensured that an assessment of their needs had been undertaken, in order to confirm that the service was suitable to meet these. Information provided as part of the inspection process indicated that plans were in place to ensure that people moving into the home were to be provided with written confirmation about this. Discussion with people living in the home confirmed they had been involved in the process of moving into the Rowans and that they or their relatives had visited the service before moving in, so they could make an informed choice about it.

The manager confirmed that the service does not admit people for intermediate care.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9 and 10

People who use this service experience **good** outcomes in this area. Staff were provided with information about the health and personal care needs of the people living in the home in order they could be assisted to be as independent as possible. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

People living in the home confirmed they were happy with the way that their health and personal care needs were being met and case files inspected included support plans that documented a range of the emotional, psychological and physical needs of people living in the home. Other information about the interests, personal histories and backgrounds of people living in the home were contained in the case files inspected, together with information to staff on how these were to be met. It was recommended that information from these be further incorporated into the support plans, in order that the general well being of people living in the home can be enhanced. Information concerning the management of risks were included within the care plans, together with evidence that these were being reviewed and updated to reflect any changes that had become apparent. A Community Psychiatric

Nurse commented that staff had a good understanding of the needs of people living in the home and confirmed they asked for professional assistance when this was required. Evidence relating to the monitoring of the health conditions was documented in the case files inspected and a District Nurse who was contacted confirmed she had no concerns about the home.

People living in the home confirmed they were treated with dignity and respect but the manager was reminded of the need for them to be consulted about their wishes at all times, as it was noted that on occasion work pressures on staff sometimes prevented them from doing this as well as they could. Some people living in the home had been provided with a key to their rooms following a risk assessment of their ability, in order to ensure they could have greater privacy.

Medication policies and procedures were available to guide staff and those responsible for this aspect of practice had received training in the safe use and handling of medicines. A random inspection of medication sheets confirmed that staff were signing for medication administered to people living in the home appropriately, however the running totals for some of these did not always add up correctly and a requirement is therefore made about this. The manager indicated she regularly audited the medication records and it was recommended she continue to monitor these, in order to ensure that practice in this matter improves.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14 and 15

People who use this service experience **good** outcomes in this area. People living in the home were being supported to make choices about their daily lives in order that their lifestyle wishes and needs could be met. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

People living in the home confirmed they were supported to make choices about their lives and that some participated in clubs and community associations in order to maintain their independence. The home has a part time activities coordinator and inspection of the records confirmed that a variety of events regularly took place for people living in the home. Some people were observed taking part in a game of bingo and decorations were up from a barbeque that had been held a few days previously. A hairdresser visits weekly and people living in the home confirmed entertainments regularly took place and that a church minister frequently supported them with their spiritual needs. The service has use of a minibus that it shares with a sister home, and the manager indicated this had recently been used for a trip to a local country home and gardens. Visiting friends and family members confirmed they were happy with the service and that staff kept them informed of important matters concerning the needs of their relatives. The service provides people living in the home with a variety of nutritious meals and menus that were inspected

confirmed that alternative choices were made available. Case files inspected indicated that the dietary needs of people living in the home had been assessed and evidence was seen of appropriate monitoring in these matters.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
17. Service users' legal rights are protected.
18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

16 and 18

People who use this service experience **good** outcomes in this area. The concerns of people living in the home were being taken seriously and staff had received training on the protection of vulnerable adults to ensure people living in the home could be safeguarded from abuse. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Policies and procedures were in place to ensure people living in the home were safeguarded from abuse and that their concerns and complaints were taken seriously. The manager carries out 3 monthly audits of complaints that are received and inspection of the complaints log indicated that appropriate action had been taken regarding these. People living in the home confirmed they were happy with the service and knew how to make a complaint if this was needed. Since the last inspection visit, work had been undertaken to promote an advocacy service and information provided by the manager indicated that this was to be further promoted to people living in the home. The challenging nature of some of the people living at The Rowans had led to a number of Safeguarding referrals being made to the Local Authority. However, discussion with the manager and Social Services staff indicated that the outcomes from these had been managed well and that action had been taken to resolve any issues to the satisfaction of all involved. Training relating to the protection of vulnerable adults had been provided to staff as part of their induction process and discussion with them confirmed they would act appropriately should this be required.

Records of money held on behalf of people living in the home indicated that despite robust procedures being in place to ensure their financial interests were safeguarded, a minor discrepancy concerning the totals for these revealed that these needed to be audited more thoroughly.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

19 and 26

People who use this service experience **good** outcomes in this area. The home was comfortable, clean and was being appropriately maintained to ensure that people living there had an environment that met their needs safely. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

The building was comfortable and clean and being appropriately maintained to ensure that people living in the home were kept safe. The home is single storied and access around it is enhanced by its wide corridors. At the time of this inspection visit, builders and decorators were involved in replacing some of the windows and information provided by the manager indicated that other plans were in progress to redecorate the building further. Furnishings and fittings were of a good standard and bedrooms inspected were equipped with items that reflected the personality of the people living in the home. A few outbreaks of infection had recently been noted, but evidence was seen that

training had been provided to staff about this and that close liaison had taken place with a specialist nurse concerning this aspect of practice.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29 and 30

People who use this service experience **good** outcomes in this area. The home's recruitment process was safeguarding the people living in the home, and staff had received appropriate training to ensure they were equipped to meet their needs. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Discussion with people living in the home indicated their needs were being appropriately met. Staff were observed supporting people in a friendly and helpful manner. Towards the end of this inspection the generally adequate staffing numbers were somewhat undermined by the needs of one of the people living in the home. The manager confirmed she was aware of her responsibilities to the other people living in the home and that plans had been put in place in to increase the staffing arrangements to take account of this situation, but that a decision regarding this had not yet been made. A recommendation is made about this to ensure that the needs of the people living in the home are met at all times. The provider organisation has developed a strong training and induction programme and inspection of staff records confirmed that variety of topics relating to the needs of the people living in the home had been provided to ensure staff were equipped with the skills needed to do their jobs. Information provided by the manager indicated that over 50% of the staff team had now obtained an NVQ at level 2 or above and that plans were in place to review in house training to ensure that staff were supported with their development needs. The service had recruitment

policies and procedures to ensure staff are safe to work with people living in the home. The files of three new staff members all contained evidence that references had been requested and that appropriate checks had been carried out in regard to identity and the Criminal Records Bureau. No evidence was seen that Protection of Vulnerable Adults checks (PoVA First) had been carried out in respect to two of the staff members, however subsequent confirmation provided by the provider organisation confirmed that appropriate arrangements had been followed.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 33, 35 and 38

People who use this service experience **good** outcomes in this area. Management systems were in place to ensure the welfare of people living in the home, although the quality of the recording of some of these needed to be improved to ensure that the needs of people living in the home were properly safeguarded at all times. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

The manager is well qualified and has substantial experience of managing the home. Observation indicated that she takes a very "hands on" approach and feedback obtained from people living in the home, their relatives, staff and professionals associated with The Rowans indicated it was being well managed. Quality assurance systems were in place to ensure that people living in the home could be involved in decisions about their lives and evidence was seen of action plans to improve the home, which had been developed following

consultation with them. Records in the home were being regularly updated and inspection of the home's maintenance records confirmed that appropriate checks were being carried out to ensure the health and safety of staff and people living in the home. A minor auditing error was found in the records of money kept on behalf of people living in the home and a requirement is made about this to ensure that their financial interests are properly safeguarded.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	3
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	2
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	2
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? NO

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	OP9OP9	13 (2) (4) 17 (1) (a)	The registered person must ensure that that records of medication stored in the home are accurately maintained to ensure that people living in the home are properly safeguarded.	22/10/07
2	OP35OP35	Schedule 4 (9)	The registered person must ensure that the records of money kept on behalf of people living in the home are audited and accurately kept to ensure that their financial interests are properly safeguarded.	22/10/07

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP7OP7	The Registered person should incorporate further information about the interests and life histories into the support plans of people living in the home in order that their general well being can be enhanced
2	OP27OP27	The registered person should review the home's staffing

		levels to ensure that welfare of the people living in the home is safeguarded at all times.
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