



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Rowans The
Address:	West Ella Way Kirkella Hull East Yorkshire HU10 7LP

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Janet Lamb	1 8 0 8 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Information about the care home

Name of care home:	Rowans The
Address:	West Ella Way Kirkella Hull East Yorkshire HU10 7LP
Telephone number:	01482659161
Fax number:	01482653220
Email address:	manager.therowans@hica-uk.com
Provider web address:	

Name of registered provider(s):	Humberside Independent Care Association Limited
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Type of registration:	care home
Number of places registered:	53

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	53
old age, not falling within any other category	0	53

Additional conditions:
To take one service user under pensionable age

Date of last inspection								
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Brief description of the care home
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 comprises of two shared bedrooms and 49 single bedrooms, some of which have en-suite facilities. People have the benefit of a number

Brief description of the care home

of lounges, a large dining room, open plan gardens and two small, enclosed courtyard areas. All areas of the home are accessible to people, at the moment, because of the open plan layout. There are pleasant gardens around the car park to the front of the home, where seven or eight vehicles can be parked, there are the two enclosed courtyard sitting areas with plants in tubs, and there is a secure rear, grassed garden to the side of the home. The standard fees charged by the home range from £350.50 to £480.00 per person per week, dependent upon needs and if paying privately. There may be an additional fee for a private en-suite room and extra charges are made for hairdressing, chiropody, toiletries etc. The Rowans provides information about the home in its Statement of Purpose and Service User Guide, and these can be obtained from the manager on request.

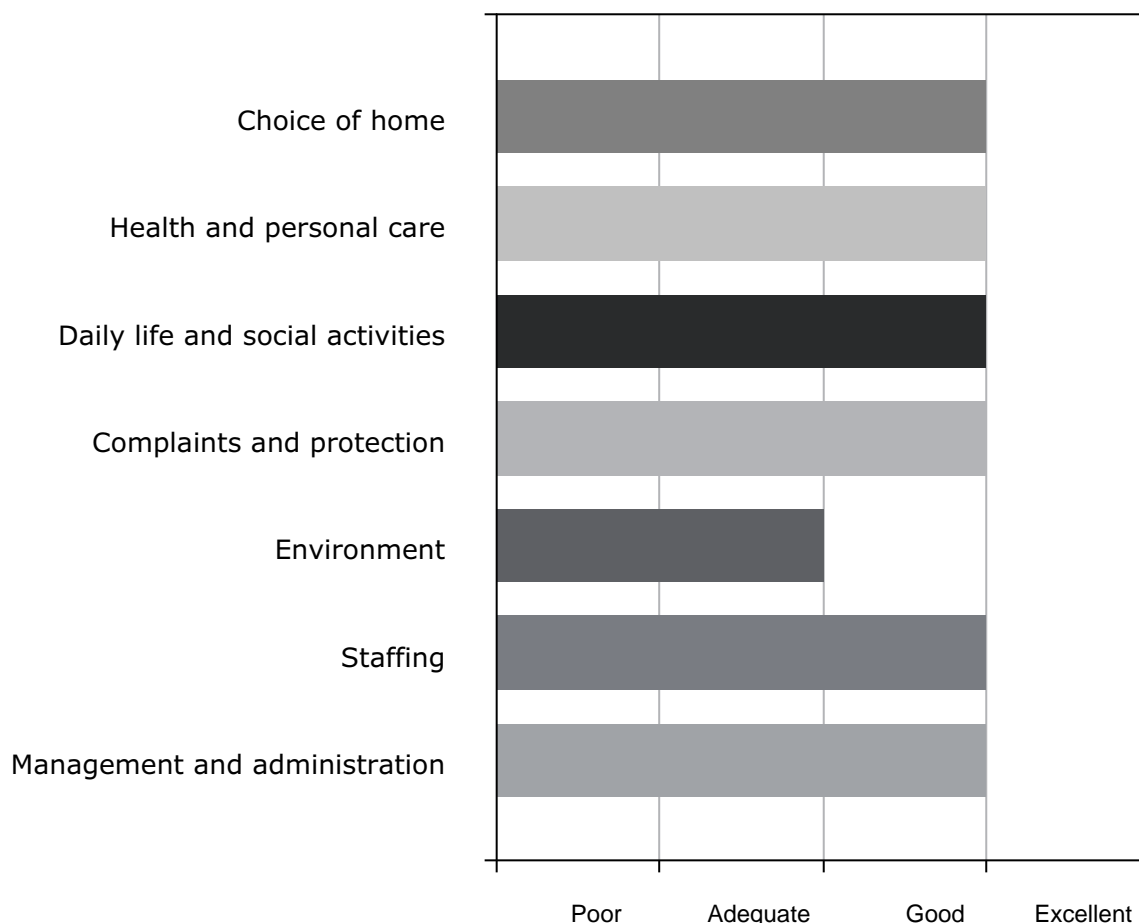
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

The Key Inspection of The Rowans has taken place over a period of time and involved sending a request to complete an annual quality assurance assessment (AQAA) in June 2009, containing information about people who use the service and staff and details of the homes policies, procedures and practices. The Commission received the requested information in July 2009 and survey questionnaires were sent to 15 people living in the home, to 3 health care professionals and 10 staff working there. Of these surveys 13 were returned from the people in the home, 3 from staff and none from health care professionals.

All of the information obtained from surveys, from notifications received and information already known from having had contact with the home since the last key inspection was used to suggest what it must be like living there.

Then on 13 and 18 August 2009 Janet Lamb made site visits to the home to test these suggestions and to interview people, staff, visitors and the home manager. Some documents were viewed with permission from those people they concerned and some records were also looked at. The communal areas of the home were viewed along with eight bedrooms.

There were four people who use the service, the manager and two staff interviewed and other people were spoken with during the site visit to seek information. Two relatives were also spoken with. What was said was checked against the information obtained through questionnaires and details already known because of previous information gathering and contact with the home. Judgements were made using the information and some of the evidence used at the last inspection to say what it is like living in the home. This report shows those findings and judgements.

We have reviewed our practice when making requirements, to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations but only when it is considered that people who use services are not being put at significant risk of harm. In future, if a requirement is repeated it is likely that enforcement action will be taken.

What the care home does well:

People are given good information and can 'test drive' the service to help them decide if the home is the right place or not. People have their care needs well assessed. They have security of tenure with a contract of residence in place.

People have good care and health care plans in place that assist the staff to support them. They are well protected by the home's policies and procedures for dealing with medication and they are treated with respect and their right to privacy is upheld.

People have good social contact in the home and in the community, they are able to make choices wherever possible and enjoy good, nutritional, appetising food.

People have good complaint and protection systems in place so they are confident their complaints are listened to, taken seriously and acted upon. They are well protected from abuse with the policies, procedures and practices in place.

People have a safe, clean and comfortable environment to live in and hygiene standards are satisfactory. Environmental standards are improving.

People are well cared for by a skills mix of staff in sufficient numbers, with the recommended qualifications and the right training to meet their needs. Staff are well recruited according to company policy and procedure and regulations and schedule 2.

People benefit from a well run home that is run by a well qualified, experienced manager of good integrity. There are good quality assurance and self-monitoring systems in place showing the home is run in the best interest of people living there. People and staff have their health, safety and welfare well protected and promoted.

What has improved since the last inspection?

The records of medication stored in the home are now being accurately maintained. The records of money held in safe keeping for people are being audited to safeguard people's financial interests.

Information about people's interests and histories is now being recorded in a 'pen picture' in care plans.

What they could do better:

The service should make sure every document used in the home is dated, so people are able to authenticate them and know when to review them.

The service must make sure the central heating and hot water systems can function independently of each other, or ensure all radiators in the home can be turned off in the summer months, so people do not experience excessively hot conditions and so their health and welfare are promoted and protected.

The service should continue to eradicate malodour from the whole of the home, so people can live in an environment that is odour free, clean and comfortable.

The service should make sure people's dependencies are accurately and regularly

determined to make sure there are sufficient staff on duty to meet their needs at all times and to make sure they are well supervised against the risk of harm and injury, so people have their welfare protected and promoted.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are given information and can 'test drive' the service to help them decide if the home is the right place or not. People have their care needs well assessed. They have security of tenure with a contract of residence in place.

Evidence:

Discussion with the manager and staff and viewing of case files with permission from people they refer to shows the service continues to ensure people are well assessed before they move into the home.

An assessment of needs in the form of a pre-assessment document is completed by the manager before an admission takes place. Copies of placing authority assessment forms are also obtained and held in files, so with this information and through discussions with relatives the home has plenty of details to determine whether or not it can meet a person's needs.

Evidence:

The company pre-assessment forms contain information on personal details, personal care and support, dressing, night care, eating and drinking, mobility, health, leisure, emotional care, dementia, safety, communication, specialist input, finances and any other area. Two files were viewed as part of the inspection and both contain such documents, although one pre-assessment form had not been dated. A recommendation is made in this report to make sure forms are always dated.

It is understood that the 'statement of purpose,' the 'service user guide' and contracts of residence, in the form of 'Admission Agreements,' are available for viewing though they were not inspected on this occasion. Surveys received from people, thirteen although ten were completed by relatives, say they received enough information about the home before moving in, with the exception of two. All but three surveys say people have a contract and one does not know.

Intermediate care is not provided at The Rowans and so this standard is not applicable.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have good care and health care plans in place that assist the staff to support them. They are well protected by the home's policies and procedures for dealing with medication and they are treated with respect and their right to privacy is upheld.

Evidence:

Discussion with the manager and staff, viewing of case files with people's permission and observation of interactions between people and between people and staff shows there are very difficult behavioural situations to deal with and high levels of personal care to assist with.

There are person centred plans of care in place for everyone and these have recently been reviewed and updated. They have an element to them which is the care programme. Two case files were seen and they contain all of the information required of the standards on care plans and health care. They contain risk assessment and management documents. One also has a personal profile and a relapse and risk management plan.

Evidence:

The care programmes are compiled to include strengths and needs to each area assessed and they are reviewed monthly on paper and six monthly with the involvement of people they refer to, placing authorities and families. Care plans and health care plans are evidenced in files. Copies of placing authority care plans are also available in files for viewing. The recommendation made at the last inspection to make sure information about people's interests and life histories are recorded is now being met, as evidence is available in pen pictures, profiles and social needs.

Health care issues also included in the general person centred plans of care but all input and care in respect of health care is recorded on 'health monitoring forms' that are kept in a separate ring binder file for staff completion. Health care needs are well observed, monitored and recorded. Observations of people show there are some people with such as leg ulcers, bruising from falls, skin complaints etc. that are monitored daily. There are records of GP, district nurse and community psychiatric nurse visits. Weight charts are maintained and records of food and fluid intake are kept if necessary. There is also a 'patient passport' form completed for whenever a person needs to be admitted to hospital, which shows all relevant health details and information as well as information on the person's dementia.

When they were asked, people could not remember anything about their care plans, but were happy for them to be viewed. One person was able to say she did most of her personal care herself and that any help from staff was usually how she wanted it.

Medication systems within the home are appropriate and protect people from risk of harm from taking the wrong medication because all medicines are handled by the staff. This is in line with the policy and procedure on medication administration. They are stored in a medication trolley in a locked cupboard on one of the corridors. There is a fixed locked controlled drugs cabinet also in the cupboard. The medication trolley is taken to the dining room and is attached to the wall for security while giving out medicines. The practice of giving out medication was observed and is considered appropriate. The manager regularly checks the medication administration record (MAR) sheets as part of her monthly summary of audits. A requirement made at the last inspection to make sure records of medicines stored in the home are accurately maintained, is now being met because all medicines are receipted into the home on the MAR sheets. Staff administering medications are trained and competence checked via an external course, which is recorded on the home staff training matrix.

Maintaining people's dignity and privacy is very difficult where there is a group of people with severe dementia problems and behavioural problems. Some of the behaviour they display, repetitive requests and screaming, undressing in communal

Evidence:

areas, arguing and taking each others' possessions, striking out and misusing the toilets or going to the toilet in an inappropriate place, makes it very difficult for staff to uphold dignity for people. Privacy is well provided once a person has been identified as needing assistance though. There are many people in the home with severe dementia problems and their needs are very great and constantly increasing. Staff observation of their actions and appropriate prompt intervention is vital to ensure people lead dignified lifestyles and to reduce the frequency of incidents that arise between them. The section in this report on staffing makes recommendations about making sure there are sufficient staff observing people at all times.

Surveys, completed mainly by relatives, say there are many demanding people living there, many with dementia and those without are in the minority and must find it disturbing at times. They state people are supported to keep clean and be comfortable, that medical issues are well taken care of and individual attention is given. They say people seem quite contented and very amenable and relatives are happy about the level of care people are receiving.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have good social contact in the home and in the community, they are able to make choices wherever possible and enjoy good, nutritional, appetising food.

Evidence:

Discussion with the manager and staff, viewing of some documentation and observation of interaction between people and between people and staff shows daily life and social activities in the home are based on flexible routines and where possible on people's needs.

There are some good opportunities for social and community contact and activities to take place. Routines tend to be around people's needs, some in groups and some individually. Rising and getting ready for the day is individually supported but this does impact on the group as a whole since the more time spent with people individually then the longer it takes to make sure everyone has been seen and has taken breakfast. Breakfast tends to be very leisurely, but some people are still at table around 11 in the morning, and lunch is served at 12. Staff just clear breakfast away and they are starting again with lunch.

There is little time left in the day for staff to carry out activities though some pastimes

Evidence:

do take place. There is a small lounge dedicated to showing old films or interesting documentaries, which is fitted out with a large screen television, pictures and memorabilia relating to film stars and actors etc. This is more suitable for people with good cognitive abilities though and of the seven people sitting in this lounge late morning, one was listening to the commentary as she had visual impairment, one said she really was not interested in the subject matter and would have preferred another film to be showing and the other five were sleeping.

Some people spoken with say they sometimes pass the time of day in their own way, by doing a bit of mending of clothes or tapestry or just sitting out in the garden. They also mention having visiting entertainers and several people commented on a recent accordion band having been very enjoyable. Other people seen that generally tend to stay in their rooms most of the day, watch television sometimes with the use of specialist equipment for poor sight, or listen to their radios. They also enjoy newspapers and quiz books. Several people take advantage of a visiting hairdresser and there is a small pleasant courtyard to sit out in, though there is no view to the outside world. Some people do go out for short rides in the mini bus but one person says they would like to go somewhere more interesting, where it is busier or they can do some shopping instead of just viewing places and structures like the Hessel foreshore or the Humber Bridge.

There is still room for improvement in the area of activities and entertainments, as those with less cognitive ability seem to have less to do than those that are more able.

People with less ability may also have more decisions made for them on a daily basis, though everyone is allowed to roam freely and everyone chooses where they sit or whom they relate to. Often staff have to decide in people's best interest and generally offer support and guidance in order to maintain their welfare. By nature of many people's disability of dementia they are less able to be autonomous in their daily lives. Some people clearly make their own decisions and were observed making choices to sit by the front entrance, to lie on their bed, to remain in their room all day or to seek assistance from staff to the toilet etc. but others rely very heavily on staff taking the initiative for them. Any restrictions on their decision making is recorded in care plans and with the use of risk assessments being in place. Finances are generally managed by relatives though some people have small amounts of personal allowance on their person. There is a company system for holding money in safe keeping that is computerised and consistently followed throughout all of the HICA homes. Records are held electronically, printouts and statements are provided on request and any deposits or expenditure is backed up with receipts.

Evidence:

Meals and meal times are fairly structured although consuming food can be a long process for some people and getting cleared in time for the next meal is difficult for staff. There are pre-set weekly menus in place that follow a healthy eating regime and offer variety and some choice. The kitchen looks to be well equipped and the chef is well organised. The main meal of the day on the first day of the site visit was meat, vegetables and potatoes with gravy, and sponge and custard for dessert. People say they enjoy their meals although some need a lot of encouragement to consume their food. The dining room is the largest room in the home and is a hive of activity at meal times with small groups of four to six people sitting on tables and conversing as much as possible. Some people have trays in their room if they choose. People's needs are being well met with regard to food provision and meal times.

Surveys from relatives and staff say staff do their job well but are unable to give quality time to people due to the high demands placed on them. They state more musical entertainments and music played in the home would be a benefit to people, that people see a hairdresser each week if they wish and that food is always fresh and good. Surveys say people are very well looked after, events are well celebrated and such as the chiropody service is provided on a regular basis.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have good complaint and protection systems in place so they are confident their complaints are listened to, taken seriously and acted upon. They are well protected from abuse with the policies, procedures and practices in place.

Evidence:

Discussion with the manager and staff and viewing of some of the documents in the home shows the systems for handling complaints and abuse referrals are understood and used well by staff.

There is a company policy and procedure in place for dealing with both complaints and with safeguarding adult's issues. There are also company records maintained of any complaint made or suspected abuse referred. Staff have good understanding of how to handle complaints and where to direct them and of making referrals to the safeguarding adults teams in local authorities.

Complaints received since the last inspection number zero while there has been eight referrals to safeguarding since Dec 2008. There has been a high number of referrals because there are several people with behaviour issues in the home at the same time and lots of quarrels take place. Some of the people concerned have either passed away or been found new placements. Though things have settled down there may still be an issue with staff being in the right place to observe what happens.

Evidence:

Staff complete company safeguarding training as part of their induction and further training is done which involves the local authority safeguarding team coming in to do a session. Some staff may be due a refresher course, as the date of training seen for one person is three years old and another staff has no evidence of such training.

Surveys but one say people know how to make a formal complaint, that staff are willing to give of their time, staff know people very well and treat them as individuals, with respect and care, and finally that people are well protected.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have a safe, clean and comfortable environment to live in and hygiene standards are satisfactory. Environmental standards are improving.

Evidence:

Discussion with the manager and staff, viewing of some of the premises and observation of the environment shows there are some minor shortfalls to these standards.

The home is purpose built to provide care and accommodation to older people and is fitted with the necessary equipment and facilities to meet their needs. It comprises of entrance and reception area, large dining room, two small enclosed outdoor courtyards, three small lounges and two shared and forty-nine single bedrooms, some with en-suite facilities. There are bathrooms and toilets available on most corridors. The home blends in well with its surroundings in the East Ella area. As far as can be determined the home meets the requirements of the local fire service and environmental health department.

Observation of all of the communal areas and some bedrooms reveals there are a number of private bedrooms that have been refurbished and modernised to include laminate flooring, new bedroom furniture, and matching curtains, bedding and upholstery. These are now modern and pleasant environments to live in. Some of the

Evidence:

bedrooms not benefiting from refurbishment yet still have malodours and one in particular is very offensive. The laminate flooring has proved to eradicate the malodours in bedrooms so far, without detracting from the living environment, the comfort of the room or the homeliness, and is therefore a successful development. A recommendation is made in this report to continue tackling the issue of malodour in the home to eradicate it completely.

A second observation relates to the central heating and hot water systems being inoperable without each other. One of the site visits for this inspection took place on the 13 August, a very hot, sunny day and it was noticed that radiators in some areas of the home were working and rather hot. Enquiries determined that to have hot water the central heating must also be working and that though some radiators can be turned off many cannot. This is a very unhealthy situation to have in the home, making people living there fractious and staff working there very uncomfortable. The costs of running a system like this must be very high and wasteful. A requirement is made in this report to ensure the system is either replaced with independent hot water and heating provision or to ensure all radiators can be turned off in the summer months when only hot water is needed, to ensure the comfort and wellbeing of people in the home.

A third observation reveals some work currently taking place to realise plans to change one of the areas of the home into a secure unit for people with severe dementia and behaviour problems, where staff will work on a rotational basis. This is to offer them improved supervision and safety and to reduce the risks of harm from falls and accidents. This will only be successful if there are staff in sufficient numbers to constantly supervise people in the unit, and if they are offered meaningful and fulfilling pastimes or occupation. The unit ought to have its own secure garden area where people can sit or wander with supervision and enjoy the fair weather in summer or winter.

Generally the home is clean though the malodour in some areas detracts from this. Some corridor carpets are soiled and it is understood most of these are being replaced, the new secure unit taking priority with work already underway. The laundry is clean and hygienic and meets the requirements of the Water Supply (Water Fittings) Regulations 1999. Staff complete infection control training and the staff training matrix evidences this.

Surveys say the home is clean and comfortable, carpets are gradually being renewed or replaced by laminates and this is only good for reducing the odours, people have their own rooms, decor and gardens are attractive and standards are good. Staff

Evidence:

surveys say they feel the home is not clean enough and the use of bleach again would improve this, and they also say they feel money is sometimes wasted on things that are not needed, like a second fish tank.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are well cared for by a skills mix of staff in sufficient numbers, with the recommended qualifications and the right training to meet their needs. Staff are well recruited according to company policy and procedure and regulations and schedule 2.

Evidence:

Discussion with the manager and staff and viewing of staff files with permission shows the home continues to use robust systems for recruiting and selecting staff and training them.

According to the rosters seen, to information from the manager about recruiting new staff at the moment, about changes in staffing numbers and about the make up of care and cleaning staff, there appears to be enough staff on documentation and in reality to do the job, when each day there is one shift leader, four care staff and the manager available. Ancillary staff include a handyman, a chef, a kitchen assistant, two cleaners and an administrator and a receptionist. At the moment the home is not entirely full so maybe the problems relayed to us by staff that they are often completely run off their feet, are not able to spend quality time with people and that more staff should be taken on, are to do with the way staff organise their workload, or the layout of the home, or the actual responsibilities staff have. Whatever the issue the staff team do not appear to be entirely effective in making sure people are fully supervised. There are lengths of time when staff are not observing people or

Evidence:

monitoring their safety and with the high levels of dementia and the frequency of incidents maybe the staffing levels need to be reviewed or the working practices need to be reorganised. We would ask that the manager looks closely and accurately at people's needs and dependencies and if she demonstrates there are enough staff employed to meet needs then maybe staff need to be asked to work differently in order to be more effective with their time. This is a recommendation of this report.

Surveys say more staff are needed to improve the ratios of staff to people, especially those with challenging behaviour, that staff morale is low due to staffing cuts and low wages and that staff are often run off their feet and are not always listened to by senior management, but that the training they receive is faultless.

All staff are expected to undertake induction to Skills for Care standard and then enrol on NVQ level 2 and 3 if possible. There are now approximately 58% of carers with the award. The home needs to continue to encourage staff to complete such qualifications. Certificates seen in two staff files evidence that NVQ level 2 and 3 has been done by one person and level 2 is currently being done by the other.

The home uses and follows the company policies and procedures on recruitment and selection of staff, so two files seen show there are application forms, references, security clearances and inductions. There are also forms for changes made to employment such as contract changes, pay increases, change of address etc., and there are copies of terms and conditions of contract, annual leave and sickness records. Staff confirm in interview the circumstances of their recruitment and selection.

Staff are expected to complete company mandatory training courses that include moving and handling, medication administration, fire safety, first aid and safeguarding adults. They also complete courses such as bucal midazolam administration, use of the hoists, back care, health and safety, continence, 'bild' physical intervention, dementia care, Parkinson's disease and care of the dying. The home maintains a training matrix and the company flag up any shortfalls where staff need to refresh a course. Certificates of attendance and confirmation in staff interviews are evidence of the courses and training completed.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People benefit from a well run home that is run by a well qualified, experienced manager of good integrity. There are good quality assurance and self-monitoring systems in place showing the home is run in the best interest of people living there. People and staff have their health, safety and welfare well protected and promoted.

Evidence:

Discussion with the manager and staff and viewing of some of the home's documents, certificates and maintenance checks and records shows there are robust systems in place to promote and protect the health, safety and welfare of people and staff.

The manager is well qualified and has substantial experience of managing the home. Observation indicates that she takes a very "hands on" approach and feedback from people in the home, the staff and professionals associated with The Rowans indicates the home is being very well managed. Surveys also reflect these views.

Quality assurance systems, that are organised and implemented by the company and

Evidence:

have not changed in their content since the last inspection, are in place to ensure that people living in the home may be involved in decisions about their lives. The quality assurance system was not tested but information about its content was gathered.

Records in the home are being regularly updated and inspection of the home's maintenance documents confirmed that appropriate safety checks are being carried out to ensure the health, safety and welfare of staff and people living in the home. Some areas sample checked include fire safety, electrical and gas services, water temperature controls and legionella testing and hoisting and lifting equipment.

There are weekly fire safety equipment checks and monthly fire safety frills held and all of these are recorded. Annual maintenance checks on the fire system and equipment are carried out under contracts and staff are appropriately trained in fire evacuation and safety. Electrical and gas safety certificates are up to date, water temperature control valves are in use and tests on water outlets are carried out and recorded, and there is a current legionella certificate. All lifting and hoisting equipment is serviced regularly and certificates maintained.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	19	23	<p>The registered provider must make sure the central heating and hot water systems can function independently of each other, or ensure all radiators in the home can be turned off in the summer months.</p> <p>So people do not experience excessively hot conditions and so their health and welfare are promoted and protected.</p>	28/12/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	3	The registered provider should make sure every document used in the home is dated, so people are able to authenticate them and know when to review them.
2	19	The registered provider should continue to eradicate malodour from the whole of the home, so people can live in an environment that is odour free, clean and comfortable.

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
3	27	The registered provider should make sure people's dependencies are accurately and regularly determined to make sure there are sufficient staff on duty to meet their needs at all times and to make sure they are well supervised against the risk of harm and injury, so people have their welfare protected and promoted.

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