

Rowles House Limited

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Inspection report

Rowles House
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rowles House Limited is a residential care home providing personal and nursing care to up to 26 people. The service provides support to adults, some of whom live with dementia. At the time of our inspection there were 23 people using the service.

People's experience of the service and what we found:

People were cared for safely and protected from abuse and the risk of abuse. Known risks to people's care were assessed and reviewed regularly. There were enough staff to meet people's needs. Safe recruitment practices were followed to ensure staff were suitable for their roles.

Medicines administration processes were followed so people received their medicines safely in the way they preferred. Staff used personal protective equipment (PPE) when needed and infection control practices were in place.

Accidents and incidents such as falls were reported, recorded and followed up appropriately. Regular analysis was undertaken so patterns or themes could be identified. Lessons were learned when things went wrong and improvements were implemented to reduce the risk of recurrence.

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.

Staff provided positive feedback about their roles, good teamwork and support from the management team.

Quality monitoring processes were undertaken to ensure effective management oversight of all aspects of the service. The registered manager was aware of their regulatory responsibilities including informing the Care Quality Commission (CQC) of notifiable events and incidents. The management team worked openly and transparently for the benefit of people living in the service.

Staff were supported and feedback was encouraged from people, relatives and the staff team. When any issues or concerns were raised, these were taken seriously and dealt with by the management team. The staff team worked well with health and social care professionals to ensure people received care and treatment to meet their needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good, published 4 December 2018. A targeted inspection to review

infection prevention and control practices was published on 18 December 2020, this did not provide a rating.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rowles House Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

Rowles House Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rowles House Limited is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and Healthwatch.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people and 3 relatives of people who received support for feedback on their experience of the care provided. We undertook observations as some people could not provide verbal feedback to us. We spoke with the registered manager, administrator, senior care staff, care and kitchen staff. We also received email feedback from 17 staff and 2 professionals who work with the service.

We reviewed a range of records. This included 5 people's care records and multiple medicine records. We looked at 3 files in relation to staff recruitment and support. We looked at a variety of records relating to the management and running of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- The provider followed local safeguarding protocols when required. Staff received training in safeguarding and information was on display for everyone to refer to.
- People were cared for safely. A person told us, "I have no worries, I do feel safe."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Staff supported people safely when they showed behaviour which may indicate distress. The registered manager planned to add some more detail to care plans in this area to ensure staff always had sufficient information and guidance to follow.
- Personal Evacuation Plans (PEEPs) for use in emergencies such as a fire, were up to date and easily accessible. This meant information was available to pass to emergency personnel such as fire officers or the police if needed.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes.
- Checks were undertaken to ensure staff were suitable for their roles. For example, references with previous employers, also photographic identity and criminal record checks.
- People, relatives and staff told us there were enough staff to provide people with safe support. A person said, "Yes, there are plenty staff. I really can't fault them, they're very good."

Using medicines safely

- People were supported to receive their medicines safely.
- An electronic medication system was used which reduced the risk of errors due to the cross checks and safeguards in place. Audits were undertaken regularly to ensure safe management of medicines.
- Clear guidance was in place for medicine which was administered 'as and when needed' to ensure it was given appropriately. If medicine was given covertly, without someone's knowledge, records showed this was authorised by the GP.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.

- Staff received training in infection prevention and control. Personal protective equipment (PPE) including gloves and aprons were used when needed.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- A relative told us, "We can come here anytime, it's like a 5 star hotel." A person living in the service said, "I can come in and go out as I please."

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Processes were in place for accidents, incidents and falls to be recorded and reported by staff so appropriate follow up action could be taken.
- Regular analysis of accidents, incidents and falls were undertaken. This meant the management team could identify if there were any patterns or themes emerging and take action to reduce the risk of the same thing happening again.

Is consent to care and treatment always sought in line with legislation 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

- The provider was working in line with the MCA.
- Decision specific mental capacity assessments were undertaken to support decision making for people who did not have capacity, or who had fluctuating capacity to make decisions for themselves.

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant 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

- The provider had systems to provide person-centred care that achieved good outcomes for people. A health professional said, "I rate Rowles House very highly. It has been a pleasure to work alongside [registered manager] and the team."
- People, relatives and staff knew who the registered manager was and spoke very positively about them and the management team. A staff member said, "[They are] very supportive, very easy to talk to if I should have any concerns. Yes, the service is well run."
- Staff told us they enjoyed working at the service, found their roles rewarding and placed people living there at the centre of everything they did. We received many positive comments from staff including 1 staff member who said, "I think the [staff] are very caring and supportive to all residents." Another told us, "I give the care and support as if I was caring for my mother."

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

- The registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- Quality monitoring systems were in place including checks were undertaken regularly of all key areas. For example, medicines, care records and health and safety. The registered manager had effective oversight of all aspects of the service and was aware of their regulatory responsibilities.
- At the time of inspection the provider was in the process of moving to a new set of policies and procedures. A plan was in place of how staff would access and start using the new electronic policies and procedures when they were ready.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.

- People, relatives and staff were encouraged to share their views informally, through regular meetings and using surveys. Minutes of meetings were taken and we saw a variety of relevant topics were discussed.
- Staff were supported in their roles through one-to-one supervision sessions and annual appraisals. This gave opportunities to discuss their development and identify if any support was needed. A staff member told us, "It's great. We are told what we are doing well and what we can improve. It's a free space to talk, it's comfortable, just you and the [registered] manager or deputy."

Continuous learning and improving care

- The registered manager was open and transparent during the inspection and welcomed all suggestions offered.
- The registered manager undertook an annual quality assurance overview. In conjunction with their business plan, this was used to identify and drive continuous improvements to the service and quality of care people received.
- Feedback confirmed people and relatives felt able to raise any issues and were confident these would be addressed. One relative told us, "If there's anything I need to complain about I do mention it and it gets sorted."

Working in partnership with others

- The provider worked in partnership with others.
- The registered manager and staff team had effective working relationships with health and social care professionals to ensure people's needs were monitored and treated. This included fortnightly multi-disciplinary meetings attended by all relevant agencies where people's needs were discussed.
- A health professional told us, "I feel the care home [staff team] is vigilant in always maintaining the health and safety of all residents and I equally feel that this is in place for the staff which is just as important. Rowles Care Home [is] the whole package: efficient, homely, safe, respectful, well-staffed, well-managed and ultimately, [staff] have the ability to meet the needs of the residents."