



# Inspection Report on

**Rowan House Care Home**

**Commercial Street  
Griffithstown  
Pontypool  
NP4 5JE**

**Date Inspection Completed**

14/05/2019

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## **Description of the service**

FC Summerhill NH Limited is registered with Care Inspectorate Wales (CIW) to provide accommodation together with nursing and/or personal care at Rowan House for up to 38 people and is situated in Griffithstown, Pontypool. There were 35 people in residence on the day of inspection. There is a designated responsible individual for the service and the manager is registered with Social Care Wales.

## **Summary of our findings**

### **1. Overall assessment**

In general, people are positive about the service they receive, and they can enjoy a homely, safe and clean environment at Rowan House. People have good relationships with staff who know them well and understand their needs. Systems are in place to assess, plan for and review people's needs. Care documentation requires some improvement to ensure consistency in the person centred approach. Current medication practises require strengthening in order to safeguard people and prevent poor health and well-being outcomes. Staff levels and deployment of staff needs to be considered during busy times such as mealtimes to ensure everyone receives the support they require in a timely manner. Lines of accountability and leadership are in place and a range of quality assurance systems are in operation.

### **2. Improvements**

This is the first inspection following re-registration under the Regulation and Inspection of Social Care (Wales) Act 2016.

### **3. Requirements and recommendations**

Section five of this report sets out our recommendations to improve the service and areas where the registered provider is not meeting legal requirements. These include:

- Covert medication and 'as required' medication
- Personal profiles and daily routines for residents
- Numbers of staff and their deployment during mealtimes.
- Statement of purpose

# 1. Well-being

## Summary

People living at Rowan House have their well-being promoted by staff who have a good understanding of their needs. People are treated with dignity and respect. There are opportunities to be involved and make choices in the activities available. Evaluation of people's participation may help identify how activities could be improved for all individuals living at the home.

## Our findings

Visiting relatives and people living at Rowan House who we spoke with during our visit were generally happy with the care and support provided by staff. Comments made included *"Good staff, majority do the job because they care"*, *"outstanding care"*, *"high staff turnover and a lot of agency staff"* and *"cannot fault staff"*.

People have good relations with staff who appear to know each individual person, their likes and dislikes. We observed staff supporting individuals and noted dignity, respect and kindness was offered routinely, to which people responded positively. Staff showed good knowledge and awareness of individual needs and they were attentive to people. Staff who we liaised with during our visit understood individual preferences, likes and dislikes, for example, staff told us about people's preferred routines in the morning and at meal times and these were observed being accommodated. We heard a range of conversations and interactions between staff and people receiving a service, including appropriate use of 'banter' and humour. Throughout our visit staff were consistent with encouragement and reassurance when delivering care. When moving and transferring people staff were heard explaining what was about to happen and reassurance given throughout the process. We found that people have caring and positive relationships with staff.

We observed the lunchtime meal, providing an opportunity to observe general interaction and conversations between people and staff in a relaxed social atmosphere. We saw staff responded to people's verbal and non-verbal communication needs throughout the meal. Staff supporting people with their meal were seen focussing on and engaging the person. On the whole staff interactions promoted a positive dining experience for people. However, we did observe some staff were required to support people to eat in other areas of the home and this left insufficient staff in the dining area to meet the needs of all individuals in a timely manner. We discussed this with the manager who explained a staggered approach to the lunch time meal had been tried previously but this had not been effective. We would encourage the service to re-consider staff levels and the deployment of staff during mealtimes to ensure all individuals receive the support they require in a timely manner. The home had been awarded a five star (very good) food hygiene rating by the Food Standards Agency at the time we visited. The menu we appraised, as well as the food

served, did not offer a choice for lunch consistently, homemade soup was the only option available on the menu regularly up to three times a week. However during our visit we observed two meal choices were available during the lunchtime meal service. We observed one person stating they did not enjoy their choice of meal and additional alternatives were offered and provided. People we spoke with said food was good quality, with one person stating that their relative *"eats everything"*. We saw people could choose where to have their meals and people who chose to eat in the dining area were given a choice of where to sit. People's individual nutritional needs and preferences were understood and anticipated, for example a member of the kitchen staff we spoke with demonstrated a good understanding of people's likes and was able to tell us about people who required special diets. Overall, we find that people's choices could be improved however dietary needs are recognised and catered for.

Overall, people have some choices of activities to pursue. Following our visit, we were provided with a list of activities which were undertaken at the home, including local school children visiting every Friday, monthly church service, regular pet therapy sessions, different singers perform and *"certain residents if they are able to come we go shopping, to the boating lake, the garden centre etc."* We saw photographic evidence of various activities undertaken at the home on the walls. During our visit we observed one care worker painting people's nails. However, on the day of our visit we observed limited meaningful personal interactions between staff and those residents who predominantly spend time in their rooms. We were told the role of the activity coordinator was to enable all staff to facilitate activities in response to the needs of people. The recording of activities and meaningful interactions in daily notes were inconsistent and often missing in the files we examined. Additionally, people's likes/dislikes, interests and social histories were not fully recorded for everyone. One visitor stated *"no-one comes in her room other than me"* when asked about the activities available for their relative.

We examined the most recent Family Meeting minutes dated 19 February 2019. Minutes included reference to *"no minutes from last meeting as no one attended"*. The only reference to activities and events within the minutes referred to an Easter raffle. We also saw a suggestion box was displayed in the foyer. At the time of our visit the homes compliments and complaints information was not available. We saw instances where residents could choose and their preferences were respected, such as at meal times, when people would like to get up in the mornings, or in the individual furniture and decoration of people's rooms. However, people who spend significant periods of time in their rooms could be at risk of experiencing a lack of stimulation and becoming socially isolated, without meaningful occupation for significant periods of the day. We conclude that people are provided with opportunities to access leisure/social activities and an evaluation of their participation may help identify how activities could be improved for all individuals living at the home.

## 2. Care and Support

### Summary

Overall, we found that people receive person centred care from staff that know them well and have a good relationship with them. Care documentation requires some improvement to ensure consistency in the person centred approach which will help guide staff in care delivery. Improvements in administration of medicines are also required.

### Our findings

We were told during our visit:

“I like staff they help me” (resident)

“Staff on computer all the time” (relative)

“A lot of agency staff used” (relative)

People’s needs are assessed, planned for and reviewed. An electronic care documentation system was in operation at the home and we viewed care records for eight people during our visit. We noted individual assessed and agreed needs were documented and reviewed on a regular basis. Further documentation included risk assessments and management plans to identify and determine the level of risk for various issues and how these could be managed. Care documentation we examined was not consistently person centred, two people’s care documentation lacked personal information including social histories, their likes and dislikes, and their preferred daily routines.

Additionally, we examined corresponding daily records for the eight individuals evidencing how assessed needs were met. Each person had comprehensive details of the care and support provided, however these were not always logged under the most appropriate heading. For example, when reviewing incidents of challenging behaviour it was difficult to establish frequency, patterns and what interventions were provided. When daily recordings included “shouting and hitting out” or “aggressive towards staff” under pressure relief heading with no further actions documented. We found that a person centred care planning system is in operation however, attention should be given to ensure consistency of information contained and daily records of care and support provided is accurately recorded under relevant headings.

People are not always protected by having robust systems in place for the administration of medicines within the home. An electronic medication system is used at the home. We spoke with a staff member who administers medication to people as part of their role. They explained the benefits of the system which included the use of alerts to reduce human error during administration. We saw that not all medication records included a current photograph of the resident. Internal medication audits completed on 27 February and 22 April 2019 stated “*continue uploading pictures of service users*”. There were secure arrangements for storing medication in a lockable room, accessible only to authorised staff. We noted regular

audits of controlled medication and systems for monitoring of the medication room and fridge temperatures.

However, the system to manage medication used on a 'when required' (PRN) basis requires improvements. We saw the home's medication policy and procedure, which states "*a clear PRN protocol must be in place in the form of individual person-centred care plans for each resident on PRN medication*". We examined four people's care and medical documentation who had been prescribed 'when required' medication in relation to agitation and challenging behaviour. We found inconsistencies in the level of information written to guide staff at what stage PRN should be administered in the best interests of the person. Not all documentation provided distraction or de-escalation techniques. For example, one person had 14 entries in daily notes during the period 1 – 13 May 2019 in relation to agitation and challenging behaviour. No actions taken by staff were recorded and the decision to administer PRN was not recorded. Additionally, we found no evidence of what actions needed to be taken in relation to consistent and regular use of 'when required' medication, and when to request a review by a medical professional. We also examined covert medication administration. We saw that mental capacity assessments had been undertaken, explanation to next of kin and appropriate professional signatures provided. However, administration guidelines were not consistently comprehensive. We saw a Care Home Pharmacy Governance Visit Report completed in November 2018 actions *included* review and re-validation of covert medication. We also saw on internal medication audit forms dated March and April 2019 actions included "*complete reviews of covert forms*". We find current medication practices in relation to covert medication and 'as required' medication require strengthening in order to safeguard people and prevent poor healthcare outcomes.

People can feel safe and protected from harm or neglect. Staff we spoke with were clear about their responsibilities around protecting the people they look after. They were also clear about the actions they would take if they had any concerns about a person's well-being. We noted the presence of policies relating to keeping people safe, including the safeguarding policy; advocacy and complaints information which were available to staff, residents and visitors to the service. We saw staff had attended safeguarding training and subsequent refresher training. People living in the home could be confident that their personal information was properly protected at all times, securely stored on laptops which were password protected. Access to the building was secure and we saw that a book to record all visitors to the home was being used, which further promoted the safety of people living at the home as well as their visitors'. This shows that people are safe and as far as possible protected from harm.

The rights of people who may be unable to make decisions regarding their care are protected. We saw the home applied to the relevant authority regarding residents identified as potentially lacking mental capacity to make decisions about their care and/or welfare. This is known as deprivation of liberty safeguarding. It is a legal process which seeks to ensure care arrangements for such residents are proportionate and in their best interests. The home maintained a record of applications it had made and when renewals were due.

### **3. Environment**

#### **Summary**

People benefit from a safe, clean and comfortable environment. There are areas, indoors and outdoors which allow for privacy and quiet times alongside rooms for socialising with residents and/or visitors. The home meets health and safety requirements but had some cluttered areas and areas requiring redecoration.

#### **Our findings**

People benefit from a safe, clean and comfortable environment which requires further updating. The home was easy to reach and had secure access. It had a friendly, warm and odour-free atmosphere but some of the décor in corridors and toilets were tired and worn, when discussed with the manager we were told of plans to freshen up areas. We noted that the home had various lounge spaces which residents and their visitors had access to, so they could choose their surroundings according to their needs and wants at the time. People also had access to attractive and usable outdoor space overlooking the canal. We find people's well-being is promoted by the environment they live in.

People can be confident that they are cared for in a safe environment. There were systems in place to protect peoples' safety for example, a secure entrance to the home, upon our arrival staff checked our identification before requesting we sign the visitor's book, in line with fire safety procedures. Health and safety documentation was examined and contained a selection of documentation including gas safety certificate, fixed and portable electrical testing certificates and equipment maintenance checks. We saw they had been completed within the required timescales. Fire safety documentation and checks were comprehensive and detailed including fire risk assessment, fire evacuation strategy, personal emergency evacuation plans were in place and regular checks of fire safety systems were seen. However, we did note the door to the sluice facilities on the ground floor and the laundry storage cupboard were not locked, a sign on both doors clearly stated 'keep locked'. We also found that two bathrooms had excess equipment being stored in them. When discussed with the manager we were informed future plans included the redevelopment of the old laundry facilities to incorporate facilities for the storage of medication and specialist equipment. We examined a range of audit documentation, including weekly equipment checks undertaken by the manager such as call bells, bed sensors and floors sensors. We noted when sensors failed action was taken, including access to replacement batteries during the night. The above evidence shows that appropriate action is taken to ensure that people are cared for in as safe and secure an environment as possible.

## 4. Leadership and Management

### Summary

People are cared for by safely recruited staff who are appropriately supported with training and regular supervision. Clear lines of accountability and leadership are in place. There are procedures in place for monitoring the service.

### Our findings

People benefit from a service where staff are well lead, supported and trained. The services' procedure for recruitment, induction, supervision and training are sufficiently robust. We examined six staff member's files; we saw that pre-employment checks were in place, including disclosure and barring service (DBS) checks, verification of identity and necessary references. We saw that mandatory training, awareness of policies and procedures, shadowing shifts at the home were documented as part of staff induction, the induction programme also included the social care induction framework.

We were provided with a staff training matrix following our visit and saw that staff had attended relevant training to carry out their duties, for example fire safety, safeguarding, infection control and moving and handling. On the whole staff attended refresher training in a timely manner, however, we noted 14 staff were overdue moving and handling refresher training with one person's due date for training logged as June 2015. We were told there was a proactive approach to the learning and development of staff, alongside the introduction of new e-learning modules.

Additionally, we saw that staff were provided with one to one formal supervision on a regular basis. We examined records of supervision and found them to be detailed with appropriate actions to follow up. Staff meetings were also held on a regular basis, the last nurses meeting was held on 5 April 2019, team leader meeting 15 March 2019, day care staff 8 March 2019 and night care staff on 3 May 2019. We examined meeting minutes which were on the whole comprehensive We saw staff working well as a team with shared values of enhancing the lives of people living at the home and also demonstrated their commitment to ensuring people achieve their individual goals. Based on the above evidence we find that people are cared for by safely recruited staff who are valued and appropriately supported with training and regular supervision.

People benefit from systems in place to monitor the quality of the service they receive at Rowan House, and any improvements required. The homes statement of purpose was being updated at the time of our visit, we were told to reflect changes in staffing including nursing assistants and additional 'twilight' staff. The manager and clinical lead were described as being "*approachable*" and "*responsive to requests*". We saw that Rowan House reviewed their quality of care in various ways, following our visit we were provided

with medication audits, pressure relief audit, fluid intake audits and infection control audits. At the time of writing this report the most recent annual quality assurance report was not available, the manager stated it was being amended. The Responsible Individual (RI) had visited the home on 20 February and 7 March 2019, in order to monitor quality and a written report was provided for examination. The RI undertook checks to ensure adequacy of resources, examined reports generated from the electronic care documentation system, met with staff, residents and visitors to seek their views and opinions on the service being delivered. We examined logs of accidents and incidents and found the system difficult to navigate, dates of incidents were not easy to establish as not all paperwork had the date and time as requested. During our visit we could not examine any compliments or complaints the home had received. The above information demonstrates a range of methods and tools are used to ensure the quality of service provision, however information to evidence quality assurance was not readily available during our visit.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

This is the first inspection following re-registration with Care Inspectorate Wales under the Regulation and Inspection of Social Care (Wales) Act 2016.

### **5.2 Recommendations for improvement**

We have advised the provider that improvements are required to meet legal requirements in relation to:

Medicines - The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 – Part 14 Regulation 58(2)(b) We found that the service provider did not ensure effective recording and handling of medicines. A non-compliance notice has not been issued on this occasion as we did not identify any major impact to residents and we were assured measures would be taken to address the issues identified immediately and these will be followed up at the next inspection.

The following are recommendations for improvements to promote positive outcomes for people using the service:

- Due care and attention should be given to the completion of care documentation ensuring it is person centred, includes personal profiles and daily routines/preferences.
- Consideration of staff levels and the deployment of staff during mealtimes takes place to ensure all individuals receive support in a timely manner.
- Reviewed and amended Statement of Purpose is forwarded to CIW in a timely manner.

## 6. How we undertook this inspection

This was a full inspection which involved an unannounced visit to the home on 14 May 2019 between 9:00 am and 6:30 pm.

The following methods were used:

- We spoke with people living at the home, visiting relatives and with staff members.
- We spoke with the manager and clinical lead.
- Telephone conversation with responsible individual.
- We looked around the home and made observations.
- Observation of a lunchtime meal using SOFI 2 tool. The SOFI tool enables CIW to consider the experience of care for those living at the service.
- At the time of completing this report no questionnaires had been returned to CIW.
- We reviewed information about the service held by CIW.
- We looked at documentation, which included:
  - Statement of Purpose and service user guide.
  - Eight people's care records.
  - Six members of staff personnel file.
  - Staff training and supervision matrix, supervision meeting minutes.
  - Staff team meeting minutes.
  - Records relating to health & safety including risk assessments, audits and safety checklists.
  - Medication storage and records.
  - Records of accidents and incidents.
  - Records of responsible individual visit.
  - Quality assurance and audit records.

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>FC Summerhill NH LTD</b>
<b>Manager</b>	<b>Stephen Clarke</b>
<b>Registered maximum number of places</b>	<b>38</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>1<sup>st</sup> Inspection following Re-registration</b>
<b>Dates of this Inspection visit(s)</b>	<b>14/05/2019</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>Yes</b>
<b>Additional Information:</b>	

**Date Published – Thursday, 1 August 2019**