



Care Inspectorate Wales

Care Standards Act 2000

Inspection Report

Rowan Care Limited

Ruthin

Type of Inspection – Full

Date(s) of inspection – Tuesday, 9 April 2019

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Summary

About the service

Rowan Care Limited is a domiciliary care agency providing support to older people over the age of 65 years, people with physical disabilities, sensory loss/impairment, learning disabilities, mental health problems and elderly mentally infirm. The registered office is located in Ruthin and at the time of this inspection, the agency was providing services to 22 people living in their own homes in the Llangollen and Ruthin areas.

The Responsible Individual is Steve McDermott. The manager is awaiting confirmation of their registration with Social Care Wales.

What type of inspection was carried out?

A focus inspection was carried out to check if the non compliance issued at the last inspection had been met. We made an announced visit to the agency's office on the 9 April 2019 between 9:30 a.m. and 11:00 a.m.

The following methods were used;

- We spoke with the manager and a person acting on behalf of the Responsible Individual at the agency's office.
- We looked at two personal plans and risk assessments, two staff files and training and supervision records, Statement of Purpose, Service User Guide and policies and procedures for whistleblowing and complaints.

What does the service do well?

Provides support to people living in their own homes in rural areas.

What has improved since the last inspection?

At the last inspection a non compliance notice was issued regarding:

Regulation 11 (1) carrying on and managing the agency with sufficient care, competence and skill. This was because there were a number of areas which needed to be addressed regarding service delivery plans, risk assessments, reviews, supervisions, training, staff files, Statement of Purpose, quality assurance, management arrangements and notifying CIW about absence. This has been met.

Recommendations made at the last inspection to further improve the service had also been addressed.

What needs to be done to improve the service?

We recommend the following to further improve the service:

- Risk assessments should be developed to contain more detail.
- Ensure that people or their representatives, staff and the manager continue to sign and date documentation to evidence their understanding, agreement and

involvement.

Quality Of Life

People's preferences are understood. We looked at two personal plans which contained one page profiles setting out what was important to each individuals, their interests, what people liked and admired about them and how best to support them. People's hobbies, interests and important routines were also recorded for staff to be aware of. One person liked to watch the wildlife from their bedroom window as this was important for them and was included in their personal plan. Another person's one page profile had their photo on it and included information about their favourite football teams and they enjoyed going to watch the matches. People can do things that matter to them.

People are being supported to stay safe. Personal plans identified whether there were any risks for people. We saw that risk assessments had been completed informing staff of the actions to take to reduce risks and keep people safe. However, we discussed with the manager and person acting on behalf of the Responsible Individual that risk assessments should be further developed to ensure staff take the correct action at the time. For example, one person's risk assessment instructed staff to contact a relative if there were concerns about medication so they could contact the GP. Consideration should be given to what staff should do if the relative cannot be contacted. Another risk assessment referred to a person choking and for staff to "*press care line and seek advice*". This did not refer to staff taking any other action or having first aid training. Other risk assessments we saw were more detailed including staff following the advice of the District Nurse, reporting any changes to them and completing monitoring charts. Since the last inspection, the Complaints policy has been amended setting out how and who to make a complaint to. A new leaflet has also been produced informing people of how to make a compliment, comment or complaint. This included the office opening times and how best to contact the manager, Responsible Individual or service manager of complaints and compliance. Information about safeguarding was provided in the Service User Guide about how to recognise different types of abuse and how people they would be supported through the process, if needed. People are safe and protected from harm and abuse, but further improvements are needed regarding risk assessments.

Quality Of Staffing

People are supported by staff who understand them. We were provided with a copy of the updated Service User Guide, which informed people about how the agency would consider their outcomes looking *“at the things you may need help with”*. It stated *“Person Centred Planning helps us understand what matters to you”* and *“A Personal Plan gives us an understanding of how best to support and care for you”*. Since the last inspection, copies of personal plans were available at the agency’s office. We looked at two personal plans which were seen to be person centred, outcome focused and provided clear information about people’s health, communication and relationships. Forms called *“circle of support”* had been completed which showed who the important people were in their lives such as family, friends, social workers and health professionals. Each personal plan included specific outcomes for people, how these were to be met and when this would be achieved. The manager informed us they had recently attended an outcome training day with the Local Authority. Information provided for staff encouraged them to promote peoples independence where possible and advised them when to seek additional help or advice from the manager, health professionals or family members. One person’s plan recorded that their relative was to be involved on their behalf. The manager told us they had visited the person and their relative and they had been involved in looking at and agreeing to the plan. We noted that the relative had signed the individual’s personal plan. Since the last inspection, new personal plans have been produced which include a section to record all review dates and any changes made to people’s care and support. People receive the right care, in they way they want it.

Quality Of Leadership and Management

People can be assured that recruitment checks are being followed. Staff files were available at the agency's office for inspection and contained all the necessary information. This included two forms of identification, application forms and employment histories as well as two references. There was a system in place for the manager to see Disclosure and Barring Service (DBS) checks for all staff and when these were due to expire. The manager told us they would also be contacted by human resources to remind them if staff DBS checks needed to be renewed. People are supported by staff who have been through a robust recruitment process.

People are supported by staff who understand their roles and responsibilities. Staff files we looked at included job descriptions setting out what their roles and responsibilities consisted of. We looked at training records for two staff. Both staff had received training in understanding their role. A staff member had also completed training in personal development, duty of care, equality and diversity, working in a person centred way, communication and privacy and dignity. Specific training had been completed regarding autism awareness, awareness of epilepsy, awareness of mental health, dementia and learning disability, fluids and nutrition and diabetes medication. Another member of staff had completed autism awareness, dementia awareness, mental capacity act and deprivation of liberty. Training information was accessible to the manager on the computer, which identified those who required training or were in need of refresher training. We were told by the manager that training was accessed through eLearning (computer), provided internally and externally through the Local Authorities. Records showed that staff supervisions were being held on a more regular basis and we discussed the importance of continuing this with the manager. People benefit from a service where staff receive training and support.

There is a commitment to, and evidence of improvements being made to the service. At the last inspection, we identified a number of areas which needed to be addressed. We found the action plan provided to CIW prior to the inspection had been achieved and the non compliance had been met. During our visit a person acting on behalf of the Responsible Individual was spending time with the manager and they were due to visit people using the service. New documentation was being implemented and the Statement of Purpose, Service User Guide and policies had been amended. At the last inspection we found feedback had been obtained from people and others involved in their care and support but this had not been compiled in to a report. The person acting on behalf of the Responsible Individual and the manager showed us a new booklet which would be sent out to people, relatives and professionals to obtain their views about the service. The quality assurance officer would then use this information to create a report for the service. People receive care and support from a service which takes action to put things right.

Quality Of The Environment

The office is located in Ruthin. There is now a sign on the door informing people of opening times and contact numbers.

How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by contacting us.