



# Inspection Report on

**Rowan House Care Home**

**Commercial Street  
Griffithstown  
Pontypool  
NP4 5JE**

## **Date Inspection Completed**

24/05/2022  
24 May 2022

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## About Rowan House Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	FC Summerhill NH LTD
Registered places	38
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">14 May 2019</a>
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture

### Summary

Rowan House care home is registered to provide care services with nursing for up to 38 people. People living at the service are happy with the care and support they receive. Care staff are dedicated and provide support to people with genuine care and warmth.

Personal plans are clearly written to instruct care staff on how best to support people in all relevant areas. Plans are reviewed regularly to make sure they reflect people's current needs and aspirations. Reviews of these plans need to include the views of the person or their representative. All relevant records are kept accurately and consistently.

The home has an experienced manager who is supported by a clinical lead to oversee the day to day running of the service. Care staff are confident in their roles and feel well supported by the management team. Improvements are required with the frequency of some staff's supervisions and training compliance. Training has been impacted across the care sector by the pandemic, the manager assured us that recent improvements will be continued. The Responsible Individual (RI) has a good oversight of the service, they visit regularly and know the care staff and residents well.

## Well-being

People have control over their day-to-day lives as much as possible. We saw people socialising with each other and care workers supporting people to engage in activities. People choose where to spend their time. We saw some people prefer to stay in their rooms whilst many spend time in the communal lounge.

People enjoy having visits from their loved ones and a local hairdresser visits every week. People we spoke to were complimentary about the home and care staff. One person told us *"It couldn't be better here. Staff can't do enough for you. They are all very good"*. Another person said, *"We have a lovely laugh between us, I enjoy the music and entertainment and like to dance. I choose when to get up and go to bed. I like to shower every other day and I'm happy the staff help me. I really do like it here."* People who visit their loved ones at the home told us they are treated with kindness and kept well informed of how people are getting on.

Residents receive the support they need to maintain their health and wellbeing. The service completes a range of risk assessments and personal plans, which identify each person's care and support needs and how these can best be met.

Residents have their own rooms, which are personalised to their individual tastes. People have some of their own furniture, family photos, cards and collectables in their rooms, which gives a homely feel to their surroundings.

The service helps to protect people from abuse and neglect. Care staff complete training in relation to the safeguarding of adults at risk and understand their role in protecting people. The service has a safeguarding policy, which reflects the Wales Safeguarding Procedures and is kept under regular review. People are encouraged to share their views about the service they receive.

## Care and Support

People receive the care and support they require, as and when they need it. We saw that care staff were attentive, courteous and supportive to people throughout our inspection visit. Requests for support, both with tasks and emotional support are responded to promptly and provided with warmth and compassion.

The care needs of each person are clearly documented, and all staff access this information regularly to inform their daily routines. Plans are regularly reviewed to ensure they are up to date and reflect people's current needs and aspirations. People or their representatives should be involved in these reviews which is not currently the case. The manager assured us that a system was being implemented to address this. This is an area for improvement that we will check at our next inspection. Accurate records are kept by care staff to evidence that people are supported as described in their plans.

Referrals are made to health and social care professionals as and when required. People are registered with a local general practitioner (GP). Records are kept of all appointments and outcomes for review as required.

People are encouraged to engage in activities if they choose to do so. People told us they enjoy the activities they are offered, a 'music and mocktails' afternoon every Friday is particularly popular. People enjoy their meal experience and the meals provided; they are encouraged to be as independent as possible and supported when required.

Systems are in place for the safe management of medication within the service. People receive appropriate support with their medication, which helps to maintain their health. The records we checked were all completed accurately. We saw some gaps in the recording of the medication room and fridge temperatures, this is important to ensure medication is stored correctly. The manager assured us this would be addressed.

Infection prevention and control procedures are good. Care staff wear appropriate personal protective equipment (PPE) and wash their hands regularly. Regular COVID-19 testing is carried out on staff. We were asked for evidence of a negative lateral flow test result and had our temperature taken before entering.

## Environment

People benefit from a secure environment; the front door is kept locked. We viewed the maintenance file and saw that all serviceable equipment had been checked to ensure its safety. Regular checks of the fire alarms take place at the home and staff are trained in fire safety. People living in the home have a personal emergency evacuation plan to guide staff on how to support people to leave safely in the case of an emergency.

The home is clean, tidy and well organised. Communal areas include a large lounge with piano and TV, a well-presented dining room with a kitchenette area. Some bedrooms have ensuite facilities, communal bathrooms and wet rooms are also used which we found to be clean and tidy. Overall, the décor is well maintained but some doorframes and skirting boards are scuffed and require re-painting.

People's bedrooms are personalised to their own tastes, individuals have some of their own furniture in their rooms as well as photos of loved ones, pictures, flowers, and ornaments. The home benefits from a pleasant garden area at the rear which overlooks a canal, we were told that people enjoy watching narrowboats go by and waving out to people walking along the towpath.

## Leadership and Management

People benefit from effective leadership and management. The service's statement of purpose accurately reflects the service provided. The manager is supported by a clinical lead with the day-to-day running of the home. Care staff feel valued and supported in their roles. We were told that the management team are approachable and always there to help or advise care staff when required. Communication between the team is good and care staff enjoy their jobs. Throughout our visit, we saw there was a sufficient number of care staff on duty to support people.

We saw that care staff personnel files are well organised; however, do not all contain the required information. While no immediate action is required, this is an area for improvement which we will follow up at our next inspection. Care staff are confident and skilled in their roles. They complete a range of training courses, including regular refresher courses in important areas such as safeguarding people at risk of harm. The availability of face-to-face training has been impacted by the pandemic; improvements have been made with training compliance and the manager assured us that further improvement is a priority for the service.

Care staff receive supervision with their line manager. The frequency of these meetings needs to increase. This is an area for improvement that we will follow up at our next inspection. This one-to-one support provides opportunity for staff members to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance.

The RI has undertaken regular quality assurance checks by visiting the home to talk to individuals and care staff and review documents. The RI completes detailed and thorough audits of the quality of the support provided as well as the wider running of the home. The reports highlight where the home is performing well as well as areas for improvement.

The provider makes necessary referrals to external agencies as required and keeps the regulator notified of relevant matters in a timely manner.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
16	Must ensure that people or their representatives are involved in reviews of their personal plans	New
35	The provider must ensure that a recent photograph is on file for all staff and that employment histories are	New



	recorded by month and year as a minimum	
36	The provider must ensure that all staff receive supervision at least every 3 months	New
	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.	Achieved

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