



Inspection Report on

Rowan House Care Home

**Commercial Street
Griffithstown
Pontypool
NP4 5JE**

Date Inspection Completed

24/07/2024

Welsh Government © Crown copyright 2024.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

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	24/05/2022
Does this service promote Welsh language and culture?	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

People receive a good standard of care and support which enables them to achieve positive wellbeing outcomes. People have opportunities for regular activities tailored to their needs. People and their families are now engaged in the care planning process securing individuals a voice. The service is well led by an experienced manager who is supported by a staff team who are trained, committed, and safely recruited. There are effective management systems in place to support the day to day operation of the service. Staff receive regular supervision and have their standard of practice annually appraised. The environment is safe, secure, and maintained with on-going investment in the property. The responsible individual (RI) has good oversight of the service. The outstanding areas for improvement have been met.

Well-being

People are encouraged and supported to make everyday choices. Care and support is provided to people in line with their natural routines such as when they want to get up and retire to bed. People can spend their day in communal areas with others or in the privacy of their rooms. Peoples care documents reflect their likes and preferences and staff are aware of the value individuals place on things that matter to them. The service engages with people regularly to gather their views to help inform improvements.

People are treated with dignity and respect. Staff are familiar to people and know them well. We saw positive interactions between staff and people who live at the service. Individuals appeared comfortable and dressed according to the weather. We saw some ladies wearing jewellery with their nails painted. The mid-day meal was a positive experience for people. Staff are kind, caring and sensitive to individual's needs. Relatives are complimentary of the care and support provided at Rowan House.

People are safe. Risks to people are assessed so they are supported to stay safe, and their freedoms respected. Staff are trained to safeguard people and report complaints. Staff are safely recruited. The property is secure, comfortable, and maintained.

People have regular opportunities for stimulation. Activity staff provide a range of group and individual activities which people can participate in. We were told people enjoy weekly music sessions and mocktails, trips in the local community for walks along the canal and to the shops. Families can visit their loved ones when they want which helps residents to maintain relationships with their family, friends, and pets. A pleasant garden area has been created for people to sit outside and enjoy.

People live in a service that supports their wellbeing. We found the service was clean, homely, and well maintained. There is on-going investment in the property including general redecoration to refresh the decor and upgrades to bathrooms. Routine health and safety monitoring ensures the safety of the environment. Dementia friendly approaches are in place which promote orientation for people.

The provider does not offer a service to people in Welsh and would have to plan how to facilitate a service if needed. People are asked before admission their preferred language. People are supported to celebrate cultural activities. Information can be provided in the Welsh language if requested.

Care and Support

People's plans provide clear guidance for staff about the individual, their care and support needs and outcomes they would like to achieve. People's care documents are well maintained and updated to reflect their care and support needs. People's personal plans are routinely reviewed. We saw that people and their relatives are now engaged as much as they want to be in the review process.

People are supported to be healthy and stay safe. People can access healthcare services as and when necessary. The service works collaboratively with other health and social care professionals to support people to remain well. Risk assessments support individuals to remain safe. Menus are compiled in line with people's food likes and preferences. On the day of our inspection, we found staffing levels to be sufficient to meet individual's needs. We spoke with staff who are motivated to support the people they care for. Throughout our visit, we saw caring and compassionate interactions between people and staff.

Arrangements are in place to monitor and evaluate accidents and incidents. The management are responsive in identifying and mitigating risks. The relevant applications are made to safeguard people's best interests. Staff are trained to safeguard people from harm and abuse and are aware of their duty to report any concerns. We found staff to be responsive and dealt with any issues as they were identified.

There are safe medication arrangements in place. The service uses an electronic medication system that minimises the risk of errors. Nurses are trained to administer people's medication. The nursing team completes regular internal medication audits. A recent external pharmacy audit had been conducted and the service is awaiting the report. Staff have confidence in the service's medication system.

Environment

The premises, facilities and equipment are suitable for the provision of the service. The atmosphere is warm, welcoming and the property is maintained to a good standard. Arrangements are in place to ensure health and safety standards are maintained. Individual bedrooms reflect people's ownership and individuality. The service adopts dementia friendly approaches to support people with their independence. Communal areas are light, bright, and homely which supports people to spend time with others. Corridors are clear of clutter which enables people to walk around freely. Signage is used to direct people around the service with toilets and bathrooms clearly labelled. The service has considered the use of colour in relation to wall coverings and furniture to support people with dementia.

The service providers ensure the premises are safe and complies with health and safety legislation. We found the service is clean and tidy. A number of environmental audits show routine health and safety checks take place to ensure people are safe. Regular fire checks take place and individual personal evacuation plans are accessible. There is an on-going programme of works to ensure the service continues to meet the needs of people living there. The service promotes hygienic practices and manages the risk of infection. Staff are trained in infection control and we saw hand washing and sterilising facilities available throughout. The service has a food standard rating of five which demonstrates very good food standards are in place.

Leadership and Management

People benefit from strong leadership and management. A long-standing and respected manager leads the staff team at Rowan House. They are registered with Social Care Wales and have sound knowledge of the service. A clinical lead oversees people's care and support. Staff work together as part of a cohesive team with low agency use. They told us this helps foster continuity for people living at the service. The RI confirmed the service has a stable staff team who are dedicated and work well together. Staff feel fully supported by the management team.

There are arrangements in place for the effective oversight of the service through on-going quality assurance. A number of audits are routinely completed which assess the quality of the service. Regular meetings take place between the RI and management team. The RI routinely visits the service and gains people's views and opinions. Regular staff meetings take place to update and inform the team. A six monthly quality of care review is completed. Recommendations form part of an on-going action plan which drive forward improvements at the service. Senior managers monitor progress. We found there are effective measures in place to monitor the quality of the service provided.

Staff are safely recruited. We sampled personal files for newly appointed staff and found the required pre-employment checks are completed. This includes a clear Disclosure and Barring Service (DBS) check, satisfactory references from previous employers, and pictorial identification. We reminded the manager a copy of each person's birth certification should be retained. All newly appointed staff receive an induction. Nurses and care staff are registered with the required bodies and the service provider monitors their registration.

Staff are trained and developed to carry out their role. Every staff member has an individual training plan and has access to training. We viewed training records which show staff have completed training in core areas. Staff told us the standard of training provided was good and equipped them with the skills needed for providing good quality care and support. Staff receive regular supervision and have their standard of practice annually appraised. Staff told us they enjoy working at the service and they feel valued.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
16	Must ensure that people or their representatives are involved in reviews of their personal plans	Achieved
35	The provider must ensure that a recent photograph is on file for all staff and that employment histories are recorded by month and year as a minimum	Achieved
36	The provider must ensure that all staff receive supervision at least every 3 months	Achieved

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 11/09/2024