

Peabody South East Limited

Rowan House

Inspection report

Rowan House
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Rowan House provides a supported living service and personal care for people who are unable to provide it for themselves because of old age, illness or disability. Where people live in their own home they receive care and support in order to promote their independence. As there is a separation between the care and accommodation, the care they receive is regulated by the CQC but the accommodation is not. On the day of our inspection, 150 people were using the service but not everyone was receiving a regulated activity. Some of the people using the service had complex needs and the frequency of the care and support depended on people's individual requirements.

The provider of the service had merged with the previous established provider in April 2018. The previous provider had constantly demonstrated they were providing good quality care. As part of the merger the new provider had retained a well-established staff group, including senior leaders such as the registered manager. Peabody Limited has three additional adult care services which have been inspected by the commission, and rated as good, with one that had outstanding features.

Supported living

People receiving supported living services rented accommodation separately from the care that was provided by the service. These were small shared houses and bungalows. Where care staff were required to remain at the service overnight, they were provided with appropriate sleeping arrangements.

People's experience of using this service and what we found

People received an exceptionally safe service. Staff supported people in the least restrictive way possible to ensure that they were able to lead their best lives. The providers policies and systems supported this practice.

Staff had an excellent understanding of how to safeguard vulnerable people. The service had a very open and transparent culture and staff and people were supported to speak up if they had any concerns. All staff were recruited safely and people using the service were involved in this process.

People received a very effective service. Staff had access to great training opportunities and had an excellent understanding and knowledge of best practice relating to individual people's care needs. All staff had a good understanding of the Mental Capacity Act 2005, and people were supported to have maximum choice and control over their lives.

People had access to a variety of health and social care services to enhance their physical and mental wellbeing. Healthcare professionals spoke highly of the support people received.

Staff were exceptionally caring and often went the extra mile to support people to live their best lives, including after their working day had finished. Professionals, relatives and people were very positive about the care that was provided. People were treated with respect and dignity and staff understood the value of

maximising people's independence and the positive impact this would have on people's lives.

People received a service that was not only responsive to their needs but also incredibly person centred. Care plans documented how staff should manage identified individual risks to people, without imposing unnecessary restrictions on their lives. Disability was not viewed as a barrier to people accessing all potential opportunities, rather it was a challenge to find ways to support people to live in the way they wanted.

External professionals, people receiving a service and relatives told us that this service was outstandingly led. The registered manager acted as an exceptionally strong role model to all levels of staff. They were knowledgeable, kept up to date with all best practice guidance and disseminated this to staff effectively. There was a shared vision that every person receiving a service had their potential maximised. Team leaders and senior managers shared this passion and supported staff to work creatively with people to mitigate and manage potential risks, supporting them to lead fulfilling and meaningful lives. Staff had a high level of commitment and connection with the people in their care.

The registered manager operated a transparent service, constantly learning and sharing ideas, experiences and lessons learnt, not only within the organisation, but externally when networking with other health and social care services. This learning, open and transparent culture was filtered down throughout the staff group and ensured that people received outstanding care.

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 (23 December 2016). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating of the service under the previous provider.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was exceptionally safe.

Details are in our safe findings below.

Outstanding 

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding 

Rowan House

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 Care Act 2014.

Inspection team

The inspection team consisted on one inspector, and two assistant inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. At the time of inspection, the service were supporting 150 people. They also provided a supported living service to people living in three 'supported living' setting[s], so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we wanted to make sure that people using the service had time to consent to see us and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, three team leaders, human resource manager and operational manager and six members of care staff. We also spoke with three external health and social care professionals.

We visited people in their own homes and in shared living accommodation. We observed interactions between care staff and people receiving a service.

We observed a care review for a person in their own home by a multidisciplinary team, which included the person, their loved one, care staff and external health and social care professionals.

We reviewed a range of records. This included eight peoples care plans and risk assessments and medication records. We looked at four staff files in relation to recruitment and staff supervision. And we reviewed a variety of records relating to the management of the service, including policies and procedures, incidents and accidents, compliments and complaints and lessons learnt.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who had regularly involvement at the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Outstanding.

Outstanding: This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had an exceptionally good understanding of safeguarding concerns and were given regular safeguarding updates in supervision, team meetings and during observational visits of what constituted a safeguard concern.
- The service had a risk and serious incident group where serious incidents both internally and externally were discussed. This ensured the service were constantly considering and acting on how to ensure they mitigated potential risks to people.
- During observational visits, deputy operational managers would sit and observe all interactions. This included an assessment of people's body language and reaction to the staff caring for them. Observational sheets included guidance on identifying body language and nonverbal cues that might indicate a person was scared or unhappy.
- The registered manager was able to share examples where they had used targeted reflective workshops with staff following safeguarding alerts. This supported staff to reflect on how abuse could affect people in their care. The shared learning that proceeded these workshops was exceptional and concentrated on developing reflection skills, empathy and the impact on people when concerns are not reported.
- One deputy manager told us, "Staff can be worried about raising a safeguarding as the perception of a safeguarding can be frightening. Our aim is to ensure that staff feel this is a positive thing to do, no matter how small to ensure that people are receiving safe care."
- Staffs good understanding meant that where poor care was observed this was reported and investigated quickly and when necessary disciplinary procedures were followed.
- Staff supported people and their loved ones to raise safeguarding concerns about external services when things had gone wrong and when communication difficulties might have prevented them from doing so independently. This included when a person had received poor quality hospital care. The service supported a relative to raise a complaint, including translating their first language into English.
- Investigations were transparent, and people using the service, relatives, staff and other health and social care providers were involved at all levels. Outcomes of safeguarding investigations and any learning were shared across the whole organisation and within other forums with registered services.
- The service ensured that easy read and accessible information about raising a safeguarding concerns was available for all people supported with care, reflecting their unique communication needs. This included easy read booklets to explain what abuse was, to help people identify if they were being treated poorly.
- The provider also had a range of policies tackling hate crimes towards people. Staff knew these well and

information was available for people in easy read format. Where people had experienced hate crimes due to their disabilities, they would be supported by staff to act safely and to report these incidents. The registered manager told us, "We have had incidents where people have been laughed at in the streets and it is really upsetting for people and staff. Your immediate reaction is one of wanting to say something, but we teach staff to not respond and safely remove the person from the situation and support them."

- People reported feeling safe. Both people and relatives completed yearly satisfaction surveys that included key questions where staff would identify if people and relatives knew how to report a concern. Nearly all people who answered knew how to report a concern and reported feeling safe.

Assessing risk, safety monitoring and management

- Team managers completed robust risk assessments relevant to people's needs that focused on how to support people to maintain their independence and achieve their goals in the least restrictive way. We saw many examples of where the service had used a variety of assisted technology to support people. Staff had the ethos that people should have access to the whole of their home.
- The service could evidence impact of where this had supported people, from supporting a person to walk across the O2 building in London, to having a holiday independently with friends with similar disabilities where they had not been able to before. One person had been supported to learn how to administer their own medication, another supported to move towards independent living. These were just a few of many examples.
- The service had a view that people should be supported to achieve their dreams no matter how big or small and that together they would find a way to break down and manage risk barriers to these dreams.
- People with complex needs that meant they may display behaviours that could challenge or place others at risk, had robust and person-centred plans in place to help staff identify triggers to distressed behaviour and how to manage and mitigate these. This included identifying triggers, such as phobias and specific words and language and when to avoid these and how staff should respond. We were given examples of how staffs knowledge and understanding had reduced the distress for people.

Staffing and recruitment

- Staff were safely recruited, and all appropriate pre-employment checks were carried out.
- People were involved in staff recruitment where ever possible. This included recruitment drives in the community, helping staff on recruitment stalls and being involved in developing specific questions they wanted asked at interviews.
- Potential staff were required to visit people's homes and be observed by senior staff on how they interacted with people, and people were able to give their opinion of potential new staff before they were offered employment.
- Interviews were valued based as managers were keen to ensure that those employed had the shared set of values of the organisation. Questions asked picked up on how potential staff viewed people with disabilities and the need to support them to live their lives well.
- People had excellent continuity of care from staff who understood their nonverbal cues such as facial expressions and vocal sounds where people were unable to vocalise concerns. If a member of the small care team was unable to work, another member of the team would work instead to minimise disruption to people's lives instead of using staff they did not know.

Using medicines safely

- Medicines were managed safely, and the service had signed up to the STOMP pledge, including its principles in medication audits. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. Medication audits included specific audit checks for as required medication to ensure people were not being over medicated.

- The pharmacy supplier had stopped dispensing blister packs of medication and people had begun to receive medications in generic white boxes. The registered manager ensured that all staff who administered medications had refresher medicines administration training to account for this and the pharmacy was requested to support this process.
- In addition to weekly checks within the service, team managers visited people's homes to carry out additional spot checks and live supervisions. This included safe administration of medication and how person centred the process was.
- Deputy operational managers reviewed this information and carried out their own spot checks.
- One person's goal was to self-administer their own medication, including medication for diabetes. A comprehensive risk assessment, training for the person and easy read care plan was devised to ensure that the person could achieve this.
- Some people at the service required specialist medications such as Buccal Midazolam to manage chronic seizures. The service ensured that staff supporting these people had regular specialist training and updates.

Preventing and controlling infection

- Exemplary risk assessments and support plans were in place to support staff caring for people with specific needs that increased the risk of infection.
- This included catheter care, stoma care and where people required food to be administered through a peg feed into their stomach. Support plans not only had clear and detailed instructions on how to carry out care in line with people's preferences, but also included photos of correct equipment use, symptoms of infection and cleaning regimes in step by step guidance to prevent infection and the spread of infection.
- Staff had access to personal protective equipment [PPE] such as gloves and aprons.
- Deputy managers carried out regular observations in services, and team managers worked beside staff. At each point all aspects of care provided was observed, including staff ensuring good infection control.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated outstanding.

Outstanding: This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- Staff had meaningful values-based induction to the service where the core focus was to support people to live their best lives. Staff were the facilitators and advocates to help this happen.
- The registered manager told us, "We have learnt the most impactful learning experience for employees is when people we support tell their story in their own words. Often these stories talk about a time when the person was not treated fairly or respectfully and the message hits home strongly. To tell these stories we use films, poems and real-life scenarios that the people we support have been involved in producing."
- A human resource team was on site for advice and managers had clear guidance if new members of staff did not meet capability standards. Managers would attempt to ensure that staff could be supported to meet their capability, but if this failed they would be dismissed.
- Care staff completed the care certificate training as part of induction. This is a set of 15 core skills that all care staff should be competent in. The registered manager had reviewed the care certificate workbooks and adapted them to reflect the service they provided, and to ensure that staff reflected on real care events they had been a part of.
- The service had innovative and creative ways of training and developing their staff that made sure they put their learning into practice to deliver outstanding care. Reflection was a core component to all learning. The registered manager's aim was for staff to really see the person behind the disability and recognise their role is to facilitate people to live independent and meaningful lives.
- The senior management team achieved this through shadowing staff, carrying out live supervisions of staff, observing practice, speaking to people using services about their experiences, and providing opportunities of reflection in regular team meetings.
- Some staff had been supported to attend psychologically informed environments training, which prompted reflection when looking at environments of the people they supported. This informed teams of how to change the layout of the environments. This had resulted in increased participation, less isolation, increased empowerment and more involvement in meaningful activity.
- The service had trained staff to be champions in specific areas who delivered learning sessions to staff, for example dementia awareness.
- The HR manager had trained as a trainer to be a dignity champion. They trained care staff to be dignity champions and each team of staff had a dignity champion representative. Dignity issues were on the agenda for every team meeting and all staff had signed up to the dignity pledge.
- New staff had fed back that the intensive six day training was too much in one go. Especially for those who had no previous experience in care and no point of reference of care. Therefore, the registered manager had

piloted training that was split into key mandatory training over six days, followed by a period of supervised practice and continued in-house training. This meant that staff could use care experiences to reflect on learning.

- Care staff received additional training depending on the needs of the people they were supporting. Often this training was sourced from local health and social care professionals that were involved in people's care. We saw examples of diabetes training, dysphasia training, PEG (a tube passed into a patient's stomach, most commonly to provide a means of receiving food) training, and stoma care training.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- There was a strong emphasis on the importance of eating and drinking well.
- People had robust support plans around their dietary and fluid needs that evidenced external health and social care advice and support. Support plans included contact details for diabetes nurses, speech and language therapists and other professionals if further advice was needed.
- People with a risk of aspiration and choking were referred and assessed by speech and language therapists. Support plans, whilst easy to read went into great detail about people's food and drink preferences. This included the correct consistency of certain foods and what they would look like.
- Support plans included appropriate sitting position, cutlery and plates to use how the environment should be presented. One person needed total peace and quiet when eating to avoid any distraction and risk of choking.
- In shared living homes mealtimes were sometimes staggered to give people a better and safer mealtime experience. If people were at risk of choking they had specialist place mats which highlight choking risks alongside information on how their food should be modified.
- Staff had been trained in choking awareness and if appropriate dysphagia.
- People who had been identified as overweight, underweight or with diabetes had been referred to a dietitian service who had advised on food intake and monitoring. This information was also very detailed and left little room for misinterpretation.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager had reflected on how to best engage and support people to access and attend important health checks. These included gender specific checks such as cervical screening. Staff had access to easy read books to help to explain to people why these appointments were important and support people to make an informed choice.
- If people were identified as experiencing various health needs staff knew who to contact for referrals to external health and social care professionals. Such as a dietitian, speech and language, physio and occupational therapists.
- People were, where able, supported to become independent with managing their various health needs.
- One health care professional complimented the service following a death of a person around the high-quality care they had received. They stated, "[Person] lived to a good age despite all [their] health problems." Another told us, "Staff are excellent in ensuring that people have access to appropriate healthcare, and they are advocates for people to ensure that care is followed up and followed through."
- The registered manager understood that people sometimes required additional support to engage with health checks. A person requiring admission to hospital for an operation, had requested a specific member of staff who had moved to another area. The registered manager was able to facilitate this request, making a stressful experience for the person more manageable.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were holistically assessed, and care provided was delivered in

line with legislation, standards and evidence-based guidance, including NICE [The National Institute for Health and Social Care Excellence] and other expert professional bodies, to achieve effective outcomes.

- The registered manager consistently refreshed themselves and care staff on good practice guidance. This insured that people's needs were assessed safely.
- The registered manager attended events relevant to the people they were supporting. This included learning disability England conferences, safeguarding forums and Essex care provider forums to learn and share knowledge, good practice and ideas.

Ensuring consent to care and treatment in line with law 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 Act 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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had training to understand the Mental Capacity Act and had excellent understanding of how important it was that people had the right to make choices in everything they did.
- Where people didn't have capacity to make certain decisions, staff ensured that appropriate assessments were carried out and where needed advocates were involved on behalf of people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Outstanding.

Outstanding: This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were exceptionally caring and were constantly looking for new initiatives to communicate with people to ensure that their needs could be met.
- People were considered as family by small care teams which meant that staff would often come to events such as people's birthdays, holidays and community gatherings in their own time.
- People had expressed that they did not want to be supported by staff that looked like care staff. They wanted to be treated equally. All staff ensured that when out with people they did not openly wear their name badges. People had told the service, "I like it that it looks like I was with a friend."
- One relative wrote, "The selflessness and dedication of [staff] in caring for [person] was inspiring and a huge help for us. It was incredible to witness their motivation and determination to improve [persons] life. As well as taking the time to understand [person's] personality and interests and using that to create an environment that [person] enjoys both at home and outside."
- We saw examples where care staff had challenged other professionals about the care and treatment of people receiving additional health support, and when a person's disability had proved a barrier to challenging poor care.
- Care staff were not afraid to challenge each other if care practices observed were not caring or compassionate. Where staff failed to behave in a way that mirrored these values, people could have the confidence that these members of staff would be managed appropriately.
- The provider was serious about promoting equality and diversity issues and staff were supported to take part of various community events to promote these, alongside people using the service. Such as Pride events to celebrate the LGBTQ+ community and promote equality in care.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in every aspect of their care. Where they did not have capacity or ability to verbalise their preferences, and goals, care staff worked with loved ones and professionals and got to know people's other forms of communication really well. This was clearly evidenced in all care plans.
- One member of staff told us, "...everything comes down to my customers and them living their best lives – knowing the customer and knowing what they want to do with their life. Sitting and doing support plans and having chats – formal settings are not always great, so I will then have informal chats and a cup of tea and talk about things they would like to try."
- One person's dream was to have a greenhouse. The service was able to help the person find the right greenhouse to be wheelchair friendly and arrange for it to be built.

Respecting and promoting people's privacy, dignity and independence

- The service had trained dedicated dignity champions to train staff on dignity issues. This went beyond talking about dignity issues, but also encouraged staff to reflect on what they had done to make a person's day, and how this had supported their dignity and independence.
- Staff supported people to arrange and manage a variety of special occasions to share with their loved ones, such as valentine's day, birthdays and other celebrations. This included planning meals, buying the ingredients and decorating their homes to make the day special. Staff helped people to plan for these things by using a variety of communication methods throughout, encouraging independence in a caring and dignified way.
- Two people had expressed an interest in catering. Staff supported them to take part in a food and hygiene course, learning alongside them and encouraging them to succeed. Following this they were able to take a catering course which resulted in them making and selling cakes and sandwiches for staff working at Rowan house. They also catered for a buffet for senior leaders and staff. All the proceeds from these ventures paid for people to have a large Christmas party in their local community, where all people were welcome. Care staff recognised how important it was for people to develop self-esteem and feel part of the community.
- Staff also recognised that people needed to feel connected with loved ones and these relationships needed to be maintained and supported to flourish. One relative wrote to staff to tell them how touching and important it had been to receive a Mother's Day card from a person at the service, who would have been unable to do this independently.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated Outstanding.

Outstanding: This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs;

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care provided was exceptionally person centred, capturing every part of a person's needs, preferences and goals. Designed and reviewed with the person and or with their loved ones when appropriate, goals were tailored to maximise people's independence.
- People who had difficulty communicating could be confident that staff were constantly observing what gave them joy and then adapting care continuously to enhance and expand on these experiences. This included researching and accessing community events based on their interests, or simply enhancing the persons home environment.
- Staff were incredibly motivated to ensure that people had access to care that enhanced their wellbeing. All staff we spoke too reflected that disability should not be a barrier to people living an exceptional quality of life.
- External health and social care professionals told us, "They are an outstanding service providing exceptionally person-centred care;" and, "Staff know people so well, it's all about the people they support and how they can meet their needs best." Another professional told us, "Staff are very good, the communication they have with me about [persons] needs is excellent."
- Staff adapted how they communicated with people depending on individual's needs. We saw evidence of assisted technology been used to support people who were deaf to identify fire alarms and door bells. Individualised pictorial care plans, photos of people carrying out an activity such as various physical exercises were amongst just a few examples.
- The registered manager held a bank of books that made information about various life topics accessible and to support people to make informed choices and have control over their lives. This included books on death and dying, bereavement, sexual relationships and various physical health screening and what to expect.
- Staff were incredibly passionate and creative about ensuring the best outcomes for people and to enhance opportunities for communication. When a person and their immediate relatives first language was not English, the management team worked hard to recruit and develop a group of carers with the same first language. This had had a significant positive impact on the person and their family. A relative wrote, "...

[persons] needs were met at the highest standards. [Staff] were able to provide anything and everything that [person] needed as well as wanted.

Improving care quality in response to complaints or concerns

- The service made it easy for people to raise complaints or concerns. They had a dedicated cause for concern email and phone number that anyone could use to raise a concern and an easy read complaints booklet given to all people who were supported by the service and their relatives or representatives. However, very few complaints were received by the service as people and their loved ones felt incredibly supported. One relative told us, "Complaint, no the care my [relative] receives is second to none. No complaints here."
- The registered manager over saw yearly surveys of people who received a service. Only one respondent did not know how to raise a concern, new to the service this was revisited.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff recognised the importance of family connections. Where there had been difficulties with this they had worked exceptionally hard to support families and people to have positive relationships. One relative reported, "Staff are so lovely and caring and wonderful people and we couldn't have a better relationship with the whole staff and our [relative]." Another told us, "They are the best staff ever, I couldn't ask for more. I don't need to say anything, they know [person] so well."
- The registered manager and care staff constantly looked for new improvements and innovative ways to support people to live their best lives, checking that things worked, and what would work even better. Examples included where people had been supported to have better access within their homes and local community.
- One person told us, "It's nice. I'm allowed to go out whenever I like, I can go wherever I like. Into town, to the beach. Go to town - look round the shops"
- People with particularly challenging needs and potentially distressing behaviours but poor verbalisation skills, were supported by small teams of consistent staff. Staff knew people so well that they were able to take measures to quickly mitigate or minimise distress or avoid distress to people. This meant people were supported to remain in the community and to live their best life.

End of life care and support

- People had excellent support at the end of their lives. Staff had discussions about end of life care and treatment which were supported by helpful easy to read books that could be borrowed from the service.
- People were supported to write, draw and describe how they would like to be cared for at the end of their lives and following death. This included types of music they would like to be played, flowers or donations they would like people to give and what they would like people to be given at the wake to eat.
- Where people progressed to needing palliative care, managers and staff worked tirelessly to ensure that they could remain at home. We saw examples where managers had involved a variety of agencies to ensure appropriate equipment was in place such as ceiling hoists, and advice about how to manage high risk physical conditions related to end of life needs.
- We saw documentation that demonstrated additional therapies had been explored and employed to support people at the end of their life to feel comfortable, such as reflexology.
- Staff continued to support visits to people receiving palliative care from friends they had made at the service and their loved ones.
- Senior managers understood that staff and services users that were friends of people who died would need support. Following the death of a person one member of staff told us, "We invited [their] friends and family to come and sit in the garden and talk about [them] on [their] birthday and we had a little celebration

- we had a gazebo and decorated it with pictures of [person] and we did a BBQ."

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.

This is the first inspection for this newly registered service. This key question has been rated Outstanding

Outstanding: This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Peabody Limited had merged with Family mosaic, who had previously been the registered provider for Rowan House until April 2018. Rowan house had a long track history of providing good care. The new provider had retained most of its established staff team, and staff at all levels, people receiving a service and relatives were very positive about the merger. "[The provider] has been careful to not cause disruption to people's lives and have invested heavily in the staff group and peoples care. They are very good indeed." A member of care staff told us, "They are really good. All staff feel valued. Senior staff are visible and very proactive." We saw photos of senior managers visiting the service and meeting people who received support.
- The organisation understood that if they looked after their staff the quality of care people received would be good. The registered manager told us, "We believe staff can only provide compassionate support if they feel that they are treated fairly. During the merger we held regular staff forums where people were genuinely listened to and views respected."
- The provider, managers and care staff placed kindness at the core of all interactions with people they cared for, and with each other. Through learning and development, support of staff, policies and procedures and when investigating concerns, managers ensured that being kind was consistently promoted and rewarded.
- Staff were constantly supported to reflect on how they had made an impact on people's lives in everyday situations. With questions such as, "How have you supported someone to have an extra special day," and "Your pledge to keep dignity in your heart, your mind and your actions." This had resulted in a positive, person centred culture and developed staff who were exceptionally compassionate about empowering people to live their lives to their fullest potential.
- This culture was observed at all levels of staff, who gave examples of how they had supported people to have good outcomes, with a great sense of pride and compassion for the work they carried out. One member of staff told us, "I love my job so much, it's such an honour to work with these guys, and to be part of their life journey. We are a family." This was mirrored in all conversations with care staff.
- Staff told us that managers provided excellent support and encouragement to ensure that people had great outcomes. One member of staff told us, "My line manager is brilliant, so good. I wouldn't know half the things I do now if it weren't for them. Supportive, always there for advice, open to suggestions and will find solutions to any problems I come up with." Another told us, "Supported? Yes 100%. Valued? Yes, by [team leaders and managers] By the organisation? Yes, they have everything in place."

- The service had a variety of rewards for staff who worked well. This included shopping vouchers, building points towards a reward, and bonuses for meeting objectives which often focused on providing excellent personal care.
- Managers were empowered to find ways of rewarding teams and had a pot of money which they use to say thank you in whatever way they felt appropriate.

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 provider had robust procedures in place regarding reporting and acting and learning from when things went wrong.
- The registered manager was extremely transparent, and we saw examples when they had gone to extra lengths to investigate, report concerns and learn lessons from incidents.
- Staff told us, "The managers are so supportive, nothing is too much trouble they really care about us and our customers," and, "We would never be afraid to tell a manager about a mistake or where we have a concern. We want to ensure that our "customers" have the best support."

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

- The registered manager had an excellent understanding of their regulatory requirements, making appropriate notifications to CQC and external safeguarding bodies.
- The four care coordinator's / line managers worked closely with support staff and the registered manager in clearly defined roles. All staff we spoke to told us how supportive managers were at all levels of the organisation.
- Deputy operational managers told us how passionate the registered manager was in ensuring people had excellent lives and how this was motivating and inspiring and supported them to do the job well and feel valued doing it.
- One member of staff told us of managers, "They are very supportive. I know if I have an issue I just speak to [manager], always there for me even if it's just to moan about having a bad day."
- One manager told us, "We [all managers] know how hard the work is sometimes, and people have so many complex needs, so it's really important we engage with staff and make sure they have the support they need and that they know they can talk to us at any time. We expect them to care well for others, so we must also care for them as well."

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

- Staff supported people who were deaf. The registered manager had been able to employ care staff who were also deaf and who could communicate in sign language. To ensure that staff could care for and manage risks to these people safely the service had invested a number of reasonable adjustments in specialist equipment. This included alarms that vibrated. They had tested that this worked for staff before commencing employment.
- The registered manager was creative in ensuring equality of care regardless of disability. We saw that people's environments had been adapted in innovative ways where they were blind. This included different textures on walls, including artificial grass and careful planning to ensure that staff left peoples belongings where they should be to avoid confusion. The registered manager kept abreast of best practice guidance to match each individuals' unique needs, including developing strong connections with other charities.
- Whilst no one receiving a service had identified as LGBTQ+, all staff, from provider to manager to support staff were aware of LGBTQ issues and took active approach to campaigning for equal opportunities. This

included having a presence with people using the service at Pride events and discussing equality topics in newsletters for people and staff. This demonstrated an open and inclusive culture.

Continuous learning and improving care; Working in partnership with others

- The registered manager had robust systems in place to share good practice across all services within the organisation and wider health and social care networks, such as registered manager meetings. The organisation believed that by sharing best practice examples and lessons learnt that quality of care provided to people could be strengthened and improved.
- The provider had worked in conjunction with the British institute of learning disabilities to develop a learning disabilities strategy that supported people well and respected their equality and diversity needs. This strategy aim was to enhance opportunities for consistent and positive services to people.
- The registered manager kept a folder based on the key lines of enquiry inspected on by CQC. This folder was filled with reflective accounts and examples of how the service was meeting people's needs and lessons learnt. These were constantly being added to and refreshed.
- The service had a clear action plan to continue to enhance the care people received over the following year. This included various learning events, with people and their loved ones to support staff training and helping people to set up their own self-advocacy group.
- Systems and processes in place to monitor the care provided ensured that constant learning took place and that outcomes for people improved because of this.