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# Rowan House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Rowan House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Rowan House accommodates up to nine people and is designed to meet the needs of people with a learning disability. On the day of our inspection nine people were using the service.

We inspected the service on 19 June 2018. Our visit was unannounced. This meant the registered manager and staff team did not know we would be visiting.

At the last inspection in November 2015, the service was rated 'Good'. At this inspection, we found the evidence continued to support the overall rating of 'Good' and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the provider and worked across two services which were in close proximity to each other.

The service had been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. The aim is that people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People told us they felt safe living at Rowan House. Their relatives agreed with what they told us. The registered manager and the staff team knew their responsibilities for keeping people safe from avoidable harm and knew what to do if they were concerned about anyone.

People's care and support needs had been assessed prior to them moving into the service and the risks associated with their care and support had been reviewed and managed.

People were supported with their medicines effectively and staff competency had been checked to make sure people were supported in a safe way.

People spoken with felt there were enough staff members available to meet people's care and support needs, Whilst the majority of the support workers we spoke with felt there were enough support workers on shift to meet people's needs, comments were made regarding the extra tasks they were expected to perform

whilst on duty.

Plans of care had been developed for each person using the service and the staff team knew the needs of the people they were supporting well.

Appropriate recruitment processes had been followed when new staff were employed to make sure they were suitable and safe.

People received support from a staff team that had the necessary skills and knowledge. New members of staff had received an induction into the service when they were first employed and training relevant to their role had been provided.

People were provided with a comfortable place to live and there were appropriate spaces to enable people to either spend time with others, or on their own. The staff team had received training in the prevention and control of infection and the necessary protective personal equipment was available.

The staff team supported people to make decisions about their day to day care and support. They were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) ensuring people's human rights were protected. Where people required additional support to make decisions, advocacy support was made available to them.

People's food and drink requirements had been assessed and a balanced diet was being provided. People were supported to maintain good health. They had access to relevant healthcare services and they received on-going healthcare support.

People told us the staff team were kind and caring and treated them in a friendly and respectful way. Observations made during our visit confirmed this.

People knew who to talk to if they had a concern of any kind. A formal complaints process was in place though this was not displayed. People were confident that any concerns they had would be taken seriously and acted upon by the registered manager and staff team.

Systems were in place to monitor the quality of the service being provided and a business continuity plan was available to be used in the event of an emergency or untoward event.

The registered manager and the management team were aware of their registration responsibilities including notifying CQC of significant incidents that occurred at the service.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains caring.

### Is the service well-led?

Good ●

The service remains well led.

# Rowan House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 June 2018. Our visit was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was people with a learning disability.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed information we held about the service such as notifications, these are events which happened in the service that the provider is required to tell us about.

We contacted the health and social care commissioners who monitor the care and support of people receiving care at Rowan House to obtain their views of the care provided. We also contacted Health watch Leicestershire, the local consumer champion for people using adult social care services to see if they had any feedback. We used this information to inform our judgement of the service.

At the time of our inspection there were nine people living at the service. We were able to speak with five people living there and four relatives. We also spoke with the registered manager, the administrator and five support workers.

We observed support being provided in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included two

people's plans of care. We also looked at associated documents including risk assessments. We looked at records of meetings, recruitment checks carried out for two support workers and the quality assurance audits the management team had completed.

# Is the service safe?

## Our findings

People using the service felt safe living at Rowan House. One person told us, "I'm not frightened here, it's fine." Another stated, "It's a good place to live, yes."

Relatives spoken with agreed with what people told us and felt their relations were safe living there. One explained, "[Person] is safe and I have no concerns and haven't seen anything that has concerned me." Another told us, "My relative has been here for a while now and yes, they are safe, very safe. I have no concerns at all."

Support workers were aware of their responsibilities for keeping people safe from abuse and avoidable harm. They had received training in the safeguarding of adults and knew the process to follow if they were concerned for anyone. This included reporting their concerns to the registered manager. One told us, "I would report anything to my manager, she would deal with it." Another explained, "I would speak with [registered manager] she would deal with it and if not, I would speak to social services." The registered manager was aware of their responsibility to report any concerns around abuse to the local authority and CQC.

The care and support people received had been assessed. Where risks had been identified these had been appropriately managed. This made sure risks to their health and welfare had been wherever possible, minimised and they were kept safe from avoidable harm.

Safety checks had been carried out on the environment and the equipment used for people's care and support. Fire safety checks and fire drills had been carried out and the staff team were aware of the procedure to follow in the event of a fire. There were personal emergency evacuation plans in place in all but one person's plan of care. These showed how each individual must be assisted in the event of an emergency. The registered manager was in the process of completing the remaining plan but assured us the staff team were aware of how to support the person should they need to.

A business continuity plan was in place for emergencies or untoward events such as fire, flood or loss of power. It identified a place of refuge should an evacuation of the building be required and provided the staff team with a plan to follow to enable them to continue to deliver a consistent service should these instances ever occur.

People received their medicines in a safe way. We looked at a sample of Medicine Administration Records (MAR) and checked medicines in stock with the records we saw. The amounts matched. MAR's contained a photograph of the person to aid identification. Medicines were stored securely and the temperature of the room and fridge in which medicines were stored, was recorded to make sure they were held in line with manufacturers guidelines. An appropriate system was in place for the receipt and return of people's medicines and an auditing process was carried out to ensure people's medicines were handled in line with the provider's policies and procedures. Only staff members who had been appropriately trained were able to administer people's medicines. Annual competency checks were carried out on the staff team to make

sure they continued to provide people with their medicines in a safe way.

Appropriate recruitment processes had been followed. Previous employment had been explored, references had been collected and a check with the Disclosure and Barring Service (DBS) had been carried out prior to new members of staff commencing. A DBS check provided information as to whether someone was suitable to work at the service. We did note in one staff member's records there was only one reference, the registered manager explained a second verbal reference had been obtained but not recorded. We were told this omission would be rectified.

We checked the staffing rota. Numbers of staff on duty varied to meet the needs of the people using the service. For example, there were two members of staff on duty first thing in the morning to support people to get up, have breakfast and get ready for the different day services they attended. Then there would be one staff member available until people returned home. When a second staff member would be available. A staff member explained, "Mornings are our busiest time so there are more staff on at that time and there are always two staff on at mealtimes."

At the time of our visit we found there were sufficient numbers of staff to meet the needs of people using the service and the majority of support workers we spoke with felt there were enough staff on duty to meet people's needs. Some staff we spoke with did feel they would benefit from more staff at times, particularly in the mornings. This was because as well as supporting people with their personal care, they were also required to cook meals and carry out cleaning tasks. A support worker told us, "Sometimes there are not enough staff on duty. They [people using the service] are cared for, but we don't have enough time in the morning."

We did note due to a staff member being on annual leave, one of the people using the service had been unable to attend a visit to a local park that morning. We saw they were supported to go out walking later in the day, which they clearly enjoyed. We discussed our findings with the registered manager who assured us they would look at, and monitor, the number of support workers deployed on each shift to ensure people's needs continued to be met.

The staff team had received training in infection control and personal protective equipment such as gloves and aprons were used. The communal areas of the service and people's bedrooms were clean and tidy and it was evident regular cleaning had taken place. However, we found the laundry room needed attention. This included the flooring and the ceiling areas which both needed cleaning to remove dirt and cobwebs. The registered manager assured us this would be addressed.

The staff team were encouraged to report incidents that happened at the service and the registered manager ensured lessons were learned and improvements were made when things went wrong. For example, an incident had occurred between two of the people using the service resulting in negative interactions and gesticulations. Following this incident the staff team ensured a support worker was based on the ground floor at all times when the two people involved were at home. This has meant a reduction in negative interactions and potential altercations.



# Is the service effective?

## Our findings

People's individual needs had been assessed prior to them moving into the service. The registered manager confirmed they always met people interested in living at the service before they moved in and relevant information was obtained from their relatives and other support agencies involved in their care and support. This was so the person's care and support needs could be assessed and the registered manager could satisfy themselves that the staff team at Rowan House could meet those needs. People were also given the opportunity to visit the service and meet the other people living there, including joining them for a meal. This meant prospective users of the service could get a feel of what it would be like to live there.

People continued to receive care from a staff team that had the skills and knowledge to meet their individual needs. Support workers explained they had received an induction when they had first started working at the service and relevant training and been provided. This included training in the safeguarding of adults, health and safety and food hygiene. One support worker explained, "I had an induction and I shadowed [observed another member of staff] for a few weeks." Another told us, "The most recent training has been DoLS training and equality and diversity and we've done food hygiene as well."

Support workers we spoke with told us the management team were supportive and were available if they needed any help or advice. One explained, "[Registered manager] is supportive and available if needed." They were provided with twice yearly appraisals. This provided them with the opportunity to discuss their performance and any training requirements. Support workers also had the opportunity to meet up with the registered manager on a regular basis to discuss any issues they may have had.

People had access to healthcare services and received on-going healthcare support with annual health reviews taking place. Changes in people's health was recognised by the staff team and prompt and appropriate referrals were made to healthcare professionals such as GP, s and community nurses. The staff team sought the appropriate advice and support when people needed it.

The staff team worked together within the service and with external agencies to provide effective care. This included providing key information to medical staff when people were transferred into hospital to ensure their needs could continue to be met. This included the use of communication passports which were used to inform people how best to communicate with the people using the service.

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. The registered manager and staff team understood their roles in ensuring people's capacity to make decisions was assessed and staff ensured they received people's consent before delivering care. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our visit there were two authorised DoLS

in place. The registered manager was working within the principles of the MCA and were in the process of completing the appropriate documentation when making best interest decisions for the people using the service. The staff team had received training in the MCA and DoLS and they understood their responsibilities within this. One explained, "If you are depriving someone of their liberty, there has to be a valid reason."

People using the service were supported to make choices about their care and support on a daily basis. They were supported to enjoy a healthy balanced diet and were provided with the food and drink they needed to keep well. People's favourite meals had been explored and a choice at mealtimes was always offered. It was noted whilst people's likes and dislikes had been identified, these had not been recorded for people's information. The registered manager told us this would be addressed. One person told us, "The food is good, pasta is my favourite." Another stated, "The food is good my favourite is pies."

People had access to suitable indoor and outdoor spaces. There were spaces available for people to meet with others or to simply be alone. Rooms were designed to provide a pleasant and welcoming environment for people and there was a pleasant garden area which people could access.

## Is the service caring?

### Our findings

People told us the staff team at Rowan House were kind and caring and they looked after them well. One person told us, "Staff help me to have a shower and they are kind and gentle."

Relatives we spoke with agreed their family members were treated in a caring manner. One explained, "The personal care is very good." Another told us, "[Person] is treated with dignity and respect."

We observed the staff team supporting the people using the service. They spoke to people in a kind way and offered support in a relaxed and caring manner. The staff team had a good understanding of people's needs. People were treated well and support was provided in a good-humoured way. Throughout our visit people were supported to be as independent as they possibly could be within each individual's abilities. People were supported in a gentle, patient manner and were helped in a way that they had agreed to. The staff team reassured people when they were feeling anxious and when a little comfort was needed, this was provided in a caring manner. For example, one of the people using the service became upset about going to the day service they usually attended. The staff member constantly reassured them and supported them, eventually assisting them to their transport and onto their activities for the day.

Staff understood the importance of promoting equality and diversity, respecting people's religious beliefs, and their personal preferences and choices. Plans of care demonstrated people and/or their relatives had been actively involved in making decisions about their care and support and were asked to take part in reviews. A relative told us, "My relative has so much more choice now, it's so uplifting to see [person] so happy. I've never seen [person] so happy. I take [person] to church on Sundays."

The staff members we spoke with gave us examples of how they maintained people's privacy and dignity when they supported them with personal care. One staff member told us, "I always make sure the doors are shut. I treat them [people using the service] like I would like to be treated myself." Another explained, "I always knock on the door and ask if I can go in and make sure I have towels ready and close the curtains and the door."

We looked at people's plans of care to see if they included details about their personal history, their personal preferences and their likes and dislikes. We found they did. For example, one person's plan of care stated they 'like going on day trips'. On the day of our visit, they were supported to go on a trip to a local park.

The staff team supported people to make decisions on a day to day basis. For people who were unable to make decisions about their care, either by themselves or with the support of a family member, advocacy services were made available. This meant that people had access to someone who could support them and speak up on their behalf.

Relatives told us that they could visit at any time. One explained, "I always feel welcome when I visit. I get on with all the staff and the residents, we are like a family."

## Is the service responsive?

### Our findings

People were involved in the planning of their care with the support of their relatives. A relative explained, "I was involved in the care plan and was asked loads of questions." Another told us, "I am involved in assessments and [person] does have a care plan."

People received care and support based on their individual needs. Plans of care had been developed when people had first moved into the service. Those seen were comprehensive and included personalised information in them. For example, one person's plan of care stated, 'like a cup of tea when I get up and either the television or the radio on.' Person centred plans and health action plans had also been developed. These provided further information on them as individuals and how their care and support needs were to be met.

The plans of care checked were up to date. They covered areas such as, mobility, behaviour and personal care and showed the staff team how to support people in the way they preferred. They had been reviewed on a three-monthly basis or sooner if changes to the person's health and welfare had been identified. Where changes in people's health had occurred, the appropriate action had been taken including the involvement of appropriate healthcare professionals. One of the people using the service told us, "I see the optician and dentist and I see the doctor if I am poorly." A relative told us, "If [person] changes, either their behaviour or their health in any way, they [staff team] let me know and [person] sees the GP if they need to."

Yearly reviews of people's care needs had been carried out. This ensured people were provided with as much choice and control over their care and support needs and the opportunity to discuss any worries they may have had.

People using the service were supported to participate in activities they enjoyed and they were encouraged to follow their interests. The service had a minibus, enabling the people using the service regular access to social activities. On the day of our visit a number of people were taken to different day services. For people who did not attend day services, they were able to enjoy a trip to a local park.

Two holidays had been arranged for June and July 2018. One to Llandudno and the other to Scarborough. The people using the service were supported by the staff team to attend these holidays.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's individual and diverse needs. The staff team knew people well and knew how each person communicated.

The provider's complaints process was available in picture form, and whilst this wasn't on display, people

knew what to do if they were unhappy about something. One of the people using the service told us they would talk to the staff team on duty. A relative told us, "I know how to complain but haven't needed to. The registered manager has told me who to call if I did have concerns. I think the registered manager said the CQC." Another explained, "I've not needed to complain but if I did have any worries, I would discuss them with registered manager."

An end of life policy was in place and the registered manager was in the process of introducing end of life plans for people as part of the three-monthly review of people's plans of care.

## Is the service well-led?

### Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the provider.

During our visit we saw the registered manager chatting with the people using the service and the staff team and we saw them supporting people with their daily lives. Relatives told us the management and staff team were approachable and always available to speak with. One explained, "The registered manager is easy to contact and I am asked for my opinions." Another told us, "Staff listen, they do. They are open and transparent. I am involved in assessments and feel involved. The registered manager is up to date all the time."

Staff members felt supported by the registered manager and told us there was always someone they could talk to if needed. One explained, "I do feel supported, [name] is brilliant." Another told us, "[Registered manager] is quite an approachable boss. I feel valued here."

Staff members told us they enjoyed working at the service. One explained, "When they laugh and smile it makes it all worth it." Another added, "I like the variety of what I do and enjoy the satisfaction I get."

Systems were in place to monitor the quality and safety of the service. Regular audits on the paperwork held had been carried out. These included looking at the medicines held and corresponding records, and people's plans of care. Regular audits to monitor the environment and on the equipment used to maintain people's safety had also been carried out. This made sure people were provided with a safe place in which to live.

Meetings for the people using the service were held, though not on a regular basis. The registered manager explained these were held as and when required. At the last meeting held in February 2018 topics discussed included, respecting people's private space, the security of people's belongings and money and the availability of keys for people's doors.

Annual surveys had also been used to gather people's views of the service provided. A relative explained, "I fill in an annual questionnaire." Another told us, "I have filled in some questionnaires a year or so ago."

Staff meetings had not been routinely held, but the registered manager communicated important information through the use of newsletters. The last newsletter dated March 2018 included information on infection control, day trips and holidays and staff training. Staff members spoken with felt communication on the whole, worked well. One explained, "We meet and discuss what needs doing and people's personal care. I check the diary and handover sheets to see what's been happening." Another told us, "Communication is good but we could sometimes do with more staff meetings."

The registered manager worked openly with stakeholders and other agencies. This included raising safeguarding alerts and liaising with social work teams and other professionals when appropriate, to ensure people's safety. The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

The registered manager was aware of their responsibility to have on display the rating from their last inspection. We saw the rating was clearly on display on the provider's website and within the service. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments.