

Callaway Care and Support Limited

Rowland House

Inspection report

15 Rowland Avenue
Harrow
HA3 9AG

Tel: 02081919519

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28 April 2021

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Rowland House is a residential care home providing personal care and accommodation to one person with learning disabilities at the time of the inspection. The service can support up to six people.

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

Relatives told us that staff ensured that their relative was safe at Rowland House. Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by the registered manager. Safe procedures were in place to make sure people received their medicines as prescribed. There were enough staff available to ensure people's care and support needs were met. The provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background.

Staff were provided with an effective induction and relevant training to make sure they had the right skills and knowledge for their role. Staff were supported in their jobs. Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to access relevant health and social care professionals to ensure they were getting the care and support they needed to best meet their needs.

Positive and supportive relationships had been developed between people and staff. People were treated with dignity and respect. Staff were committed to promoting people's independence.

People's care and support was planned and delivered in a way that ensured it met their needs and reflected their preferences. The care records we looked at included risk assessments and risk management plans. They had been devised to help minimise and monitor the risks, while promoting the person's independence as far as possible. We saw people's care records were regularly reviewed with the person.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us the registered manager and senior support worker were supportive and approachable. Relatives and staff were asked for their opinion of the quality of the service via regular meetings. The service had up to date policies and procedures which reflected current legislation and good practice guidance.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support,

right care, right culture. Rowland House put people who used the service in the centre of the care provided, they engage people to maximise their potential and senior staff demonstrated a clear understanding of the needs and challenges people with learning disabilities face within our society.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update) This service was registered with us on 27/01/2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the previous rating and inspection priority guidance.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Rowland 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Rowland 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.

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

This inspection was unannounced.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with one relative about their experience of the care provided. Due to people's complex needs we were not able to verbally communicate with people. We spoke with four members of staff including registered manager and support workers.

We reviewed a range of records. This included one person's care record and multiple medicines administration records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were protected from the risk of abuse and robust safeguarding processes were in place. Staff spoke with demonstrated good understanding of the different forms of abuse and told us that they would contact registered manager, police or Care Quality Commission (CQC) if they needed to report abuse.
- Training records viewed confirmed that staff had received safeguarding training.
- Relatives felt confident that their relative was protected from abuse. One relative said, "[Name] is very safe at Rowland House."
- Records showed that the service had notified appropriate stakeholders if there had been any allegations of abuse. Action was taken to resolve and mitigate similar incidents from happening again in the future.

Assessing risk, safety monitoring and management

- Risks in relation to supporting people who used the service had been assessed and an agreed plan to manage such risk had been provided. For example, we saw that there had been detailed risk management plan guiding care staff how to respond to behaviours that challenge the service.
- Risk assessments and risk management plans were reviewed every three months or when risks and people's needs had changed.
- We saw that appropriate environmental and fire risk assessments were carried out. People who use the service had personal protective evacuation plans (PEEP) to ensure that they were safely evacuated in case of a fire.
- Regular fire and health and safety checks were carried out to maintain a safe environment for people who used the service, visitors and staff.

Staffing and recruitment

- The service followed safe recruitment practices. Prospective employees had a panel lead interview and references and disclosure and barring checks (DBS) were obtained prior to working unsupervised.
- Staff told us that they were a good team and they haven't experienced staffing shortages. The registered manager told us that she will review staffing levels if people's needs were changing or more people moved into the service.

Using medicines safely

- People's medicines were managed safely. Staff had medicines administration training and their competency was assessed by the registered or deputy manager. Staff told us, "You can only administer medicines once you had training and did a test."
- Medicines records viewed were of good standard and medicines were stored safely in a lockable cupboard.

Regular medicines audits had been carried out to ensure medicines were managed safely and people received their medicines as prescribed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Incident and accident forms were completed, records were detailed, and it was evident that the registered manager had acted to reduce the risk of similar incidents happening in the future.
- The registered manager kept an overview of all incidents reported to share common themes and any learning with staff.

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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to admission. New prospective people who used the service had a detailed transition plan. The plan was structured and gave people the opportunity to 'test-drive' the home before they decided to move in. It also gave the service an opportunity to assess if they will be able to meet people's needs.
- One relative told us that they found the transition period very beneficial and helped their relative to settle in easier.
- Part of the admission process is to arrange lateral flow device (LFD) to ensure people test negative for COVID 19 before they can visit the home.

Staff support: induction, training, skills and experience

- People who used the service were supported by a skilled and knowledgeable team of staff. Staff told us that they had easy access to training and were offered a wide range of courses to improve their skills and knowledge.
- Training records confirmed that the training uptake was high and training ranged from safeguarding, mental capacity act to manage behaviours that challenge the service, and autism, including the care certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care.
- There were appropriate systems such as supervisions and competency checks to help ensure staff were supported in their roles and given the opportunity to identify areas for professional development.

Supporting people to eat and drink enough to maintain a balanced diet

- People who used the service were supported to eat and drink and received a well balanced and healthy diet, which reflected their cultural preferences. Staff told us that they would plan the menu together with people and that they would give consideration to dietary and cultural needs.
- For example, the menu viewed during this inspection contained culturally appropriate meals, which also took into consideration healthy eating and weight management.
- We found the kitchen to be well stocked and the service received a five star hygiene rating during their most recent inspection.
- We observed that people were assisted to eat appropriately and were encouraged to eat independently by providing appropriate aids such as plate guards and cutlery.
- Where people were at risk of choking appropriate clinical advice was sought and guidance was in place to minimise the risk.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with other health care professionals and the local authority. Records demonstrated that people received support from external sources if this was required to ensure their complex health care needs were met.

Adapting service, design, decoration to meet people's needs

- Rowland House is a new service and has been decorated to meet people's needs. The service was spacious with access to large garden and sensory/activity room for people to use.
- Bedrooms were well decorated and were all en-suite.
- The registered manager said that they had access to maintenance in case there is a need for repair.

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

- Specific attention had been given to ensure that care staff had specific individual guidance in how to respond to specific health care conditions such as incontinence or epileptic seizures. The guidance focused on ensuring people who used the service were safe, comfortable and their health care needs were met and effectively attended to.
- All people had access and were registered with their own doctor. People's health care needs were clearly documented in their health action plan.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- People's capacity had been assessed and if they lacked capacity to make decisions in certain areas a best interest decision had been made to ensure people were not deprived of their liberty.
- Staff received training in MCA and DoLS and demonstrated good understanding of the legislation. One member of staff explained, "We assume that everyone has capacity to make their own decisions, but if they find it difficult, we would contact the local authority to obtain a standard authorisation for them."

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 Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People who used the service were treated with dignity and respect and were supported to maintain their ethnic and cultural diversity. We observed staff consistently interacting with those who lived at the service in a caring and friendly way. Relatives we talked with confirmed staff had a kind approach. One relative said, "The staff are very good. They go out of their way to help my relative."
- Staff had received equality and diversity training to enhance their awareness of people's diverse needs and human rights. One relative commented, "[Name] is not religious, but they make sure [relative] gets the right food."
- Staff spoken with were clear in how to meet people's diverse needs. They told us they were happy to support people no matter what their backgrounds or preferences were, and they support people to do whatever they wanted to do.

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

- People who used the service were encouraged and support to give their view on the care provided, which was centred around their needs. The nominated individual, registered manager and staff confirmed independently that the service was tailored around people's needs. They said that due to people's complex needs it is sometimes a challenge to involve them in making decisions about their care. However, they said that they would involve people's relatives and information from previous placements to get a better understanding of their wishes.
- The service used various communication aids to enable people to express their views. This included objects of reference, pictures and symbols.

Respecting and promoting people's privacy, dignity and independence

- The service promotes and respect people's privacy and dignity, as well as helped people to maintain and gain greater independence. Records viewed documented clearly what aspects of their lives people could do on their own and which aspects required staff support.
- Staff told us that they would always encourage people to do the things they can do for themselves independently.
- We observed that staff motivated people to do things for themselves.
- Staff were observed that they knocked on people's doors prior to entering and where people's privacy had to be breached due to their health care needs appropriate protection plans and guidance was in place.

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 Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs, and preferences were detailed in their care plans. Care records contained detailed information about how people wished to receive their care and support.
- We saw that care plans were regularly updated when people's needs had changed. This ensured that care records were up to date and reflected people's current support needs.
- People's unique characteristics were recorded and celebrated in their care records. This reflected their own histories, hobbies and interests and likes and dislikes. We observed people taking part in activities of their choice.

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.

- We found where people had impaired communication, support and information had been gained from the relevant professionals and their relatives. This included prompts for staff on what to look for when communicating with the person.
- Staff had a clear understanding of people's own individual communication styles and understood what verbal and non-verbal cues were for people.

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

- There were regular planned group activities throughout the week. Due to the current lockdown people had limited access to the community. However, the registered manager and activity coordinator told us that they were currently in the process of exploring activities available in the community.
- People had access to the sensory room and we observed staff offering activities to people during our inspection visit.
- Relatives told us that staff do their best at the moment to keep their relative occupied.

Improving care quality in response to complaints or concerns

- The service ensured and systems in place that complaints raised with them were taken seriously and dealt with. Relatives told us that they would raise any concerns with the registered manager. One relative told us, "I would go to [registered managers name] if I had a complaint but I have nothing to complain about, all is going very well. We are very happy with everything."

- The service had a detailed complaints procedure. Since registering with the CQC the service had received no complaints.
- Staff told us that they would raise any complaints with the registered manager.

End of life care and support

- There was no one receiving end of life care at the time of our inspection but people's future preferences and choices in relation to end of life care had been explored where possible.

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a person-centred culture which put people at the heart of the service. For example, the registered manager wanted people's needs to be met wherever they were. There were clear risk assessments and care plans to enable people to access the community safely. The health action plan was information the service could share when people go to see their doctor or have a hospital appointment.
- People's needs were assessed and monitored, and their rights protected.
- Information about people was written in a respectful and personalised way. Staff were aware of the rules on protecting and keeping people's information safe.

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 registered manager was clear of her responsibility of notifying the CQC of specific incidents relating to serious injuries, abuse or death.
- Staff were well supported in their role. Regular staff meetings were held, and staff were aware of how they contributed to the performance of the service.
- The registered manager showed a good understanding of legislation, requirements and their responsibilities within the governance role.
- Staff kept up to date with best practice and developments. For example, they were provided training around the prevention of COVID 19, infection control and new government guidance around COVID 19 vaccination.

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

- The service was led by a committed and motivated registered manager and senior support worker who were knowledgeable about people and enjoyed their company. They had the knowledge, skills and experience needed to run the service. They understood their role to lead a team of support staff and ensured people received good quality of care and support.
- There was a clear staff structure and staff understood and were committed to delivering high quality care to people.
- People and their families were encouraged to get involved in how the service was run. Staff described how they were encouraged to make suggestions and put forward ideas. One staff member told us, "We regularly discuss in staff meetings how we can involve people better."

- The registered manager had an open-door policy and encouraged staff and people to come and talk to her whenever they wanted to. During the inspection, we observed registered manager interacting with people and chatting to staff and visitors.
- A relative spoke positive how easy it was to talk to the registered manager, and they felt listened to. The person said, "I can always talk to [name], she gives me time and listens to any suggestions we as a family have."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- We discussed with the registered manager the aim of the service. The registered manager told us, "The aim of the service is to promote people's independence. We want to grow as a service, but this has to be done slowly to ensure new people match and we are able to meet their needs."
- We saw that staff discussed and planned activities for people and relatives told us that they were contacted regularly by staff and the registered manager to inform them about any developments and changes regarding their loved ones.
- Regular team meetings took place at the home. These were used to discuss any positives and areas of improvements but were also used as sessions to learn and embed skills and knowledge. One staff member told us, "We have regular staff meetings, last month we had training session about fire safety and this month we have a COVID 19 quiz."
- The registered manager told us that she accessed training and development sessions provided by the local authority and attends regular provider forums to exchange information with other local providers.

Working in partnership with others

- The service worked in partnership with external stakeholders for the benefit of people and ensured good quality care was provided. Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.
- The management worked with funding authorities and other health professionals such as speech and language therapist team to ensure people received joined up care.