Rowans Care Limited

Rawlings House

Inspection report

45 Rawlings Crescent
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Colchester
Essex
CO4 9FB

Tel: 01206842550

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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

The inspection took place on 28 September 2016 and was unannounced.

Rawlings House provides accommodation and personal care for up to seven people. On the day of our inspection there were six people living in the service. Some people because of their complex needs were not able or did not want to communicate with us; we therefore used observations and also gathered feedback from people's relatives.

The service had a registered manager in post. 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.

When we had visited in 2015, we had concerns in that medicines were not managed safely, appropriate consent was not obtained, care and treatment did not always meet people's assessed needs and expressed preferences and the quality and safety of the service was not regularly monitored. We had therefore asked the provider to send us an action plan detailing how they were going to ensure they were meeting the outlined regulations.

The provider had sent us a detailed action plan. Therefore part of this inspection was to ensure that they had carried out the necessary actions detailed in the plan. We were happy that they had made improvements and were now meeting these regulations.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were appropriate arrangements in place for medicines to be stored and administered safely. There were sufficient numbers of care staff with the correct skills and knowledge to safely meet people's needs.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to supplement the main MCA code of practice. Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision had been taken in accordance with the Mental Capacity Act.

People's care plans were individual and contained information about people's needs, likes and dislikes and their ability to make decisions.

People had access to healthcare professionals. A choice of food and drink was available that reflected their nutritional needs, and took into account their personal lifestyle preferences or health care needs.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times.

People were encouraged to follow their interests and hobbies and supported to keep in contact with their family and friends.

There was a strong management team who encouraged an open culture and who led by example. Staff morale was high and they felt that their views were valued.

The management team had systems in place to monitor the quality and safety of the service provided, and to drive improvements when this was needed.

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.

Staff understood their responsibilities to safeguard people from the risk of abuse.

Medicines were managed safely, stored securely and records completed accurately.

The provider had systems in place to manage risks.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Good

The service was effective

The manager had carried out the necessary Mental Capacity Assessments. (MCA)

People were supported to have a balanced diet and to make choices about the food and drink on offer.

Staff knew people well and understood how to provide appropriate support to meet their health and nutritional needs.

People had access to healthcare professionals when they required them.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy and dignity was maintained.

Staff were kind and considerate in the way that they provided care and support.

Is the service responsive?

Good

The service was responsive.

People and their relatives had continued input into the care they received.

Information recorded within people's care plans was consistent and provided sufficient detailed information to enable staff to deliver care that met people's individual needs.

People who lived at the service and their relatives were confident to raise concerns if they arose and that they would be dealt with appropriately.

Is the service well-led?

Good

There was a positive, open and transparent culture where the needs of the people were at the centre of how the service was run.

The registered manager supported staff at all times and led by example.

Staff received the support and guidance they needed to provide good care and support and staff morale was high.

The service had an effective quality assurance system. The quality of the service provided was regularly monitored and people were asked for their views.

Rawlings 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 28 September 2016 and was unannounced and was carried out by one inspector.

We reviewed all the information we had available about the service, including notifications sent to us by the provider. A notification is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with one person who was able to verbally express their views about the service and three people's relatives. We also spoke with the registered manager, three care staff and one professional who was involved with the service. Some of the people who lived at Rawlings house at the time of our inspection were unable to speak with us because of their complex needs. We used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people.

We reviewed four people's care records, staff recruitment records, medication charts, staffing rotas and training records. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Good

Is the service safe?

Our findings

At the last inspection in November 2015 we identified breaches in relation to medicines being managed safely. During this visit we found the registered manager had made improvements and addressed our concerns thoroughly.

People were protected by safe systems for the storage, administration and recording of medicines. Medicines were kept securely and at the right temperatures so that they did not spoil we noted checks were carried out twice a day and the temperature recorded. Medicines entering the service from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. Medication checks were carried out each evening to ensure the stocks were correct. We saw staff administer medicines safely, by checking each person's medicines with their individual records before administering them, to confirm the right people got the right medicines. When people had prescribed medicines on an as required basis, for example for pain relief, there were protocols in place for staff to follow so that they understood when a person may require this medicine. Regular medication audits had been completed by the service. Staff had received training to administer peoples' medicines safely and had regular competency assessments which included observations of their practice.

People told us they felt safe living at the service. One person told us, "Yes, I feel safe if I was worried about anything I would speak to the manager or staff they help me. That's what they are here for."

There were policies and procedures regarding the safeguarding of people. Our records showed that the manager was aware of their responsibilities and knew how to keep people safe, and reported concerns. Staff told us and records confirmed, they had received training in protecting adults from abuse and how to raise concerns. They were able to demonstrate the action they would take and tell us who they would report concerns to in order to protect people. Staff understood the different types of abuse and knew how to recognise signs of harm and understood their responsibilities to report issues if they suspected harm or poor practice. They were confident that the manager would take action if they reported any concerns. One member of staff said, "We have a list of people and phone numbers in the office who we can contact if we need to." Staff were also aware of the whistleblowing policy and said they would feel confident to use the process if they thought it was necessary.

Risk assessments were in place that were designed to minimise the risk to people in their day to day lives so that they could keep their independence and self-determination as much as possible. For example the risk of people managing their own money, there was guidance for staff on what support people required to reduce the risk. Records showed us that people were supported to manage their money in a safe way and that records were kept so that spending could be monitored. All risk assessments had been reviewed on a regular basis and any changes noted. For example, one person had a revised risk assessment in place around a new chair that they had been using.

Everyone we spoke with said they did not have any concerns about the safety of people living in the service.

One person's relative told us, "I trust the staff completely I have never had any reason to be concerned." Another relative told us, "I would know by my brother's behaviour if something was wrong and he wasn't happy. He definitely trusts the staff."

There were also policies and procedures in place to manage risks to the service and untoward events or emergencies. For example fire drills were carried so people and staff knew how to respond in the event of a fire. The service was kept clean and proper procedures were carried out to maintain infection control, which helped keep people safe from infections.

Staff told us that there was enough staff to meet people's needs throughout the day. One staff member said, "We are a small staff team and we work together to get things done." They added that they would swap shifts with each other and take extra shifts on if they needed to. This meant that people received care and support from staff who knew them and their needs.

When we last visited the service we found that gaps in staff's employment had not been thoroughly investigated. Since our last inspection the provider had put in place systems to ensure that any gaps were investigated and recorded in staff's personnel files.

Staff recruitment files demonstrated that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, the provision of previous employer references, proof of identity and a check under the Disclosure and Barring Scheme (DBS). This scheme enables the provider to check that candidates are suitable for employment. People could be assured that their needs were being met by staff that had been assessed as safe and competent, with the necessary skills for the job role they had been employed for.

Good

Is the service effective?

Our findings

When we last visited the service in November 2015, we identified breaches in relation to appropriate consent not being obtained. At this inspection we found the registered manager had made improvements and addressed our concerns thoroughly.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager and staff had an understanding of how the Mental Capacity Act was important and how people should always be assumed to have capacity unless there was proof to the contrary. Applications had been made to the appropriate professionals for assessment when people lacked capacity and needed constant supervision to keep them safe. This met the requirements of the Deprivation of Liberty Safeguards (DOLs.) Care plans showed that where people lacked capacity, decisions had been made in their best interest. Where people did have capacity we saw that staff supported them to make day to day decisions, and sought consent before providing care. People told us they could choose when to get up in the morning and when to go to bed in the evening, where they ate their meals and whether or not the participated in social activities. Where people lacked capacity, the care plans showed that relevant people, such as their relatives, advocates or a GP had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen so that people could still make some decisions for themselves and keep control of their lives.

People told us that they were supported well and that staff made sure that they got what they needed. One person said, "I do alright, I have lived here a long time, they [the staff] help me when I need it and leave me alone when I want to be left alone."

We saw records of the staff training programme showing that staff had received training in relevant areas such as moving and handing, medicines, first aid, safeguarding, health and safety, food hygiene, and infection control, the Mental Capacity Act and managing challenging behaviour. Staff told us they also had training that was specific to the needs of people using the service. For example, where a person had a percutaneous endoscopic gastrostomy tube (PEG) all staff have received training in its management. On speaking with staff we found them to be knowledgeable and skilled in their role. We were told the service supported staff to gain industry recognised qualifications in care and records confirmed this. This meant people were cared for by skilled staff, trained to meet their care needs.

Regular one to one supervision was provided to all members of staff by the registered manager and an

annual appraisal. Where training and development was discussed along with any concerns or issues staff may have.
We observed staff assisting one person to move using a hoist. They did this efficiently and competently talking to the person and explaining what they were doing each step of the way.

People were provided with choices of food and drink. One person told us, "I like the food, I choose what I want and there is plenty, if I don't like something I have something else it's not a problem." We saw a menu which had been compiled with input from some of the people that lived in the service with alternatives if people did not like what was on the menu for the day. The service had a staff member responsible for the cooking of meals and the food look healthy and appetising. The food was nicely presented. We observed one person being supported to eat and this was done in a respectful and dignified manner. The person was offered encouragement and not rushed.

People's day to day health needs were being met and they had access to healthcare professionals according to their specific needs. A relative told us, "They tell me everything, the manager is brilliant I trust them and I always know about appointments and the outcome."
One person had recently been assessed for a new chair after a referral had been made. There was on-going support given to the staff to ensure the chair was suitable for this person. One staff member told us, "We have had a lot of support from the occupational therapist to ensure the correct cushion is being used."

We saw the service also had contact and support from other healthcare professionals in maintaining people's healthcare. These included district nurses, the chiropodist, dietician and physiotherapist. A health care professional told us, "Communication is very good between us all, the staff know what they are doing and know the residents really well." People's health care action plans were in pictorial format making them easy to read and understand. Care plans recorded when a person had visited a health care professional and the outcome along with any action was clearly recorded within the plan.

Good

Is the service caring?

Our findings

Staff treated people with kindness and warmth. People were comfortable in the presence of staff and when approaching staff to ask them questions and the staff responded appropriately.

We listened to and observed staff as they were working. People were seen to be included in discussions and were encouraged to make choices and decisions. People were allowed time to think and reply in their own way and at their own pace. Conversations with people were respectful, kind and caring.

Staff knew people well and understood their communication needs, wishes and preferences. Staff demonstrated affection, warmth and compassion, for the people they were supporting. For example, people made eye contact by kneeling down next to people or sitting next to them and listened to what people were saying and responded accordingly.

Relatives told us, "The staff are wonderful so kind and caring we couldn't want for any more" and "The staff go above and beyond they are all lovely, I can't praise them enough." A professional told us they felt the person they worked with, "Was always nicely dressed and clean and treated with dignity and respect by all of the staff."

People told us the staff celebrated their birthday with them and they were looking forward to having a big cake to share with everyone. They spoke about what they wanted to do for their birthday and had a laugh and joke with the staff about it.

We looked at four people's care plans and saw that they contained some comprehensive information about people's likes and their personal history this gave staff the tools to open up a discussion with people. Care plans were person centred and had been compiled with input from people and family members where appropriate. Staff understood people's care needs and the things that were important to them in their lives, for example members of their family, key events and their individual preferences. People care plans were also in pictorial format and therefore easy for them to read and understand.

The service had links with advocacy services and people were supported to have independent advocacy support and advice, when required. An advocate is someone who supports people to speak up about what they want, working in partnership with them to ensure they can access their rights and the services they need.

People were observed to have their privacy respected. One person showed us their room and told us this was their private space and that staff respected their privacy and would knock and wait to be invited in before entering.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Relatives confirmed this and told us they were able to visit their relative whenever they wanted and at a time of their choosing. One relative told us, "I turn up whenever I want to [name of

relative] is always nicely dressed and clean and I always feel welcome."

Good

Is the service responsive?

Our findings

When we last visited the service in November 2015, we identified breaches in relation to care and treatment did not always meet people's needs and expressed preferences. At this inspection we found the registered manager had made improvements and addressed our concerns thoroughly.

People's relatives told us that they felt the service met their needs and they were satisfied with the care and support they received. They said the staff had excellent skills and a comprehensive understanding of people's needs.

The manager carried out a detailed assessment before people moved into the service. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people. Each care plan which was personalised and reflected in great detail and reflected in comprehensive detail their personal choices and preferences regarding how they wished to live their daily lives. Care plans were reviewed and updated regularly to reflect people' changing needs. Any change in needs had been identified promptly. People and their relatives were involved in the review process. People's mobility needs, falls, moving and repositioning and dietary requirements were detailed in order that staff could respond to their needs appropriately.

People were offered a range of activities to take part in such as art and music. We saw that trips out into the community took place. The service had its own adapted transport as people had the need of wheelchairs to enable them to go out. Trips out included bowling, darts, games of pool, trips to the coast with a picnic, as well as shopping and lunch out at local pubs and eateries. There was evidence in people's daily notes that they had been out on trips and it was also clearly documented if they enjoyed the trip or not. We observed people going about their daily lives popping out to the shops. A lot of people in the service had complex needs and were therefore not able to have input into where they would like to go on trips out. However, staff knew people really well and told us they could tell by people's body language and facial expressions and verbalisation as "[name of person] would make happy noises if they liked a trip or activity." People's relatives told us, "They are always out and about [relative] would soon let them know if they didn't want to go somewhere."

One person told us about their holiday they went on with staff support and said they really enjoyed it. They said they go to the same place each year but was happy with this. Comments included, "I know where everything is, and I like to know where I am going and really enjoy it there." The person was very enthused when talking to us about their annual holiday.

People's bedrooms were personalised with their own belongings such as pictures, televisions, music and DVDs. People were encouraged to put pictures and photographs up of things that meant something to them such as family members or things that interested them.

The service had a complaints policy. This was in an easy read format so it could be readily understood by people living in the service. We saw that the service routinely listened to people through care reviews and

keyworker meetings. The service had not received any complaints or concerns in the last 12 months. People and their relatives told us they had no complaints but would talk to the manager if they needed to. One relative said, "If I wasn't happy I would go and see [manager] without hesitation." People told us that if they raised a minor issue it was always dealt with straight away. Staff told us they were aware of the complaints procedure and knew how to respond to people's complaints.

Good

Is the service well-led?

Our findings

During our last visit in November 2015, we identified breaches in relation to, the quality of the service was not regularly monitored. The service did not have any plans in place to develop or improve the quality of the service provided or of the environment. Quality Audits were not carried out of the paper work including the care plans. During this visit we noted the registered manager had made improvements and addressed our concerns thoroughly.

We saw that everyone's care plans had all been reviewed and were up to date with a clear review date documented. Care plans had up to date information in them that reflected people's current up to date needs.

The service had been re-decorated and some pictures had been purchased for the communal area. The furnishings were all clean and well maintained. The registered manager told us they had been committed to drive through improvements and address our previous concerns.

The service had a clear vision and set of values which staff were very clear about and put into practice. Care and support was delivered in a safe and personalised way with dignity and respect shown at all times. The registered manager told us that they promoted an open and honest culture. A staff member told us they had worked at the service for a long time because of the support and values of the manager. People and their relatives told us that the service was managed well and were complimentary about the management team.

The manager was a visible presence in the home and was knowledgeable about each person and their family and spoke about them with compassion. "A relative told us, "[Manager] is great absolutely brilliant." Another relative said, "The manager is always there and keeps me informed of everything nothing is too much trouble."

The service was well organised and had effective leadership. The registered manager was supported by a manager from another similar small service provided by the organisation which was in close proximity to Rawlings House. The registered manager was a visible presence every day and provided 24 hour on call cover supported by the registered manager in the other local home, which was for guidance, advice and emergency situations. Staff told us there was good team work and support was centred on the people using the service. Staff told us, "We receive direct support on a daily basis; [manager] is open and approachable."

The morale was good amongst the staff team. Staff members told us, "I love working here the residents are great they all have their own character and I feel that I make a difference to their lives." And, "We work as a team and support each other we have all been here quite a while."

We looked at systems in place for recording and monitoring incidents and accidents that occurred in the service. Records showed that each incident was recorded in detail, describing the event and what action had been taken to ensure the person was safe. Body mapping was used to indicate where injuries had occurred. Body maps are diagrams designed for the recording of any injuries that may appear on the

person. The manager told us they reviewed all of the forms so that emerging risks were anticipated, identified and managed correctly. However, there was not a space for the manager to sign these off to say they had been analysed although, we could see from people's care plans that risk assessments had been reviewed in light of any incidents that had occurred. We discussed this with the manager who told us they would rectify this and add a sign off box to the forms in order for it to be clear that these forms had been audited and actioned.

The manager carried out a range of audits to monitor quality within the service. These included health and safety checks, monitoring the management of medication and support plans. There was evidence that action plans had been implemented and followed up when areas for improvement were identified. We saw that the manager had sent out quality assurance questionnaires to people that lived in the service their relatives and healthcare professionals in order for them to share their views. The analysis of these showed that the service received 100% positive feedback in all areas. People told us they were able to speak to the manager whenever they wanted to as they were a presence in the service on a daily basis, therefore ensuring the smooth running of the day to day activities within the service. Relatives told us, "I speak with [manager] on a regular basis a problems or queries are sorted immediately."