

The Briars and Rowan House Limited

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? | Requires Improvement ● |

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Rowan House is a care home that accommodates up to nine people who have learning disability or people who are autistic. People have their own rooms, with shared communal areas including lounge, kitchen/dining area and garden. At the time of our inspection there were six people living in the service.

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

Right Support

Staff supported people to have the maximum possible choice, independence and control over their lives. Staff focused on people's strengths and promoted what they wished to do, so people had a fulfilling and meaningful everyday life. People had a choice about their living environment and were able to personalise their home and rooms. People moved freely around their home and were involved in day to day activities and maintenance of their home.

Staff supported people to take part in activities and pursue their interests in their local area and to interact with people who had shared interests. Staff enabled people to access routine and specialist health and social care support in the community to maintain their health and wellbeing. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. People's medicines were managed safely and regularly reviewed which enabled people to achieve the best possible health outcomes.

Right care

Staff promoted equality and diversity in their support for people. They understood and responded to people's individual and diverse needs. People received kind and compassionate care. Staff protected and respected people's privacy and dignity.

Staff understood how to protect people from poor care and abuse. The service worked with people, relatives and health and social care professionals to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People could communicate with staff and understand information given to them because staff supported

them consistently and understood their individual communication needs. People's care plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. They received good quality care, support and treatment because trained staff could meet their needs and wishes. The registered manager had not consistently notified the Care Quality Commission of serious incidents that had occurred within the service. They took immediate action to rectify this and improve recording and notifications of incidents following this inspection visit.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did.

People and those important to them were involved in planning their care. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating

The service was rated as good under previous ownership (published July 2018).

Why we inspected

Since our last inspection there had been a change of ownership of the home, so we undertook this inspection to assess that the service is applying the principles of right support right care right culture.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Details are in our well-led findings below.

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.

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

This inspection was carried out by one inspector and one 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.

Service and service type

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.

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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service,

what the service does well and improvements they plan to make. We gave the provider the opportunity to share this information as part of this inspection visit.

During the inspection

We spoke with three people who used the service and spent time observing people's interactions with staff. We spoke with the registered manager, the providers and three care staff. We also contacted four relatives of people using the service and two health and social care professionals, by telephone, who shared their views about the care and support their family members received.

We reviewed a range of records. This included two people's care records and a sample of medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures and maintenance action plans.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. This was the first inspection under new ownership. At this inspection this key question has been rated as good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were supported to keep safe but without imposing unnecessary restrictions on them.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- People's care plans included guidance and interventions for staff to provide safe and appropriate support in the event they became distressed or anxious. Physical restraint was never used.
- Maintenance records showed checks were carried out on installations and equipment to ensure these remained safe. These included gas, water and electricity. People's care plans included fire risk assessments to identify the support needed in the event of an emergency.
- Most risks from the environment had been assessed and actions taken in response. However, this was not supported by any formal recordings. For example, we found radiators did not have heat protective covers to protect people from the risk of surface burns. The registered manager told us this risk was low but was not supported by any formal assessments. Following our inspection, the registered manager provided us with a copy of a comprehensive risk assessment for all areas of the environment. They told us they would fit radiator covers as a precaution.
- Incidents were reviewed to look for themes or patterns. This information was used to make changes to reduce the risk of recurrence. For example, referral for occupational health assessments and equipment.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe because staff understood how to protect people from the risk of abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us, "We are very knowledgeable about people and know when something isn't right."
- Relatives confirmed they felt people were safe. One relative told us, "Staff call me and let me know if anything has happened to [Name], even if there is no injury. They let us know to reassure us. [Name] is not safe going out alone and staff are always with [Name] to keep them safe."

Staffing and recruitment

- There were enough staff to meet people's needs. Staffing levels were adapted according to the needs of the people at the time. For example, community activities and appointments.
- The provider completed pre-employment checks to ensure staff were safe and suitable to work in the service. These included references and checks with the Disclosure and Barring Service (DBS) which helps employers to make safer recruitment decisions.

Using medicines safely

- People were supported to take their medicines safely and as prescribed.
- Staff completed training in this area and the registered manager undertook regular audits of medicines which helped to ensure staff were following safe practices in administering, storing and recording medicines.
- People's medicines were reviewed regularly which helped to make sure they were not taking unnecessary medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Staff followed robust screening and testing procedures for all visitors and this was confirmed by relatives and visitors we spoke with.
- 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 observed staff putting on and taking off PPE safely and regularly sanitising hands.
- 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.
- The registered manager ensured people received visits and went out on visits in line with current government guidance.

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.

At the last inspection this key question was rated as good. This was the first inspection under new ownership. At this inspection this key question has been rated as 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

- Staff carried out holistic assessments of people's needs and choices. These had been carried out with the person, their relatives, and other professionals supporting them. One relative told us, "I was involved in [Name] move to Rowan House and I have copies of all the care records."
- Best practice guidance through the use of positive behavioural support was put in place when required. Staff had a good understanding of how to put this approach in to practice.

Staff support: induction, training, skills and experience

- Staff told us and records showed, staff received the training and support they needed to carry out their roles. Staff received regular support and supervision and appraisal from the registered manager and provider.
- The registered manager had reviewed training and transferred paper based training to an electronic system. The registered manager had provided training and support sessions for staff to adjust to this. The provider was in the process of identifying trainers for practical face to face training, such as moving and handling.
- New staff and agency staff received induction training and shadowed more experience colleagues until they were assessed as competent.

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

- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. For example, we saw one person proudly display the art work they had made that day on the living room wall.
- The environment was homely and stimulating. We observed people were able to move freely around their home and were engaged in home life where they wished to be. For example, one person liked to paint the fence in the rear garden.
- The registered manager provided us with a copy of a maintenance plan as an on-going upgrade and development of the service.
- The design, layout and furnishings in the service supported people and recognised their individual needs.

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

- Staff discussed with people their likes and dislikes and supported them to maintain a healthy, balanced diet.
- We saw people were supported to have sufficient to eat and drink and to choose what they wanted for

their meals.

- People told us they liked the food and were able to participate in cooking if they wanted to. For example, one person requested to make cakes. We saw staff supported them to make their favourite cakes.
- People were supported to follow specialist diets where required and guidance was included in people's care plans. One relative told us, "[Name] needs to have food cut up into bite size pieces. I know staff cut the food up to prevent [Name] from swallowing it all in one piece. I have seen staff ask everyone what they would like to eat." A second relative described how staff provided a soft food diet to prevent their family member from choking.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other health and social care professionals to understand and meet people's needs.
- Records showed staff were proactive in supporting, enabling and advocating for people to access routine and urgent healthcare. One relative described how staff supported their family member to access routine and specialist healthcare to maintain their health and well-being.
- People had an emergency grab sheet in place which contained information that other healthcare professionals might need to know, for example in the event of an emergency hospital admission.

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 care plans referenced their abilities to make decisions regarding certain areas and these were supported by MCA assessments and best interest decisions.
- We saw staff had a good understanding of gaining people's consent to care and support and enabling people to make choices and decisions.
- Relatives confirmed they had been involved in best interest decisions and DoLS applications and authorisations.
- There were systems in place to identify when a DoLS application might be required and to ensure any conditions on DoLS authorisations were being met.

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.

At the last inspection this key question was rated as good. This was the first inspection under new ownership. At this inspection this key question has been rated as 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

- We observed positive interactions between people and staff. People were proactive in seeking the company of staff members and responded positively to staff communications, humour and general banter.
- Relatives felt staff were kind and caring. Comments included, "Staff are kind and look after [Name]. They always speak to [Name] with kindness and I also have a positive relationship with them," and "Staff are very caring and responsive when [Name] needs attention."
- Staff provided care and support that respected people's choices and individuality.
- People were placed at the heart of the service and staff spoke positively about each person, their uniqueness and achievements. For example, one staff told us, "I feel people have more potential to achieve with our support. For example, [Name] tends to be 'locked in' in communicating. The other day [Name] began smiling to me while I was chatting with [Name] which they have never done before. It was amazing."

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

- Staff supported people to express their views using their preferred method of communication. We observed staff using people's preferred communication methods, including basic Makaton and signs.
- Staff made sure they got to know people well so they could support the person's decision making and provide support the way the person wanted.
- Relatives confirmed they were involved in their family member's care and support and consulted about any proposed changes.
- Staff supported people to maintain links with those that are important to them and worked with health and social care professionals to ensure each person's voice was heard and respected. One social care professional told us, "I have consistently observed staff interact well with people. I think staff know people really well, in addition to their needs, which can be very complex for some people."

Respecting and promoting people's privacy, dignity and independence

- People's care plans contained information on what the person could do themselves and how staff could support them. Staff demonstrated a good understanding of how to support people's independence and the importance of this.
- For example, one person was changing their bedding. We saw they directed staff as to the choice of bedding they wanted and staff respected this choice.
- People were well presented and dressed appropriately. One relative described how staff upheld their family member's dignity in terms of clothing and appearance.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. This was the first inspection under new ownership. At this inspection this key question has been rated as 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 received care and support from staff that was individual to their needs and preferences.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs and enabling people to make choices through using their preferred communication styles.
- Care plans lacked personalised information around people's life histories and experiences. This is important to understand how events and experiences may impact on each person's choices and responses. Risks were mitigated as people received care from staff who knew them very well, and had established positive relationships and meaningful engagement over a period of time.
- Care plans were regularly reviewed and outcomes of these recorded. Records of care reviews did not reflect people's voice or contributions to their review. People and relatives told us they were involved in reviews and always consulted about any proposed changes. The registered manager told us they would improve records following our inspection visit to reflect people's involvement.
- The registered manager had taken action prior to our inspection visit by implementing a keyworker system to support the development of personalised care plans. They were in the process of reviewing care and support plans to identify the most appropriate format to capture and record this information.

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.

- Staff assessed people's communication needs to identify how they needed information to be provided. This was recorded in people's care plans to guide staff on how to share information with them.
- People's care records included information about body language and gestures which indicated whether people were feeling happy or anxious and how staff should respond to this.

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

- People were supported to develop and maintain relationships. People were supported to spend time with relatives where possible, including weekend and overnight stays.
- People took part in a wide range of meaningful activities and interests and were supported to be active members of their local community. Relatives described extensive activities for their family members. We saw people were supported to attend day centres, in-house activities and go out into the local community

during our inspection visit.

- For example, one person was supported to go out for a walk to a local café during our inspection visit. This helped to reduce their anxiety and distress. We saw the person asked to go out again after lunch which staff supported.
- A social professional told us, "People do so many external activities. They have a lot of choice and are always doing something that interests them."

Improving care quality in response to complaints or concerns

- The provider's complaints policy and procedure provided clear information to support anyone to make a complaint.
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The service had not received any formal complaints since our last inspection.
- Relatives felt the registered manager was responsive in resolving any queries or concerns at an early stage.

End of life care and support

- Although no one was receiving end of life care, the provider had recorded conversations with people's representatives about their end of life wishes and preferences.

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.

At the last inspection this key question was rated as good. This was the first inspection under new ownership. At this inspection this key question has been rated as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- We found the registered manager had not consistently notified CQC appropriately of all notifiable incidents. For example, the registered manager had failed to submit a notification of a person who had sustained a serious injury as a result of a fall. Whilst there was no negative impact on people using the service, this is a legal requirement to provide assurances that action has been taken to keep people safe.
- The registered manager told us the lack of records and notification was an oversight and took immediate action to review what had gone wrong. This included the submission of a notification retrospectively. The provider and registered manager immediately implemented a revised incident and accident reporting system with staff to improve records and ensure appropriate notifications were made in a timely manner.
- The registered manager was undertaking multiple roles including overseeing the management, care, finance and accounting for two services. The registered manager and the provider were open and honest with us; describing the challenges the service had faced, such as change in ownership and management, and their plans for implementing and sustaining improvements. This included reviewing management roles and responsibilities to ensure the registered manager had the support they needed to manage within their role.
- Throughout the inspection process, the management team were responsive when we raised issues with them and were open to ideas on how to improve.
- There was good communication in place with people, relatives, and professionals and the provider apologised to people when things had gone wrong. One relative told us, "[The provider] called to tell us [Name] had fallen and explained how the fall had happened. They have kept us informed and involved ever since."
- There was a good level of informal oversight by the registered manager and the provider who undertook checks on records and observed working practices. There were regular meetings with the provider to review the service. Everyone we spoke with told us the service was of good quality.

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

- The service promoted an open, inclusive and person-centred approach. This supported people to achieve

very positive outcomes.

- The registered manager and providers were visible in the home, directing care and providing positive role models for staff.
- People and relatives all spoke positively about the culture of the home. Comments included, "Long term, [Name] is happy and will stay at Rowan House. We are happy with everything", "Staff step up to the mark and are outstanding," and "They are good and efficient."

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

- The feedback we received about the management team was positive. People and staff said they felt they were listened to and their views were considered.
- People who used the service, their relatives and health and social care professionals were given the opportunity to share their views in individual meetings and through surveys. Feedback was overwhelmingly positive and relatives comments included, "Staff made me a booklet with nice pictures of [Name's] activities so I could understand what [Name] had been doing (during the pandemic). It is a beautiful keepsake with good memories," "The service is absolutely well run. [Registered manager] will email me with any updates," "Absolutely well run. We are invited to give feedback and share any preferences with staff," and "We generally get an annual questionnaire to complete for feedback and long term plans for my [family member] to stay there."
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported.
- The staff told us the registered manager listened to them and said they could share their views about how the service could be further improved. They felt well supported by the management team in the service.

Working in partnership with others

- The provider had systems in place to support continuous learning and development.
- Staff worked with a range of health and social care professionals to ensure they reviewed and developed the service to meet people's needs.