

Rowans Care Limited

Rawlings House

Inspection report

45 Rawlings Crescent
Highwoods
Colchester
Essex
CO4 9FB

Tel: 01206842550

Date of inspection visit:
20 May 2019

Date of publication:
03 June 2019

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

About the service: Rawlings House is a care home which provides accommodation and personal care for up to seven people who have a learning disability and/or autistic spectrum disorder. At the time of our inspection there were three people using the service. One of whom was in hospital.

People's experience of using this service:

People were cared for by staff who were kind and compassionate. The atmosphere within the home was friendly and welcoming and staff were warm and considerate towards the people they cared for. People and their relatives felt involved and supported in decision making. People's privacy was respected and their dignity maintained.

There was a stable staff team which provided consistency of care for people, with enough staff to support people, meet their needs and keep them safe. People were supported by staff who had received training, relevant to their roles and responsibilities.

People received their medicines as prescribed. Systems were in place for the safe management and supply of medicines. Incidents and accidents were investigated, and actions were taken to prevent recurrence.

People's needs were assessed and care was planned and delivered to meet legislation and best practice guidance. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

Care plans were detailed with clear explanations of control measures for staff to follow to keep people safe. Support was planned and delivered in a structured way to ensure people's safety and wellbeing. We recommended that further work be carried out to provide information as to people's end of life wishes.

The premises were clean and staff followed infection control and prevention procedures.

Staff roles and responsibilities were clear. Staff worked in partnership with professionals to deliver care and support and maintained links with the local community. Access to health care was supported by staff including annual health checks.

There was a varied range of social activities on offer according to individual needs and choice. People were provided with a varied diet and they were complimentary about the choice of food offered.

The service continued to be well led. The registered manager worked well to lead the staff team in their roles and ensure people continued to receive a good service.

Rating at last inspection: Good (report published on 24 November 2016).

Why we inspected: This was a scheduled inspection based on the previous rating.

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

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

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 remained Good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained Good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained Good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained Good.

Details are in our Well led findings below.

Rawlings House

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This unannounced inspection was carried out by one Inspector.

Service and service type:

Rawlings House is a care home with accommodation provided at ground level. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (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 who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority. Before the inspection, the provider completed a Provider Information Return (PIR). This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We spoke with one person who was able to verbally express their views. Because not all people using the service were able to verbally express their views to us, we observed interactions between staff and people.

We spoke with two members of staff including the registered manager.

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

of two people's care records, medicines administration records, policies, staff recruitment and training. We also reviewed the system for recording accidents, incidents and quality assurance audits the management team had completed.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training and understood what steps they should take to identify and protect people from the risk of abuse.
- Staff were confident the management team would address any concerns and make the required referrals to the local safeguarding authority. The registered manager was aware of their responsibilities for reporting concerns to the CQC.
- Information was not readily available for people and their relatives regarding adult safeguarding and how to raise concerns. We discussed this with the provider. They told us they would rectify this immediately and later confirmed this had been provided by displaying information in an appropriate format on the service notice board.
- There were systems in place to safeguard people's personal money and inventories listing personal items purchased by individuals. However, we noted that where people had died, their belongings remained in empty rooms. The registered manager told us relatives of these people had authorised them to dispose of the items, which they had yet to arrange

Assessing risk, safety monitoring and management

- Risks to people's health, welfare and safety had been considered and staff were provided with guidance to mitigate the risk of harm.
- Risk assessments were personalised to each individual and covered areas such as, access to the community, medicines management, and steps for staff to take in the event of distressed behaviours which presented a risk to the individual or others.
- Environmental risks had been identified such as legionella and fire safety with actions to mitigate the risk of harm.
- Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.
- Regular planned and preventative safety, maintenance checks and repairs were carried out.

Staffing and recruitment

- People received one to one support according to their assessed needs. At the time of our inspection, there were sufficient numbers of suitable staff available to keep people safe, and meet their individual needs.
- No new staff had been employed since the last inspection as there was a stable staff team with no vacancies. Robust recruitment procedures remained in place to ensure only suitable staff were employed to work at the service.

Using medicines safely

- People's medicines were stored, ordered and managed safely. Medicines administration records indicated

people received their medicines as prescribed.

- Staff completed training to administer medicines and their competency was checked.
- The management team completed regular audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified.

Preventing and controlling infection

- People lived in a clean environment. The service was clean, with cleaning schedules in place to ensure people were protected from the risk of cross infection.
- Staff were provided with training in infection control.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- There were systems for monitoring and investigating incidents and accidents. Incidents and accidents were monitored to identify any trends.

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

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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The registered manager continued to support staff to provide care to people in line with best practice guidance, and legislation. People's capacity to make decisions had been assessed. Relevant authorisation had been obtained as required by law, for people where their freedom of movement was restricted to keep them safe.
- People's needs were assessed and regularly reviewed.
- People's care records contained information as to how staff should support them to make day to day choices and decisions. Where freedom of movement was restricted to keep people safe, the least restrictive option had been considered to protect people's best interests.
- Staff had completed training to enable them to understand their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA). Staff were observed seeking consent from people before supporting them and respected people's decisions.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. Staff described how they were supported with training relevant to their roles.
- Staff received regular, planned supervision to enable them to review their practice and consider any training needs.
- Staff had received training in line with recommended best practice guidance, to ensure they had the skills and experience to support people diagnosed with autism and epilepsy.
- Staff were trained in positive behaviour support, an approach that explored strategies and methods to reduce distressed behaviour which may present a risk to the individual and others.

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

- People were provided with a choice of food and drink.
- Staff understood each person's nutritional needs, likes and dislikes.
- People were involved in the planning of weekly menus.

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

- ☐ The environment was clean and well maintained.
- Each person's room was personalised with their own belongings and decorated to a style that suited them.
- The service was homely, and provided facilities which enabled people to live as independently as possible.

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

- People were supported to access to health and social care agencies when needed.
- The registered manager had systems and processes in place for monitoring people's health and welfare including a review of prescribed medicines.
- Care plans detailed specific health needs and the actions needed to maintain and improve the health of each person.
- People had regular access to health screening such as, dentists, opticians and learning disability specialists.
- Where people required health or social care services, staff made referrals and liaised with professionals in a timely manner to attend appointments and assessments.

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

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

- Staff interacted with people in a calm and considerate manner.
- People were relaxed in the presence of all staff, and staff clearly knew people very well and understood their communication needs, wishes and preferences as to how they lived their lives.
- The service had scored consistently well in feedback surveys completed by people's relatives and stakeholder feedback.
- Relatives in response to quality monitoring surveys said, "[Person's relative] is very happy there. Staff are very professional and treat people with care and kindness." Another said, "Staff make us very welcome, they show [person's relative] kindness, support and care. We have only praise for all the staff."

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

- People's likes, dislikes and preferences were considered and respected.
- Staff had a good understanding of people's non-verbal communication needs and responded to them appropriately.
- Staff involved people and supported them to choose how and where they spent their day.
- Regular care review meetings and surveys were provided to enable people to air their views and shape the future planning of the service.

Respecting and promoting people's privacy, dignity and independence

- One person told us, "All the staff are good and look after me very well. They give me choice and ask me what I want to do."
- People's privacy and dignity was respected and promoted. Staff respected people's personal space, for example waiting for a response before entering rooms.
- People were supported to maintain and develop relationships with those important to them such as friends and family.
- People were included in discussions and encouraged to make choices and encouraged to be as independent as possible.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People continued to receive responsive care, which was personalised according to their assessed needs, and preferences.
- People's needs were assessed prior to admission. These assessments were used to develop and plan their care.
- Care plans contained personalised information about each person, including their physical, psychological, social and emotional needs. These had been reviewed and updated regularly to reflect people's changing needs.
- People's communication needs were known and understood by staff. Where people had limited verbal communication skills, access to specialist advice had been sought.
- Care plans identified people's anxieties, how they presented, and the support needed to manage and reduce behaviours that may present a risk to the person and others. Incidents of distressed behaviour were recorded, reviewed and strategies in place were adjusted as needed.
- People were offered a range of activities to take part in. Regular trips out into the community took place. The service had its own adapted transport to enable people in wheelchairs to access.
- People told us they enjoyed trips to the coast and shopping as well as holidays.

Improving care quality in response to complaints or concerns

- The service had a complaints policy. We noted this was not visible and available to people who used the service and others. The registered manager told us they would rectify this immediately and ensure this was in an appropriate format to enable people to understand.
- No complaints had been received since the last inspection.
- One person told us when we asked, if they were worried about anything, who would they go to? They said, "I would go to the manager or any of the staff, they are all good to me."
- The service had not received any complaints since the last inspection.
- Annual satisfaction surveys had been sent to relatives and stakeholders. Responses received were all positive.

End of life care and support

- At the time of the inspection no-one was receiving end of life care from the service.
- There was little information that would evidence people and their representative's views had been sought in assessing people's needs/wishes should they need end of life care.

We recommend that further work be carried out to provide information as to people's end of life wishes.

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.

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The registered manager along with the team of staff continued to demonstrate a commitment to provide person centred, high-quality care.
- The registered manager had systems in place to monitor the quality and safety of the service.

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

- People, their relatives and stakeholder views about the service were sought through appropriate communication methods, surveys, and individual keyworker meetings.
- There were systems in place for staff members to make their views and opinions known and staff said their input was valued.

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

- Staff and the registered manager demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- Staff were positive about the registered manager. One told us, "This is a good place to work, I like it. The manager is supportive. It is a calm place and the guys who live here are good to work with."
- The provider had submitted notifications of events, incidents and changes to the Care Quality Commission (CQC) as required by law.
- We saw the last inspection rating was displayed in the service as required.

Continuous learning and improving care; Working in partnership with others

- We found an open and transparent culture. The registered manager and staff were enthusiastic and committed to further improving the service for the benefit of people using it.
- Staff were able to contribute to the development of the service through supervisions and meetings.
- Staff and the registered manager worked well with other professionals to access specialist advice and support to improve the health, welfare and safety of people who used the service.
- The registered manager told us that they kept their skills and knowledge up to date with developments and best practice in health and social care to ensure people received positive outcomes.