Standwalk Ltd

Rowsley House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection of the service which took place on the 28 & 29 January 2016. We had previously inspected this service on 19 June 2014 when it was found to be compliant with all standards which meant no concerns were identified.

Rowsley House is a residential care home providing accommodation and personal care for up to seven people from 16 years of age, living with a learning disability and associated health needs. The accommodation is based over three floors. There are no mixed gender floors.

At the time of the inspection, seven people were living in the home. There was 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.

People living in the service told us they were happy living there and that the "Staff are always there to help me". Family members told us that their relative was better since they had moved to Rowsley House, and "It was the best thing that had ever happened to them." Staff told us it was "A special house" and it was "Run amazingly."

Support staff were confident in describing the different kinds of abuse and the signs and symptoms that would suggest a person they supported might be at risk of abuse. They knew what action to take to safeguard people from harm.

A system was in place to identify and assess the risks associated with providing safe care and support. We saw risks had been discussed with the people who used the service and action agreed to keep people safe from accidental harm.

People were well cared for by staff who were knowledgeable about their complex needs and there was sufficient staff on duty at all times to provide the required support. A number of people living at the service had behaviours which could put them and others at risk. We saw that their needs were met and at times exceeded their own personal expectations. This was shown in the reduction of instances were these behaviours were displayed. This was possible because staff knew people so well, the very early signs of changes of mood and demeanour were picked up and distraction techniques were used to manage potential situations and avoid the need for further and more serious interventions.

We found that the care that people received was very person centred and met their individual needs. There was evidence of creativity throughout the service, and that staff and the senior managers cared about the well-being of the people who lived at the service. Staff understood people's communication needs and supported people to make choices about the food they wanted to eat and activities they wanted to

participate in. We observed that people were supported to carry out household tasks and two people using the services were supported to access the local community during our inspection.

People were referred to healthcare professionals as required. We saw people had been supported to access such as general practitioners (GPs), dentists, opticians, psychologists and psychiatrists when necessary.

We found the service to be welcoming and homely. People had activities which had been planned for them as individuals, rather than as a group. This meant the service had recognised the specific needs and interests of each person and had taken action to make sure they were met.

People said they knew how to make a complaint if they were unhappy about the support they received and that they would let the registered manager or a member of staff know.

The registered manager had developed an effective system of quality assurance, which measured the outcomes of service provision. Staff and relatives had been included in this process and their feedback had been used to make improvements to the way the service was provided.

We found that the service was well led at all levels of management. The registered provider had regular oversight of the quality of the care being delivered, as they had robust policies and procedures in place and comprehensive auditing was carried out to measure quality across all aspects of the service.

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.

People who lived at the service told us they felt safe.

The provider had procedures in place to safeguard people who used the service. Staff knew how to recognise and respond to signs of abuse.

The rights of people were protected because staff understood their responsibilities in relation to people who displayed behaviour that may put them and others at risk.

There were safe recruitment processes in place and staffing levels were sufficient and met people's needs.

Is the service effective?

Good

The service was effective.

Staff were well trained and knowledgeable about the needs of the people in the service, and how to care for them well.

People's mental capacity had been assessed and Deprivation of Liberty Safeguards were in place where appropriate.

People's support plans included assessments of individual health and social care needs including their likes and dislikes and the things that were important to them.

Appropriate training and support was in place for all staff to do their job effectively. Staff told us that supervision and team meetings were held on a regular basis and the records we looked at confirmed this.

Is the service caring?

Good

The service was caring.

People who used the service, their relatives and others involved in their care were complimentary about the support provided. They told us that staff were kind, caring and respected their

privacy and dignity.

We observed positive interactions between staff and people using the service.

People told us they were involved in making decisions about the care and support provided.

Is the service responsive?

Good

The service was responsive.

Care planning documentation was detailed and personalised.

Planned activities helped people achieve their aspirations and manage their behaviours.

People said they knew how to make a complaint if they were unhappy about the support they received and that they would let the registered manager or a member of staff know.

Is the service well-led?

Good

The service was well led.

There was a positive culture throughout all aspects of the service, staff understood and worked within the organisations vision and values.

Staff worked closely as a team and communicated effectively with each other and the people living in the service. They told us that the managers were approachable and that they could easily raise any concerns with them.

There were robust policies and procedures in place. The auditing of the service was robust and the information was analysed to inform future improvements to the service and to ensure that lessons were learnt and recommendations for change were actioned.

Rowsley 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. The inspection took place 28 and 29 January 2016 and was unannounced.

The inspection team was made up of two adult social care inspectors.

Before the inspection we sent the provider a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We used the information provided in the PIR during our inspection. We also reviewed the information we held about the home, which included incident notifications they had sent us.

During our visit we spoke with four people however only one of those was in depth. This was due to the limited verbal communication of some of the people living at the service and the nature of their learning disability. We also spoke with two support workers, a senior support worker, the registered manager and the operations director. We also spoke with relatives of four people who used the service, a social worker and an advocate. We received emails from health professionals who expressed their opinion of the service. We observed care and support in the communal areas of the home and also looked in two people's bedrooms with their permission.

We reviewed a range of records about people's care and how the home was managed. These included care plans belonging to two people, the employment records for six staff, staff training, supervision records and the quality assurance audits that the registered manager had carried out in the service.

Good

Is the service safe?

Our findings

People told us they felt safe in the home. One person told us they had a chain on the inside of their bedroom door which helped them feel safe, "Makes me more relaxed." A relative told us, "We rest now, we don't worry, we know [person] is safe." Another relative told us, when staff bring their relative to visit them that the "[Person] wants to go back to the home as that is where they feel safe. Another person told us they could talk to staff if anything was worrying them.

People were kept safe as we saw the front doors to the home were kept locked; people had to ring the doorbell and be allowed access by the staff. This helps to keep people safe by ensuring the risk of entry into the home by unauthorised persons was reduced. The accommodation was provided over three floors; each of the floors had a key fob door entry system. A relative told us they felt their relative was safe, "Because of fobs on doors." Internal doors to corridors, the stairs and kitchen were kept locked due to the complex needs and behaviours of some people, restricting their movement around the building. The support plans for the people clearly evidenced why such restrictions were in place. Some people who use the service also had their own key fob and were able to access areas of the building independently. The registered manager explained that this was to protect and safeguard the people who used the service due to some of the challenging and complex behaviours people had on occasion. We saw there was a call bells/alarm system available throughout the building for people and staff should they need assistance.

People using the service and or their relatives had been provided with the information they needed to understand what keeping safe meant. The service user guide informed people how to raise concerns about their personal safety. The people we spoke with who used the service and their relatives told us they trusted the staff to promote their safety and wellbeing.

We spoke to staff about their understanding of safeguarding. Staff explained to us clearly what signs and symptoms of abuse they would look out for and they told us how and to whom they would report this initially and if necessary, as an escalation if they were unhappy with the action taken. Staff we spoke with told us they had not had any concerns about the safety of the people living in the service since they had worked there, and told us they felt it was very safe for them working in the home as well.

We spoke with staff who told us they were aware of and understood the whistle blowing policy; however they said they had not had any reason to use it and would be comfortable in raising any concerns with the registered manager. The staff told us they were confident that should they raise anything then appropriate action would be taken.

Staff knew people's history and background and understood their conditions and associated behaviours. Staff told us that people were no longer or had reduced displaying behaviours which my pose a risk to themselves or others. This was due to the service finding ways in which to manage people's environments and interactions to reduce such situations and occurrences The registered manager encouraged staff to analyse interactions between themselves and the people they provided care and support for and to instil the values needed to deliver safe and appropriate care and support. This included a written statement of the

incident which is sent to the provider's in house trainer. The trainer assesses the severity, speaks to the staff and where appropriate provides additional training or other support as identified to minimise and reduce risks to people who use the service and the staff.

There were comprehensive risk assessments in place, for example: alcohol intake, behaviours, accessing the community and medication. Information was detailed and identified potential hazards, how these could be minimised and the support required. The assessments were provided in written and pictorial form, and each care file included a risk profile which identified the greatest risks for each individual based on their history, conditions and current behavioural patterns. This documentation clearly guided staff as to how to mitigate and manage risks for the people they supported.

We saw that there were enough staff available to assist people with all their care and support needs. Staff rotas confirmed, that sufficient staff were deployed to meet the assessed needs of the seven people currently living in the home. One person told us that staff, "Are always there to help me." On-call support was provided to staff by all managers of the service on a rota basis. The registered manager told us there had been some turnover in staff and there were vacancies however on-going recruitment was taking place and potential staff had been identified. Regular staff were covering vacancies with overtime and support from other services which meant that no agency staff were used. This meant staff who supported the people knew them well. The registered manager explained that dependency assessments as to the level of staff needed was dependent on a person's needs and would be reviewed if there was a change in people's needs.

We found that the recruitment process was robust and safe. The registered manager made sure that all necessary pre-employment checks were carried out before staff were able to commence work within the service, this included written references, evidence of the person's identity and Disclosure and Barring Service (DBS) to make sure prospective staff members were not barred from working with vulnerable people and were suitable for the role. Information held in three staff records we looked at confirmed that the required pre-employment checks had been undertaken.

Plans were also in place for responding to emergencies or untoward events, such as outbreaks of infection, fire, flood and the failure of equipment used in the home. Risks of system and equipment failure had been minimised by a programme of servicing and maintenance of equipment. For example, we saw that relevant contracts were in place for gas safety, portable appliance testing, emergency lighting and clinical waste removal. A system was in place to record accidents and incidents. The registered manager told us that the outcome of accidents and incidents were analysed to see what lessons could be learnt and reduce future risk by taking preventative action.

We saw that medicines were managed on an individual basis. People's medicines were stored in the office in locked cabinets to keep them safe. People were encouraged to be as independent with managing their own medicines as possible within a safe environment and under the assessed level of supervision. The medicines policy was robust and there was regular auditing of each person's medicines. The registered manager told us none of the people living at the service administered their own medicines at the time of our visit. They added that people given this option would be risk assessed to make sure it was safe for them to look after their own medicine needs. The senior worker on duty was the key holder for the medicine cupboard although all staff were trained to administer medicines. Additional training and competency assessments were completed for 'as required' (PRN) medicines. This showed us the home had the flexibility of staff trained in medicines to ensure it was administered in a timely manner and as prescribed. Medicine records were very good and included a profile of the person, photograph, and information about all prescribed medicines, dosage and what they were for (including: regular medicines, short term medicines i.e.

antibiotics and PRN medicines). This level of detail provided good information and direction for staff which meant that medicines were managed safely. We saw medicines records were completed when people who used the service were staying with family. Their medicines were signed out by staff and signed by the relative accepting responsibility. We saw monthly audits of medicines and the system which had been completed by the registered manager or the senior worker on duty.

We found that the premises were clean and well maintained. The registered manager maintained a comprehensive file regarding infection control procedures within the home and checks had been carried out. We saw assessments had been completed and reviewed in October 2015 which identified potential hazards within the environment, food, equipment, infection and laundry. We saw audit sheets in place regarding checks to bedrooms, kitchen and daily room checks. There was a member of staff who was designated infection control lead and we saw specific training with the Health Protection team had been planned for one staff member in Feb 2016 – 'Effective cleaning of care homes'. Staff also had access to personal protective equipment (PPE) and hand washing facilities in areas where personal care support offered which meant people and the staff were protected from cross infection.

Good

Is the service effective?

Our findings

We found that the staff in the service were extremely knowledgeable and well trained, we saw that staff were skilled in their interactions and ability to notice small changes to people's demeanours and they were able to demonstrate their knowledge when we spoke with them by describing their understanding of the training they had received. Staff told us that there was good access to training and they found the training provided was useful and relevant.

We saw that staff had undertaken a wide range of training which included; safeguarding, food hygiene, first aid, infection control, health and safety, autism, epilepsy. There was service specific training provided in least restrictive practice interventions and behaviour management strategies. Training was delivered in a variety of ways including classroom, DVD's, e learning and completion of questionnaires. The registered manager or senior support worker completed spot checks and observation of practice to make sure staff were competent in their roles. Medicine competency assessments were also completed for staff responsible for administering medicines.

The registered manager told us that prior to starting work all staff had a comprehensive induction and shadowing for a minimum of one week, and this continued until they felt confident to work without supervision. One member of staff we spoke with confirmed the induction "Was pretty thorough" and another member of staff told us they "Shadowed for three days" as well as the training. Induction booklets were completed and signed off as competent by supervisor and the staff member.

Staff told us and records we saw confirmed that staff received regular supervision from their manager and that they found this to be positive and useful. Staff told us that this was their opportunity to raise any issues regarding people living in the service and to ask questions. Staff also used the meetings to put forward ideas and suggestions for outings and other activities they felt might benefit the people they cared for. Each staff member we spoke with and of the reviewed staff files showed us they had received an annual appraisal.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and specifically on the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. 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). 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. 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 were being met.

We saw that there had been decisions made in people's best interests where people had been unable to make these decisions. The best interest process had been followed in line with current regulations and was clearly documented. The best interest process means that when people are not able to make an important decision people who have an interest in their welfare (family, medical professionals, social workers for example) come together and look at what options are available and make a joint decision about what they believe to be in the person's best interest.

We spoke with the registered manager about Deprivation of Liberty Safeguards (DoLS) and whether these were in place for the people who lived at the service. The manager clearly understood their responsibilities with regards to MCA and DoLs. We saw there were current DoLS in place for all but one person who had been assessed as having capacity to make decisions about their care and keeping themselves safe and therefore did not need a DoLS. The people who had a DoLS authorisation in place had been assessed as not being able to make decisions in relation to their care and keeping themselves safe.

Care records showed that people were consulted and consented to their care and support where possible. We saw records titled 'What we need to know about how [person] makes decisions' and 'Who else can help [person] make a decision' – this information identified the best ways to communicate with people and best times when they would be more responsive – this practice helped promote and enable the person to be involved and make decisions for themselves. Staff also gained verbal consent before assisting people as a matter of course.

During our inspection we observed that people had access to healthy snacks. For example, low fat yogurt and fresh fruit was available in the kitchen areas. People were able to help themselves to drinks as they wished and those who did not do so frequently were prompted to have drinks. People were encouraged to get involved in menu planning and food preparation where appropriate. There were people who had identified that they wished to lose some weight as part of their goals. Staff supported people to achieve their goals by giving guidance on healthy eating, prompting healthy choices when snacks were accessed and helping them manage their portion sizes and supporting them to exercise.

Each person had a separate health file. This included a hospital 'traffic light' passport document which contained good information about what the person was able to do for themselves and what areas they needed support with which would go with a person should they need to go into hospital. This included concise details about their behavioural risks and triggers and how these needed to be managed. There was also information on their preferences and what was important to the person to make their admission as calm as possible.

We saw that people were regularly assessed by healthcare professionals. We saw that everyone had good access to healthcare services and were accompanied to their medical appointments by staff for example to the dentists and opticians as needed. Records were completed of all appointments and outcome of the visit. The service had developed close working relationships with the professionals, to allow them to find ways to keep people well by making sure that people's medicines was effective without causing side effects which would make them unable to participate in activities and achieve their goals. The service worked with external partners to find alternative ways of achieving people's goals when they were unwilling to cooperate, for example with annual health checks, or visits from other professionals.

The premises looked and felt welcoming and calming. It was well maintained and nicely decorated. There were no obvious adaptations; however on closer inspection we saw that there were locked kitchen cabinets where all sharp utensils were stored for safety reasons. The premises were very clean and there were no malodours. The service was pleasantly decorated however there were plans in place for some redecoration

to the lounge and the games room as the registered manager felt these could be improved further. The provider employs three maintenance staff to address all work required in their premises. The operations director told us that the provider readily invests in the upkeep of buildings which was evident by the good condition of the premises.

There was a secure garden area which was accessible at all times, this was accessed via the games room.

All safety certificates were up to date, and including electrical appliances portable appliance testing (PAT), gas appliances and water safety including legionella. There was a current fire certificate and the home had carbon monoxide monitors which helped to ensure the safety of the home.

Good

Is the service caring?

Our findings

One person told us they, "Can ask [staff] and [staff], they will help me do things." A relative said the staff were, "The most amazing people", their relative was "Completely different and [I] am in awe of them." Another relative told us the staff were, "Good, nice and respectful." Another person living in the service told us the staff were caring and that they "Are always there to help me". A relative told us that they "Can't say a wrong word about the staff" and they had no concerns about any aspect of the care their relative received.

People knew the staff well and it was evident from the way in which they interacted and sought out the company of their support workers that people regarded their support workers very fondly. Relatives told us that all the staff were "great" and they thought they were all equally good and supportive. The interactions we witnessed between people who used the service and the staff were open and honest, there was friendly chatter and 'banter'.

Staff told us that working at Rowsley House was the, "Best job they had ever had" and that they got a great sense of achievement from the work they did and when they could see their work had made a difference to the lives of the people who used the service. One member of staff told us the best thing about working at the home was, "Get to make a difference in service users lives – get a smile or take them out of a bad mood, it's the most amazing feeling."

One of the examples given was a person who, when they arrived at the service was displaying behaviour which put themselves and others at risk. The staff team at Rowsley House worked with this person, involving them in every aspect of their care planning and spent time speaking to them, working alongside them and observing their behaviour. The service worked with people using the principles of positive behaviour management aided by support guides accessible within peoples support plans. For example,a staff member told us, that they had been playing 'catch' using a cushion with a person who lived at the service.. The member of staff was particularly pleased that the person had wanted to continue interacting with them, as usually it was very difficult to engage with the person for any length of time. The outcome for this person is that their incidence of behaviour had steadily reduced over three years.

We saw that people who used the service gently teased staff about their favourite sports teams for example and this was taken in good humour and reciprocated, there was lots of laughter throughout the day and staff included people who used the service in conversations they were having generally with colleagues. A relative told us that "if they weren't caring, I would let them know". Consideration was given by the staff to same gender support for people however they also acknowledged that some people responded better to staff of the opposite sex.

Staff demonstrated that they led by example and they picked up opportunities to show people who used the service how to get along with each other and how to respect each other's space and feelings. These positive role models and the subtle support given meant that people treated each other with respect and affection.

The registered manager felt that it was important to recognise that Rowsley House is the home of the people who use the service and wherever possible and appropriate, that they needed to be involved in all aspects of the running and planning of the service. The registered manager ensured that people were involved in all decisions and worked with people to carefully explain the need to work together to make choices which are agreeable to everyone involved. We saw information throughout the service was provided in an easy read format to help promote the involvement of people using the service.

The records we looked at showed that people who were lacking in capacity were supported to make decisions. In some cases we saw family members had acted as advocates for their relative, there was also input from social workers and or care co-ordinators from the local authority. The registered manager confirmed that if there was a person who did not have access to a family member to advocate for them that they had access to advocacy services who could appoint an independent advocate for them. We saw that one person had advocacy support from an external advocate.

The staff team looked at a person's traits, abilities, limitations, interests and risks with people who used the service and helped them to identify personal goals. Staff were highly skilled at guiding people to selecting achievable goals which would bolster their confidence and self-esteem.

There was good evidence of the work which had been carried out and was on-going, in improving people's level of independence, this was shown in the daily records which we reviewed, by talking to the relatives of people who used the service and the staff who worked with people. There were examples of significant reductions in the level of support required to facilitate family visiting and trips out, we saw this was clearly documented in care plans. There were clear examples where people had been able to achieve a level of independence which had surpassed their own and their family's expectations which meant that they could, for instance, go out on activities in the local community. One relative told us "I like the way they make us feel involved" and another relative told us "We are pleased with progress."

We saw that people were encouraged to do as much as possible for themselves and that staff worked hard to improve people's skills in terms of household chores and life skills.

Staff recognised that people, who used the service, needed and had the right to privacy. The people who used the service were encouraged and prompted to maintain their own personal hygiene. This was done discreetly to maintain people's dignity. People were able to go to quiet areas in the home for example the garden or the quiet lounge if they needed some quiet time and they had free access to their rooms if they wanted their privacy.

Good

Is the service responsive?

Our findings

One person told us that they were aware there was a care plan for staff to look at and that a member of staff had spoken to them about their likes and dislikes and "wrote things down". A relative told us that staff had spoken with them to find out what their relative liked to do. Another relative told us that their family member "Goes out with staff, pictures, doing things". Staff have organised some good experiences which are based around (the service users) interests, for example, "Cycling."

We saw that people's families were able to be involved in their care planning and the families we spoke with told us that the service always kept them well-informed of what was happening with their relative and that they came in to see the registered manager at least once a year for an annual review. The families were happy that they were able to be involved in the decision making process and that they felt included. One relative told us "We always know what's going on." Another relative said "The staff tell us everything that's going on." One family regularly visited the service and said they were able to visit at any time and always made welcome. One external professional told us that staff supported their service user positively and supported them in activities they like. "They try all different methods to support [them]"

We looked at care records for some of the people living at the service. We found that the care plans were detailed and person centred. They were comprehensive and provided in written and pictorial form. The files included planning and instruction around people's outcomes, what they were able to do safely without supervision or what level of supervision was needed to keep them safe. People's preferences and interests were referenced throughout the documentation. We observed people had activities planned. People went out for walks, coffee, shopping and to visit a local community group. We saw that some of the activities were spontaneous and were the result of people having some spare time when they had completed their daily tasks as appropriate. There was evidence throughout the service that there was access to activities at all times and staff were on hand to support and encourage people to get involved. People who lived at the home had their own routines with support from staff for doing their washing and other chores to make sure there were no potential conflicts for instance because they needed to wait for equipment.

We saw that some of the people living at the service had been on holiday in the past, and future holidays were being planned. Every person living at the service had a named key worker. A key worker is a member of staff who is responsible for working with certain people, taking responsibility for planning the persons care and liaising with family members. Key worker records detailed activities people had been on in the previous month plus the goals and achievements for the month. Based on the previous months goals and achievements new goals were written up for the next month which included activities the person liked.

The service had robust policies and procedures in place to deal with concerns and complaints; there was an easy read document available for people which explained the policy. Examination of complaint and compliment records showed two of each over the last year. The compliments were positive about the standard of care offered to people. We saw evidence that the issues raised in the two complaints had been investigated and responded to appropriately, both complaints were closed with no further action. The people we spoke with including family members told us they had never had any cause to complain. One

relative told us they had "No complaints – just go and see [the manager]."

We saw that the staff understood and recognised the cultural needs of the people who used the service and had built their cultural needs into the care and activities they provided. This had included travelling to areas where there was good access to particular cuisines, to enable people to experience authentic foods from their heritage.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. Staff told us that the service was well-led, and that the management was extremely approachable and supportive. Staff told us and we saw that the registered manager led by example and was very visible within the service, for example on the day of our inspection the registered manager was engaging with people who lived at the home in a friendly, open manner which they responded warmly to. All staff told us that they could approach any member of the management team at any time and felt confident in doing so. They also told us that they were equally confident that their issue would be dealt with appropriately and quickly.

Relatives told us that the staff were "nice and it was one of the best ones [homes] they had seen." The family of a person who used the service told us that this was the best thing that could have happened to their relative and that they were better since moving to Rowsley House. They told us the service kept them well informed and they were included in decisions which affected their relative; they said "We have confidence in the management of the service".

Staff were extremely thoughtful about how to enrich the lives of the people who lived there. For example we saw in several staff meeting minutes that staff had put forward ideas to increase the quality of life of the people who lived at the home including trips out, sensory decoration of rooms and attendance at activities in a community centre. Staff we spoke with, including the operations manager were passionate and cared deeply that people had the best experiences they could provide, and the effect this had on people's behaviours were extremely impressive. There was strong evidence in all cases that exceptional progress had been made by people who used the service in gaining increasing levels of independence and to achieving more than had been anticipated by themselves, their families and the medical professionals involved in their care, this was because of the tireless efforts of the staff team led by the registered manager.

The service gained from clear leadership, and visions and values which were very effective in their messages. The leadership was evidentially based on respect from the conversations we had with staff. The staff team from the management team to the newest member of staff had a shared aspiration to give people the best care possible. Staff knew who they were caring for, what level of support they needed to give, the level of risk when taking people out, the activities they had planned, their routines and household regimes and subtle changes in behaviour that could trigger a behaviour. Staff were confident in the training they had received, their knowledge of the subjects which were relevant to their roles and their ability to manage difficult behaviour should it arise.

Staff told us and we saw that they had an excellent sense of teamwork. In all interactions that we observed staff communicated extremely well with each other, the registered manager and the people in the service. There was a very pleasant sense of the service being like a family, with give and take, fun interactions, and laughter and joking throughout the day.

The registered manager was open in their conversations with us, and told us that another service in the group had suffered a serious incident in recent months. The registered provider had used this as an example

to look with all the managers of the services to analyse how this had happened, and what could be improved to ensure that it would not happen again in the future. This incident and the learning which resulted from it was shared with all staff in the group to ensure that they could learn from it and use the improvements to safety measures which had been implemented across the group, to keep themselves and each other as safe as possible.

One relative told us that, "[Registered manager] or [Senior] very approachable or can approach any member of staff". Another relative told us the registered manager was "Very informative" and one external professional person informed us that the manager "Is very good. Had done more than is asked to do". Another external professional told us they had "Lots of confidence in the management of the service". They described the registered manager as "approachable and responsive" and "good clear leadership". No one we spoke with had any concerns about the leadership or complaints about the service.

The provider had also updating their policies and procedures, to be aligned to CQC regulations in a more concise and accessible format. We looked at five of the new policies and found that they were robust, and clear.

There was a very clear understanding of responsibility across the service at all levels, and accountability was equally present. Staff understood and could explain how they were responsible and understood that the risks of not following plans were not only to the people they cared for and themselves, but also other people in the service and the public when they were taking people out.

Monthly auditing included a full medicines audit which was effective due to the detail in which it was carried out.

There was a monthly senior management audit, carried out by the area manager. This looked at all aspects of the service, including auditing a care file, looking at the environment and any improvements which were necessary, medication audits were double checked for two people who used services, staffing levels were analysed, staff supervisions were checked and comments made about special projects and activities which had been carried out since the last inspection. This meant that the wider management team had oversight of the service and were verifying the quality of the service which was being delivered. The findings of this monthly audit were discussed with the registered manager, to look at what further improvements could be suggested and agreed and this was the process for continuous improvement within the service.

The operations director had a clear vision for the future of the service over the next few years and the service benefitted from strong leadership and oversight at both, operations director and registered manager levels.

The quality of the service was exemplary with clear evidence from the almost unrecognisable current presentation of the people who used the service compared with the care records and histories of when they had arrived at the service. The progress made by people was beyond personal and professional expectations in a lot of cases, this was evident from letters from professionals thanking the service for the work they had carried out with people, and from speaking to relatives of people who lived at the service who had been able to progress to needing less supervision and others being able to go out into community settings supported by staff.

The provider was aware of their responsibilities in notifying the Care Quality Commission of any significant events, and notifications had been received from the service when incidents had occurred.