Rowans Care Limited

Rowans

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

Rowans is a residential care home registered to provide accommodation and personal care for up to eight people who have a learning disability. There were eight people living at the home on the day of our inspection.

The inspection took place on 9th September 2016 and was unannounced. The last inspection of this service took place in April 2014 and at that time the service was meeting all the required standards inspected.

At the time of inspection 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 and associated Regulations about how the service is run.

The service was managed by a longstanding management team which comprised of the registered manager and the nominated individual both of whom were also the registered provider. They shared responsibility for running the service on a day to day basis.

People were safe at Rowans. Risks to people were managed safely and positively which ensured people received safe care that met their needs whilst at the same time allowing them to exercise choice and control.

People were protected against the risk of abuse by staff who understood their safeguarding responsibilities and knew who to report any concerns to.

Medicines were managed safely by staff who were trained and assessed as competent to give medicines safely.

Systems and processes were in place to ensure the safe recruitment of staff with sufficient numbers of staff employed to safely meet people's needs.

People received support to take part in activities both inside and outside their home.

The service had a good understanding of the Mental Capacity Act and people were supported to make their own decisions. Appropriate assessments of mental capacity had been undertaken in accordance with current legislation and good practice.

Staff asked for consent before supporting people in ways they were comfortable with. People were supported to make choices about how they wanted to live their day to day lives including exploring interests and maintaining relationships that were important to them.

Staff felt well supported by the management team who were accessible and listened to them. Regular supervision, appraisals and competency checks meant that staff felt confident and competent in their roles. A regular programme of training was provided with opportunities for specialist training relevant to meeting the needs of the people who used the service.

People were supported to have enough to eat and drink which reflected their preferences and helped them maintain a healthy balanced diet.

People were supported to maintain their health and wellbeing. Staff worked with healthcare professionals and were pro-active in referring people for assessment or treatment. The provider maintained detailed health records and shared this information appropriately with the relevant health and social care professionals. This meant that people's health was closely monitored to ensure they received any treatment they required in a timely fashion.

The care and support people received was personalised and met their individual needs and preferences. People, or their representatives, were involved in making decisions about how the support was delivered so they felt listened to and included.

Staff upheld the vision and values of the service which put people at the heart of everything that they did. Staff treated people with dignity and respect and promoted their independence.

The management team was held in high regard by relatives and staff who felt included in the running of the home. There were systems in place to ensure the quality and safety of the service and respond appropriately to complaints and feedback.

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.

Medicines were stored and administered safely by trained and competent staff.

Staff understood their safeguarding responsibilities and knew how to recognise, respond and report abuse or any concerns they had about safe care practices.

Risk was managed safely but positively supporting people's rights to exercise choice and control.

Staff were recruited safely

Is the service effective?

Good

The service was effective.

Staff received effective support and training to provide them with the skills and knowledge required to carry out their roles and responsibilities.

The principles of the Mental Capacity Act were adhered to and Deprivation of Liberty Safeguards applications were appropriate to protect people's best interests.

Staff knew people well and were able to use a variety of communication methods to provide support that met their emotional & physical needs.

People had enough to eat and drink which met their nutritional needs and reflected their preferences.

People had access to healthcare professionals when required to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

Staff were kind and considerate in the way that they provided

care and support.

People and their representatives were involved in decision-making around their care and support and felt listened to.

People were treated with respect and their privacy, dignity and independence was promoted.

People were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred which enabled staff to provide care and support which reflected people's preferences, wishes and choices.

People were supported to engage in activities that were important to them.

People's relatives knew how to make a complaint if necessary and were confident it would be dealt with to their satisfaction.

Is the service well-led?

Good

The service was well-led

There was an open and collaborative culture where the needs of the people were at the centre of how the service was run.

The provider was approachable and supportive of staff and families.

Systems for quality assurance were in place to monitor the safety and effectiveness of the service and identify improvements required.

Rowans

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9th September 2016 and was completed by one inspector and was unannounced.

As part of the inspection we reviewed various information including the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

At the time of this inspection there were eight people living at the home. We were able to meet with the people but due to the complex nature of their disabilities they were unable to verbally tell us about their experiences of life at the home. Therefore, we observed how care and support was delivered to people throughout our visit, including the midday meal within the communal dining room.

On the day of inspection we spoke with five people's relatives and four members of staff and the nominated individual. After the inspection we contacted three health and social care professionals for their feedback on the service.

We looked at the written records in relation to five people's care and also looked at records relating to the management of medicines, staff training, recruitment records and systems for monitoring the safety and quality of the service.

Good

Is the service safe?

Our findings

People were safe at the service. Relatives we spoke with told us they felt their family members were well cared for and kept safe. One relative said, "[Person] absolutely is safe and we have peace of mind." Another said, "We couldn't be more happy with the service, we have a sense that [Person] is safe and well looked after."

We looked at how people were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse and understood how to recognise any signs of abuse or ill-treatment and who to report any concerns to. One staff member said, "If I was concerned about anything I would report it to my manager, if they weren't available I would tell social services, the police or call the CQC."

People were safe receiving services from the provider as staff had assessed any potential risks of harm to people and put management plans in place to minimise the risks without unnecessarily restricting people's rights and freedom. For example, where a person required one to one supervision to ensure they did not hurt themselves or others, this supervision was provided unobtrusively and did not restrict the person from moving freely within the home.

We saw that people's risk assessments were personalised which means they were tailored to meet their individual needs. People had risk assessments for particular medical conditions, specific behaviours and activities they engaged in or environmental factors within the home or community. Risk assessments were updated regularly and people and their representatives were included in the process.

We found that the service had done some excellent work in understanding and reducing the incidents of behaviours that distressed people or put them at risk of harm. We saw how the approach adopted by the provider to manage challenging behaviours had a positive impact on people. For example, one person had benefitted from less restrictive practices needing to be enforced which had significantly improved their health and wellbeing. Another person had experienced improvements in terms of their eating habits and daily routines.

Those people who required the use of a hoist and sling to move and position them had a risk assessment and management plan in place to ensure their safety and comfort. We looked at one person's management plan and saw that it provided detailed instructions which not only considered the safety of the equipment and the correct procedure for moving someone but also outlined how the person could be supported emotionally. This approach reduced the risk of the person becoming anxious and thrashing about in the sling and possibly injuring themselves. Staff were provided with written guidance to help them make the experience as safe and stress free as possible. The instructions advised; "Engage in play and conversation with [Person] to decrease any behaviour which might mean they hurt themselves whilst in the sling." In this way the service demonstrated that it took a person-centred rather than task-focussed approach when providing care and support.

Risks to people's physical health were also well managed. The service kept food and fluid charts and

weighed people regularly to ensure that they were eating and drinking the right amount to stay healthy. If concerns were noted then the service made appropriate referrals to the relevant health professionals. Where people were at risk of pressure ulcers because they were not mobile, pressure relieving equipment was put in place. In addition, people's skin was monitored and staff ensured that people at risk of developing pressure ulcers were repositioned regularly so that people were not laying in the same position for too long which could increase the risk of their skin breaking down.

Some people using the service suffered from seizures. These were monitored and recorded and the information was shared with the relevant health professionals to ensure they were receiving the right treatment. Relatives told us that risks to people's health were well managed. One relative told us, "[Person's] condition is so well managed, their fits have decreased and this has made them less irritable."

Relatives told us there were enough staff to meet people's needs. During our inspection we saw there were enough staff available to meet people's needs and keep them safe. Where people required one to one support this was in place. Robust recruitment processes were in place which meant staff were recruited safely. Employees were not allowed to start work before all the relevant checks were completed to ensure they were safe to work with people. This included ensuring there were no unexplained gaps in people's employment history, taking up satisfactory references and completing checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

We found that the storage, administration and disposal of medicines was undertaken safely, and in line with current professional guidelines. People's individual medicines administration record (MAR) sheets showed their photograph so that staff could identify people correctly before giving medicines to them. This minimised the risk of people receiving the wrong medicines. We saw that there were no gaps on the MAR sheets indicating that people had received their medicines as prescribed. Additional safeguards to ensure medicines were managed safely had been put in place whereby senior members of staff checked the running totals of people' medicines each evening to ensure their medication records were accurate.

We saw that medicines were given to people in a dignified way and their privacy and preferences were respected. The senior responsible for administering medicines wore a red tabard to indicate that they should not be disturbed so that they could concentrate on the task. Medicines were dispensed from a cup, and people were provided with a drink of their choice. The staff member was aware of people's preferences and had milk ready for one person who only liked to take their medicines with milk. Medicine protocols had been put in place to provide additional guidance to tell staff when each person should receive medicines that had been prescribed on an 'as needed' basis to ensure people's needs were met safely and effectively.

There were appropriate facilities to store medicines that required specific storage. The medicine room was air conditioned to ensure that medicines were stored at the correct temperatures. Records relating to medicines, including stock control, were completed accurately and stored securely. The medicine which was received, administered and returned to the pharmacy was recorded correctly.

All staff who administered medicine had up to date training and had regular competency checks through the training provider and with the provider to ensure they had the necessary skills to administer medicines safely. We saw that during these checks the provider would take the opportunity to quiz staff on different medicines to ensure their knowledge was up to date and they were familiar with what medicines were prescribed for and their potential side effects.

People were safe in the service as there were arrangements in place to manage and maintain the premises

and the equipment both internally and externally. We saw that health and safety, maintenance, fire drills, accidents and incidents were all recorded and the necessary action taken to keep people safe.

The management team kept an up to date folder detailing emergency and crisis procedures and staff were familiar with these. This document provided staff with guidance on who to call in particular situations for example if someone was injured or went missing and provided them with up to date emergency contact numbers.

Good

Is the service effective?

Our findings

All of the relatives we talked to spoke in glowing terms about the service they and their family members received. One relative told us, "I can't praise them enough, [Person] is so well looked after, it's so proper, they're always so clean and well-groomed when we come and they [the service] share any concerns with us immediately." Another relative said, "It's the best thing that ever happened to [Person] and us, [Person] is as happy as a sandboy and we're happy too, they're marvellous."

When new staff joined the company they received an initial five day induction specifically designed by the management team to equip new workers with the essential skills to support the people who used the service. Following on from this staff experienced a further induction that took place over a period of weeks to provide fundamental training based on the care certificate. The care certificate represents a set of minimum standards that social care and health workers should stick to in their daily working life. The provider told us that they had asked all existing staff to complete the care certificate even if they already held other qualifications in care so that all workers would be up to date with current best practice.

Once staff had been inducted they then received ongoing and yearly refresher training to ensure they maintained the necessary knowledge and skills to be effective in their role. We saw evidence that all annual mandatory training for staff was up to date and that staff were supported with opportunities for additional learning to support them to develop professionally. We were informed that all but two of the staff had completed more advanced training in health and social care and were encouraged to continue to learn and develop their skills. Relatives told us they thought the staff were trained and qualified to a high standard.

Aside from the mandatory training, specialist training that met the individual needs of the people they cared for was also available for staff. For example, some people living at the service had epilepsy and experienced seizures so staff had received training in how to manage this condition. Most of the people using the service had lived there since they were young adults and were now into middle age and beyond. Consequently, as they had got older their needs had changed. We saw that the specialist training staff received reflected people's changing needs and included aspects such as dementia training and training in end of life care.

Staff said they received one to one supervision every month and we saw written records which confirmed that this had taken place. Supervision was used constructively to talk about any concerns they might have regarding the people they supported, monitor staff progress and identify any professional development needs. Staff also received an annual appraisal which was used to set goals for the coming year and identify any training needs.
Staff were provided with a very high level of consistent support from the management team which enabled them to be monitored and supported to be competent in their role and develop professionally. This meant that people were cared for by workers who had the knowledge and skills to care for them effectively.

All of the people who used the service had communication difficulties and were mostly non-verbal. Relatives told us that the service encouraged people to communicate and used alternative methods to help people express their needs and wishes. One relative told us, "They are always encouraging [person] to

communicate, they use a communication book which has signs in it which [person] understands."

We saw that the service employed a number of different communication methods such as signs and gestures and a Rebus board. A rebus board is a board with pictures on it that people can point to, to communicate. Staff were able to discuss the different ways people communicated with them and could demonstrate various 'Makaton' signs that they used which is a type of sign language. Staff also told us how they viewed people's behaviour as a means of communicating and they were knowledgeable about what different types of behaviour might indicate for different people.

People had eating and drinking care plans in place with detailed guidance for staff to support people to have enough to eat and drink. They were written in a person-centred way and gave consideration to the person's emotional needs. For example, instructions in one person's eating and drinking plan stated, "If [person] is unhappy, spend time talking to them to find out what is troubling them, if you can't resolve the issue, put on their favourite tape and sing along with them, the more content they are the more likely they will eat well."

Relatives told us that the food was good. One relative said, "They [people who use the service] have a good diet, the service makes sure people eat sensibly." We observed the lunch time dining experience for people which was sociable and unhurried. People came to the dining room to eat when they chose, got up and moved about freely and received the appropriate level of support with eating and drinking from patient and friendly staff. We observed staff sitting at eye level with people as they helped them to eat; they made eye contact and chatted with them so that the meal time was a comfortable and social experience.

People were supported to maintain their independence at mealtimes. We saw staff guiding people's hands to their cutlery and if needed they guided people's hands to their mouths to help people to do as much for themselves as they could. Equipment such as plate guards had been provided which also helped people to be able to eat without assistance. People's nutritional requirements had been assessed and where they were identified at risk, appropriate action had been taken such as monitoring people's weight and food intake and making referrals to relevant health professionals such as the dietician.

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 Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We found that the service was working within the principles of the Act and that they had made appropriate DoLS applications so that conditions on authorisations to deprive a person of their liberty were being met.

We reviewed five people's care records and found that the service had completed relevant and appropriate MCA assessments. They were individualised and decision-specific. Where it was established that people lacked capacity we saw that best interest decisions had been made in line with legislative requirements. This meant that the service had considered people's wishes, consulted with people's representatives and any relevant health professionals and thought about the least restrictive option to ensure that people's rights were protected and upheld. One relative told us about their family member who had recently required dental treatment. They told us, "They [the service] discussed this with us, made sure it was done properly, we had an MCA assessment around the treatment, and we were consulted and included in the best interest decision."

Staff we spoke with told us they had received training in the MCA and demonstrated a good understanding of the principles of the act. They were able to provide us with examples of how they supported people with decision-making, for example, showing people different items of clothing to help them decide what to wear or helping people choose what they wanted to eat. Comments from staff included; "I would say, [Name] what would you like to wear, I open the drawer and let them pick their clothes, they pick everything themselves" " All the people choose their food, you've got to give them choice, it's their right." and "Even though they don't talk we show and offer different choices."

People were supported to maintain their physical and psychological health and wellbeing. A relative told us, "[Person] is very well, they look after them very well, they phone me with any health concerns and they are dealt with immediately." The management team were qualified nurses and relatives told us that this was often of benefit to the health of people who used the service. One relative told us, "When [name] was poorly, the manager came with us to the GP; they had a whole list of questions to discuss with the GP to make sure they got the right treatment."

Relatives said the staff were vigilant in looking for signs that someone might be unwell. One relative told us how staff had found a small lump in a person's breast. They were impressed with how thorough staff were in examining people for signs of ill-health. Staff we spoke with were able to demonstrate how they would know if someone was ill or in pain through non-verbal communication. One staff member said, "Pain shows in [person's] face, I know what that looks like, if they are lethargic and not their normal self I would think they might be ill and I would speak to [provider] about my concerns."

The provider maintained detailed health records for people and shared this information appropriately with the relevant health and social care professionals. This meant that people's health was closely monitored to ensure they received any treatment they required in a timely fashion. We saw records which showed that people were seen regularly by a range of health professionals including dentist, GP, chiropodist, psychiatrist and optician.

Referrals were made to therapy services such as occupational therapy or physiotherapy when it was identified that people required support to maintain or improve physical function or required equipment to support their independence. We saw that one person had been prescribed exercises by the physiotherapist and saw records which showed that staff were supporting the person to complete these. A family member told us, "They have tried to keep [person] on their feet, walking with them."

Good

Is the service caring?

Our findings

Relatives we spoke with all gave positive feedback about the caring approach of the service. Comments we received included; "We're absolutely thrilled with the service, they are so friendly, caring and so supportive" and "It's more like a family because we have such a good relationship. I can't praise them enough."

The service kept daily records of the care and support people received. We reviewed these notes and saw they were written kindly and sensitively and commented on people's moods and what they had enjoyed doing. The instructions to staff provided in people's care and support plans was kind and considerate of people's feelings and aimed at reducing any stress people might experience receiving care and support. For example, we saw there were instructions for staff to sing to people whilst carrying out personal care tasks to make the activity a more pleasant experience for them.

We observed people being supported and saw that staff showed kindness and interacted with them in a positive way. It was clear that people had developed positive and trusting relationships with staff as people were relaxed and at ease in the company of staff. One relative told us, "[Person] loves the staff and knows all their names."

We saw that staff treated people with dignity and respect. Staff were attentive, respectful, patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. For example, at times people were in need of reassurance and affection and staff provided this. Staff took time to talk and listen to people which demonstrated that staff were caring.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. They also told us about the importance of protecting people's modesty and enabling people to make choices and encouraging independence. We observed that staff were discreet when asking people if they wanted to go to the toilet or needed any other support. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

Relatives told us that people were treated with dignity and respect. They said that people were spoken to in a kind and courteous manner by staff and were give their space and privacy. A relative told us, "[Person] has their privacy, whenever they want, they can go where they want in the home and go to their room and have their own space." Another relative said, "They [staff] talk to the residents all the time and tell them what they are doing, showing tremendous respect. I've never seen anything untoward, people are spoken to the way you and I would like to be spoken to."

Staff understood the importance of helping people to be well groomed and dressed appropriately for the weather whilst still allowing people to exercise choice and control so that they could be as independent as possible in choosing what they would like to wear. A relative told us, [family member] is always well presented and clean." Another relative said, "We turn up unexpectedly and it's always the same, [Person] is always immaculate, their hair lovely and neat and clothing spotless."

The provider and staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. One staff member said, "We are like a family here, we know people's routines so it's not hard to meet their needs and they know us as well."

Relatives told us the service was good at sharing information and communicating with them. One relative said, "They share any concerns with us immediately." Another said, "They [the service] keep us well informed. Relatives were invited to regular reviews to ensure people's care and support plans were up to date and meeting their needs. This meant people's families or representatives felt included and listened to.

People were supported to maintain relationships that were important to them as friends and relatives were welcome at any time. One relative said, "They always make us feel welcome when we visit, we get lunch, it's very welcoming and feels like an extended family." We saw that the service kept a record of people's relatives' birthdays and sent cards and gifts on behalf of people to promote the normalcy of family life.

Arrangements were in place for people who required advocacy services. At the time of the inspection there was one person who used the service who had an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

The provider had given consideration to people's end of life care and had initiated face to face discussions with families to prepare for the future and think and talk about their preferences and priorities for care for their family members at the end of their lives.

Good

Is the service responsive?

Our findings

Everyone we spoke with for feedback on the organisation, praised them for their level of service and commitment to the people they supported. One relative said, "Staff are wonderful so attentive. Meals always seem very good, there are good routines in place, the service runs like clockwork and they phone us for feedback and our opinions on everything."

We saw that when people joined the service their needs were assessed and support was planned and delivered to meet their needs in collaboration with their families or representatives and relevant health and social care professionals. A health care professional who worked closely with the service told us, "On many occasions I have reflected on how easy it was to work with them (the service) in partnership for the benefit of the service users."

During our visit we reviewed the care records of five people which clearly stated how people wanted to start and spend their day, what they needed help with, and the support required from staff. The care plans were written in a personalised way which means they were unique to that person. The information held included family information, how people liked to communicate, their nutritional needs, likes, dislikes, what activities people liked to do and what was important to them. Consideration had also been given to supporting people to express their sexual identity to ensure that they were respected as individuals.

The information held in people's care records covered all aspects of their needs and included a concise profile of the person with clear guidance for staff on how to support them to ensure that the care and support people received was delivered in the way that they wanted. As people's needs changed their care records were amended and updated to ensure staff continued to deliver care and support that met their requirements.

Relatives we spoke with told us they had been included in making decisions about care and support and developing the care plans. Care plans included a life story which family were involved in writing. A life story is used to provide staff with important information about the person's life history, routines, likes, dislikes and important people in the person's life. We saw that the information held in people's life stories was updated regularly. For example, where a person had developed an interest in a particular TV programme this had been added to their life story work.

Staff told us they been employed at the service for a long time which meant they knew people very well. They were able to read people's moods and were familiar with their routines and preferences. For example, one worker told us, "[Person] loves music and when they are happy they wiggle, we can see in their face when they are unhappy." A relative told us, "Staff know [person] really well, what they like and don't like."

All of the people living at the service had communication difficulties and were mostly non-verbal. Detailed information on how to communicate with people, including their methods of non-verbal communication, signs and sounds and what these meant was included in care plans. For example, we saw in a person's care plan that if they raised their arm when staff approached them then this meant they were declining the

proposed activity or task. Staff were aware of the importance of leaving the person alone and allowing them space as prolonged attempts to engage with the person would cause distress.

People were supported to enjoy interests both inside and out of the home including being supported to go on holiday once a year. Some people had time set aside so that they could engage in activities with one to one staff support. None of the people who used the service were in employment though one person was supported to attend college.

There were systems in place to deal with complaints and we were shown a copy of the complaints procedure which set out timescales for action and who to contact. Relatives told us the management team was accessible as was visible in the service and they could speak with them at any time if they had any complaints. They told us they were actively encouraged to raise any concerns so that any necessary improvements could be made.

There was also an easy read complaints procedure though the provider told us the people who used the service were not able to understand this and would be unable to formally complain using this process. However, staff told us that most of the people using the service had been there for a number of years and staff were equally long-standing so would be able to determine from people's body language and non-verbal cues if they were unhappy with anything. The provider told us they spent time with people on a daily basis to make sure they were happy and their needs were met and we saw this on the day of our inspection.

There were no open complaints at the time of our inspection and people we spoke with told us they had no concerns. One relative told us, "We've never had any reason to complain about anything." Another relative said, "We have no criticisms of the service, it's faultless." One relative said they had raised a complaint with the provider some years ago, they told us, "[Provider] jumped on it straight away and sorted it out."

Good

Is the service well-led?

Our findings

The service was owned and managed by the registered manager and nominated individual who shared responsibility for running the service. Both were hands-on and accessible as they took turns managing the company on a day to day basis. The management team understood their registration requirements and notified us of any important events that affected the service promptly. They were assisted by a stable and longstanding staff team which meant that people who used the service were supported by a consistent team of workers who knew them well.

Both members of the management team were qualified nurses. Feedback we received from healthcare professionals evidenced that their skills and experience benefitted people who used the service. One health care professional told us, "[nominated individual] has a lot of experience and is very good at making and sharing decisions that impact on people in their care, they can also be a forceful advocate if they ever feel people's needs are not being fully met. "

The nominated individual who was present on the day of inspection told us that they kept up with best practice by subscribing to various journals in the field of learning disability. They printed off relevant articles, for example, when new guidance was published around the principles of the Mental Capacity Act and asked staff to read and sign a sheet to say they had read them. They said, "If I come across a syndrome or condition that one our residents has I share this with the staff. " We saw evidence of journal articles that had been printed out and filed in people's care records.

On arrival at the service we asked for a variety of documents to be made accessible to us during our inspection. These were provided promptly. We found all records we
looked at to be well maintained and organised in a structured way. People's care records were kept secure and locked away so that people could be assured that information about them was kept confidential. Professionals told us that the provider was professional and organised. One professional told us, "I have always held Rowans in high regard and in particular have been impressed with one of the owners [Name] with whom I have had most contact. I have always found them to be friendly, kind, empathic, knowledgeable and well organised."

Staff told us felt well supported by the management team and felt the service was well led. Staff and spoke about how the service felt like family and as such they felt comfortable to talk to the provider about any concerns they had and felt they would be listened to. The provider told us they organised regular staff meetings between every one and three months depending on need where staff were encouraged to share their views. We looked at minutes of the meetings and saw that a list of actions was generated with a designated person identified to be responsible for completing the actions.

Because of the size of the service and the complex needs of the people who used it there were no formal resident or relative meetings in place. Instead, the provider had an open door policy and was always available to provide support and information to people and their representatives when needed. Relatives told us they felt extremely well supported by the provider who was always available, was quick to respond to

any concerns and actively invited feedback. One relative told us, "[Provider] always asks for our feedback, they say we can't improve our service if you don't tell us if something is wrong." Another relative said, "[Provider] is great, they run a tight ship and expect people to do their job."

Staff and relatives told us the culture of the service was one of honesty and openness and partnership working. Families told us they felt fully involved and that the service was open to trying new ideas. One relative told us, "If we try something and it doesn't work, they will try something else, we all work together." The provider invited people, relatives and staff to raise any concerns, suggest improvements and question practice through the use of an annual satisfaction survey. One relative told us, "We get a yearly survey; we get to make comments about every aspect of care."

We reviewed the annual survey for 2016 and found the response from relatives to be universally positive with 100% satisfaction recorded in relation to the level of care and support their family members received. Staff also indicated being 100% satisfied with working at the service and this was evidenced on the day of our inspection when staff told us how much they enjoyed working for the organisation.

Due to a lack of constructive feedback, the provider was unable to provide any examples of where they had responded to people's comments and made improvements as a consequence. We recommended that they consider other ways in which they could solicit feedback and develop the service to demonstrate their commitment to driving improvements.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found that the provider understood the principles of good quality assurance and completed regular audits of all aspects of the service, such as infection control, medication and health and safety.