

Consensus Support Services Limited

Rowan House

Inspection report

Church Lane
Doddinghurst
Brentwood
Essex
CM15 0NJ

Date of inspection visit:
10 December 2019

Date of publication:
27 January 2020

Tel: 01277823853

Website: www.consensussupport.com

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

Rowan House is a residential care home providing accommodation personal care to six people younger adults who have a learning disability or autistic spectrum disorders in one adapted residential house. The service can support up to six people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service ensured people were safe and potential risks were assessed with actions identified to mitigate these. People were supported to take their medicines in a safe way. There were enough staff, who were safely recruited, they knew how to keep people safe from avoidable harm.

Staff were kind, caring and promoted people's dignity. Staff understood the importance of treating people with respect and ensured they did this. People were observed to have good relationships with the staff team. Staff actively ensured people maintained links with their friends and family.

People had access to health professionals when needed. People were supported to maintain a healthy diet and support was planned to meet their assessed nutritional and health needs. Staff received regular training, supervision and support to ensure people with high support needs received safe care and treatment. Staff ensure that they sought peoples consent before providing them with care and support.

People were supported to pursue their hobbies and interests both in the service and in the community. Care planning was person-centred and gave clear direction for staff about how people wished to be supported.

Complaints were managed quickly and in line with providers stated procedure.

The registered manager provided staff with leadership and was visible and approachable. Staff were motivated and enjoyed strong team work. Information from audits, incidents and quality checks was used to drive continuous improvements to the service people received.

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

Rating at last inspection

The last rating for this service was good (Published 28 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rowan House on our 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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Rowan House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Rowan House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we received from the service by way of notifications. Notifications are required by law and identify incidents that had happened in the service and the actions taken in response, including safeguarding and serious injury.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We carried out observations of how people received their care and support as well as staff interactions. We spoke with the registered manager, the team co-ordinator, one support worker and the providers area manager.

We reviewed a range of records. This included two people's care records and medicine records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

Following our inspection visit to the service, we spoke to and received feedback from a relative of a person living at Rowan House.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding systems in place to make sure people were protected from the risk of harm or abuse. Staff received training and were confident in telling us how they would report their concerns internally and externally to local safeguarding authorities.
- A relative we spoke to told us they had confidence that staff did everything they could ensure safety of people living at the Rowan House.

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

- Measures were in place to mitigate risks to people's safety and wellbeing. Staff were familiar with the plans in place to manage the risks. This included risks associated with people's mental health conditions and for when people were accessing the local community.
- Robust procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEPs) in place so that staff knew how to assist people in an evacuation. There were checks to fire alarms, water, gas and equipment within the service.
- The service had a system to record and analyse any accidents or incidents. This helped to identify any trends or themes. Staff told us there were lessons learned when things went wrong.
- Risk assessments and care plans were updated after accidents and incidents to ensure that measures in place were effective and enhanced people's well-being.

Staffing and recruitment

- There were enough staff on duty to keep people safe. Additional staff were available to support people when accessing the community. The service had experienced a high turn over of staff recently but had implemented initiatives to help with recruitment and retention of staff. This had led to more staff being recruited.
- On the day of the inspection we saw that staff were quick to respond to people's needs. Staff had time to spend with people and did not need to rush their care or support.
- We saw all staff had been recruited safely by the provider. Staff told us the recruitment process was robust and checks were made to ensure they were suitable to work at the service.

Using medicines safely

- People's medicines were managed safely. We saw that medicine administration was completed in accordance with good practice. The service promoted and followed the principles of STOMP. This is a best practice national project aimed to reduce the risk of over medicating people with a learning disability, Autism or both.

- Staff had received training and there were protocols in place for medicines prescribed on an as needed basis. Staff could describe to us how they would assess when people needed these medicines. This helped to ensure that people received their medicines as prescribed.
- Medicines were reviewed as necessary with the GP and specialist nurses.

Preventing and controlling infection

- There were infection control procedures in place and regular cleaning in the premises; there was no lingering malodour.
- Staff followed robust and clear hygiene procedures when supporting people to prepare food. The food standards agency had awarded the service the highest available rating of five stars.
- Staff used personal protective equipment (PPE) appropriately when delivering personal care to people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Thorough assessments were completed to establish if people's needs could be fully met, before they moved into the service. The registered manager used principles of good practice in the assessment of people's needs and was clear regarding the types of need the service could support.
- Care plans were detailed for each identified need a person had. Staff had clear guidance on how to meet those needs.
- Care and support plans were regularly reviewed which helped ensure that staff could continue to meet people's changing needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training relevant to their roles.
- Staff who were new to their role undertook comprehensive training and received support from experienced members of staff before working on their own.
- Staff completed the Care Certificate, a nationally recognised qualification for staff new to working in care.
 - Staff told us they felt supported. They received regular supervision and checks of their competency. This included feedback about their performance and enabled them to discuss any concerns, training and development. One staff member told us, "We get lots of training, including face to face and refresher training. We have an in-house trainer who comes in, as well as a qualified nurse to do competency checks."

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

- People had a good choice of food and drinks provided. Specialist diets were catered for.
- Staff monitored people's intake where required. People identified as at risk of malnutrition or dehydration were referred to their GP or dietician.

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

- Many of the staff working at Rowan House were long standing and knew people well. Staff could promptly identify when people's needs changed and seek professional advice.
- Detailed records and monitoring of people's welfare were used to inform community healthcare professionals so timely and effective action could be taken.
- Staff worked in partnership with health and social care organisations appropriately sharing information about people to ensure the care and support provided was effective and in people's best interest.
- A relative told us that healthcare appointments were arranged as necessary and the information on the

outcomes of visits shared with them where they had the legal authorisation to know this.

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

- Rowan house was a domestic property that had been acquired and adapted by the provider to meet the needs of the people living there. Some areas of the service were due for redecoration and modernisation. During the inspection the provider's maintenance manager visited the property in preparation for these works. This included seeking people's input where possible and working with staff to ensure that the impact of these works did not disrupt or upset them.
- Rooms had been personalised to meet people's preferences and needs so that independence could be encouraged.
- There were large comfortable communal spaces with ample seating for everyone to use. People could choose whether they wished to spend time alone or with others.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments were carried out where needed to establish if people had capacity to make decisions affecting their lives. Decisions for people identified as lacking capacity to make certain decisions were taken following a best interest process. Where this was the case, it was clearly identified in people's care plans.
- We saw staff asking for people's consent before providing them with support. People were offered choices and encouraged to express their wishes.
- Staff had received training regarding obtaining people's consent and the principles of the MCA and could demonstrate to us that they understood this and applied it to their work when supporting people.
- The registered manager ensured that applications to deprive a person of their liberty had been made where required, and that staff worked in accordance with any conditions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed caring interactions between care staff and people. Staff greeted people when they saw them, offering support and reassurance where necessary.
- Staff we spoke with were passionate about supporting people to get the most out of life. One staff member said, "The best thing about working here is the people, I love supporting them."
- Staff knew how to communicate with people effectively. If people were not able to express their wishes verbally, staff knew how to understand a person's mood by observing body language or facial expressions. We observed staff encouraging and giving praise to a person playing a game which the person responded to positively.

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

- The registered manager and staff ensured that people were involved in making decisions about their care where they could. This was recorded and noted as such in daily records and care plans.
- Where people were not able to express their views and could not be involved in decisions about their care, their relatives and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate.

Respecting and promoting people's privacy, dignity and independence

- People were well-groomed and dressed appropriately for the weather.
- Staff were respectful towards people they supported, ensuring that preferred names were used, and checking with people first before providing them with care. Staff we spoke with told us that it was important to ensure they respected people and gave us examples of how they promoted people's privacy.
- Staff encouraged people to maintain their independence. Staff knew what people could do for themselves and were patient and supportive in helping them to do this.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support specific to their needs and preferences. We observed that staff knew people well and how a person wished to receive interaction.
- People's care plans were detailed and contained clear information about their specific needs, their personal preferences, routines, likes, dislikes and what was important to the person. Each person's care and support plans were regularly reviewed and updated to reflect their changing needs.
- The service used a recognised format of care planning that placed a strong emphasis on person-centred support. These plans focussed on what was important to people, how they liked their support to be delivered and identified the essential people in their lives to do this or be involved.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw staff taking time to talk clearly to people at a speed that suited them. Staff checked they understood them with appropriate questions and offered choices through discussion and questions. Care plans clearly identified how best to communicate verbally with people.
- People's care plans were designed in line with the Accessible Information Standards (AIS). This included the use of symbol-based languages and pictorial signs, which had been produced specifically for each individual. These symbols were also used to identify objects or areas within the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- In line with 'Registering the Right Support' people were part of their communities. They used local facilities and accessed community health and leisure facilities. The service had their own vehicles which enabled people to access their community individually and regularly, and not having to rely on activities in groups. On the day of our inspection we saw people going out to participate in activities.
- Care plans we reviewed detailed people's interests, hobbies and cultural wishes. These plans clearly identified the ways in which the staff could support people to engage in them.
- Several people living at Rowan House had recently enjoyed a residential activity event which had been organised and funded by the registered provider called 'Party in the park'. The provider had asked and gained feedback about what activities people would like to do and worked creatively to deliver this.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. This had been developed with the people in mind that were using the service, to support them to make a complaint should the need arise.
- Information about how to raise a complaint was given to people upon joining the service. We spoke to a relative who told us that any concerns raised were always dealt with quickly and received openly by the registered manager.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The service was well run. The registered manager and staff team were committed to providing high quality and person-centred care. The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. Staff told us they were confident that any concerns they raised would be dealt with by the registered manager or provider with transparency.
- Staff felt well supported by the registered manager. One staff member told us, "[Registered manager] gets the best out of me". Another staff member told us, "[Registered manager] is very nice to work for, [deputy manager] is also really good; they are supportive, available and approachable, this makes staff go above and beyond. For example, staff came in last night with helping everyone go to the pantomime, this weekend staff are all coming in for the Christmas party."

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

- Information from the quality assurance system, care plan reviews and incidents were used to inform changes and improvements to the quality of care people received. The registered manager was continually reviewing and learning where possible.
- The registered manager had effective oversight of what was happening in the service. Risks were identified and acted on promptly to monitor the safety and quality of the service people received. People's care records were well organised, up to date and kept under regular review to ensure the information was accurate.
- The service was well-organised and there was a clear staffing structure. Staff understood their roles and responsibilities.
- The registered manager understood their regulatory responsibilities. For example, they ensured the rating from the last CQC inspection was prominently displayed and there were systems in place to notify CQC of incidents at the service.

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

- There were opportunities for people who used the service and their representatives to share their views

about the quality of the service provided. Surveys were sent out annually to people and their relatives, to gather feedback about the quality of the service provided.

Working in partnership with others

- The registered manager and staff continued to work in partnership with other services, for example their GP, community pharmacists, and specialist consultants, to ensure people's needs were met in a timely way.