

South West Independence Limited

Rouse

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

Rouse is a residential care home for up to three people who have learning disabilities or an autistic spectrum disorder. At the time of the inspection there were two people living at the home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in place. 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.

The service had a safe, friendly and homely atmosphere. The service benefited from a well-established stable staff team who know the people living there extremely well. This had allowed them to develop professional effective and caring relationships with people..

People were supported to be as independent as possible and the service continued to work with people to develop their independence further. This was done in the service and on regular activities in the community.

People were supported in a person centred way. It is clear the staff valued the people living at Rouse and treated them as individuals. They allowed them to make decisions about their care and support. It was also clear that the staff thought of Rouse as the people's home and not just their work place.

The service supported people to access health services effectively. Not only when they were ill but also in a preventative manner. For example, people attended their GP on an annual basis for 'well woman' and 'well man' checks which screen for particular diseases and check their general health. This is important as the people living in Rouse have communication difficulties and would not be able to say if anything was wrong.

The people living in Rouse were encouraged to develop and maintain relationships with other people living in the community and their relatives.

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 remains Good.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Rouse

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 14 October 2018 and was announced. We gave the service short notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

The inspection was carried out by one adult care inspector.

Before the inspection, we looked at information we held about the provider and home. This included their Provider Information Return (PIR). This 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 looked at notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with the registered manager and two members of staff. We requested feedback from commissioners.

We met with two people living at Rouse. Due to their complex needs they were unable to tell us about their experience of living at Rouse. We used observations of how staff interacted with people and provided support.

We looked at two people's care records and their medicine records. We also looked at records that related to how the service was managed, such as staff rotas, staff training records, three staff personnel files and quality assurance audits.

Is the service safe?

Our findings

People living at Rouse were unable to tell us if they felt safe. However, observations indicated they appeared happy, relaxed and settled in the home and in the presence of the staff on duty.

People were protected from abuse as the provider had systems in place to safeguard people from abuse. Staff we spoke with had a good understanding of different types of abuse and the signs and symptoms to look out for. They also knew how to report abuse and were confident the registered manager would act on any concerns they raised.

Risks to people had also been assessed and measures put in place to reduce the risks to keep people safe. We saw that the measures put in place did not prevent people from taking part in activities or trying new things. For example, people had risk assessments in place for the home environment, access to the kitchen, car safety, health conditions, choking and activities. The risk assessments for activities did not prevent people from taking part in activities in the community such as swimming, but contained measures to reduce the risk and keep the person safe. The risk assessments we viewed were reviewed and updated regularly.

Staffing levels at the home were determined by the needs of the people living in the service. We judged there were sufficient numbers of suitable staff employed at the service to meet people's needs. There was a minimum of two staff on duty during the day. This meant people were able to participate in activities in the community on their own or with the other person if they chose to. One relative we spoke with said they were happy with the levels of staffing at the service. This was also confirmed by staff we spoke with.

The provider had effective recruitment procedures in place to ensure people were supported by staff appropriate to work with vulnerable people. Records showed the provider carried out the appropriate checks on new staff including: Obtaining references, checking previous work history and qualifications, criminal records check and that the staff were physically able to carry out the role. These checks were completed before the new staff member started working at the service.

Checks were in place to ensure the environment and equipment in the home was safe. These included a fire risk assessment, testing of the fire alarm system, regular fire evacuation drills and water temperature checks. We saw evidence that demonstrated electrical systems and equipment had been checked appropriately. We also checked the central heating system was serviced in line with national guidelines.

The home was clean, tidy and free from unpleasant odours. Staff maintained the cleanliness of the home with support from the people living there. There were measures in place to ensure good infection control practices were maintained and these were monitored by senior staff and the registered manager. Records confirmed these checks were happening.

People's medicines were administered safely and stored securely. Staff had sufficient training and their competence to administer medicines was assessed regularly to ensure their practice remained safe. Medicine Administration Records (MARs) were maintained and showed people's medicines were

administered as prescribed and had been signed when people had taken their medicines. The service also used an electronic system which reminded staff when medicines were due to be given and alerted staff if a medicine had been missed. The medicine system was regularly audited by senior staff and the registered manager.

There was guidance in place regarding 'as required medicines' people were prescribed. These are medicines such as pain relief and guidance informed staff when these should be given to people. Care plans contained information on signs and symptoms people may display if they were in pain. We noted that this information had not yet been added to the electronic system and the registered manager informed us they would make sure this was in place. However, staff were aware of the guidance and knew when these medicines should be administered.

We viewed records of accidents and incidents which occurred in the home. These evidenced they had been reviewed by the registered manager. Where appropriate the registered manager had reviewed people's care plans and updated risk assessments to reduce the risk of further accidents or incidents and incorporate and lessons learnt.

Is the service effective?

Our findings

Staff we spoke with told us they received good training and support from the service. Staff had received up to date training in key subjects, such as safeguarding, food hygiene, fire training and epilepsy training. The training was a mixture of e-learning and face to face training.

Staff turnover at the home was low and it was clear that staff were experienced in supporting people with complex needs. Staff demonstrated how well they knew the people they supported during discussions and this was evident from observations. They were able to describe how they communicated with people and methods used to achieve this effectively.

Staff received an induction when they started working at the home. The induction was in line with the Care Certificate. The Care Certificate standards are recognised nationally to ensure staff have the relevant skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. New staff also 'shadowed' more experienced staff for a period of time whilst getting to know the people and the service.

Staff told us they received very good support from the registered manager. This included regular formal supervision meetings with the registered manager. This allowed them to discuss their practice and professional development. Records demonstrated staff were receiving regular supervision. One staff member told us, "the support is really good and as well as supervisions we can speak to [the registered manager] at any time".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. The registered manager and the staff had a good understanding of DoLS and the MCA. Both people living at Rouse had DoLS in place. We reviewed these and saw that the conditions were being met.

We observed staff offered people choices throughout our inspection visit. For example, people were given a choice of what they wanted to eat and drink, what they wanted to wear and what they wanted to do during the day. However, they were assessed as not having the capacity to make more complex decisions about their care and support. Appropriate best interest meetings had been held to ensure specific decisions were

discussed and agreed with relevant parties.

Staff used a range of communication tools to help people understand decisions, such as pictures, objects of reference, gestures and pointing. Neither of the people living at the service used any formal communication systems but there was evidence of input from speech and language therapy. The registered manager explained they had tried to implement communication systems but these had not been successful with the people living in the service. However, it was clear from observations and discussion that staff were able to communicate effectively. Some pictures were used to aid communication but it was mainly pointing, gestures and body language reinforcing verbal communication. Throughout the inspection we observed staff and people interacting effectively and offering and making choices by these methods.

People were supported to live healthier lives and were supported to access health services regularly. Records in people's care plans evidenced they had had regular checks with health professionals such as their GP, dentist, optician and consultants. The home was also proactive when it came to people's health and we saw 'well man' and 'well woman' checks were carried out by the GP on an annual basis. This is good practice and allows health conditions to be detected early so appropriate treatment can be provided.

People had 'Hospital Passports' in place. These are documents which people take with them if they are admitted to hospital. This gives hospital staff the information they need to support the person whilst they are in the care of the hospital. We saw these documents were up to date and reviewed at regular intervals.

People were supported effectively to maintain a healthy balanced diet and measures were in place to ensure people had enough to eat and drink. Records were maintained of the amount of fluid people were drinking as well as their food intake. People's weight was monitored appropriately and where issues were identified measures were taken to refer people to the appropriate professionals.

Staff told us people could choose their meals and they would make something else if a person did not like the meal given to them. Snacks and drinks were available throughout the day. People's care plans contained guidance for staff on how meals should be prepared for people to reduce any choking risks where appropriate.

The environment of the home was suitable for the needs of the people living there. Each person's bedroom was personalised to their needs and wishes. People could move around the home freely and request staff support as and when they needed it.

Is the service caring?

Our findings

The relative we spoke with told us the staff at the service were very caring. This was also reflected in discussions and observations of staff throughout the inspection. On the day of the inspection one of the people was not feeling well and wanted to stay in bed. This was respected and staff went to see the person regularly to offer drinks and snacks and spent time in their room talking with them to ensure they were ok. This clearly had a positive effect on the person, who responded well to this attention and by the early afternoon they appeared to be feeling better.

Staff spoke positively and respectfully about the people they supported. It was clear they treated them as individuals and respected their decisions. Although people living in the home did not use formal communication systems staff were able to describe how they offered people choices and allowed them to make decisions about their care and support.

People's rooms were personalised to their needs and wishes. One person's room was decorated in a way which created a low stimulus environment for this person. This allowed the person to relax whilst in their room and created an environment in which they could sleep well. Another person's room was decorated in colours they liked and they had plenty of space for possessions which that were significant to them. It was clear this person really liked their room.

People's dignity was promoted and respected. The people living at the home sometimes exhibited behaviours that may compromise their dignity. There were clear guidelines for staff on how to support people maintain their dignity and what to do if their dignity was compromised.

People were encouraged and supported to develop and maintain relationships with people that mattered to them to avoid social isolation. People were supported to access their local community and meet friends. They were also encouraged to keep in touch with family members. Staff told us how they supported one person to contact a relative every week on the telephone. We were told there were no restrictions on times relatives could visit and staff always made them feel welcome.

Confidential information about people who used the service, staff and others was protected. We found the service complied with the General Data Protection Regulation requirements for record-keeping. Records were secured away when not in use. All confidential information was satisfactorily protected.

Is the service responsive?

Our findings

Care and support was provided for people in a person centred way. This was clear from all the documentation we viewed and whilst observing and speaking with staff. Care plans were written in a way which considered the needs and views of the people and their relatives where appropriate.

People had regular review meetings with staff, relatives and other relevant professionals when appropriate. Care and support plans were updated following these reviews to ensure people were receiving care and support which met their needs and continued to develop their independence.

Staff interacted with people in a person centred way. This meant they approached them in a manner the person was comfortable with and communicated with them using simple sentences which they understood. They were respectful of their decisions and it was clear the staff knew the people extremely well. It was also clear the people living in the home were comfortable in their company.

Activities offered to people were suitable to their needs and abilities. We saw that a wide range of activities were offered to people including swimming, going for walks, shopping, visiting cafes, restaurants and visiting clubs which the people enjoyed going to. The registered manager also told us people were encouraged to be involved in activities that benefitted their local community. For example, people had been involved in delivering community leaflets to people in the local area and helped cleaning the village hall. The registered manager explained that these were things that the people living here could assist with. This was in line with the services approach to equal opportunities and allowed people to integrate with their local community and be accepted despite their disabilities.

All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. During our inspection, we gathered evidence about these five steps by examining documentation, talking to staff and people who used the service.

People's communication needs were assessed and where they required alternative means of communication these were considered and applied. People's care records explained how they communicated with others and how staff should communicate with them. We saw examples of where people had been supported to access health services and how this had been explained to them in a way they could understand. The provider met the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need.

The provider had a complaints policy and procedure in place. The provider had not received any complaints from people or relatives in the past year. However, relatives were aware how to make complaints and were confident these would be dealt with by the registered manager. Staff were also aware that they could raise complaints on behalf of people using the service when appropriate.

Is the service well-led?

Our findings

We found the service continued to be well led. Staff and relatives we spoke to were positive about the registered manager. Staff told us the registered manager was supportive and regular staff meetings were held. Staff said the registered manager was open to any new ideas or suggestions which could improve the service for people.

There were effective systems in place to check the quality of the service people received. Regular audits were carried out by the provider in areas such as medication, training, care plan documentation and health and safety. From these audits action plans were put in place to address any shortfalls or implement identified improvements. It was clear from the action plans, who was responsible for any actions which needed to be completed. We could also see that these were signed off when completed.

People benefitted from a settled long-standing staff team working at the service. This had created a professional yet homely atmosphere in the service. You could see that the staff and the provider worked together well to ensure that the service was run to benefit the people living at the service. Staff demonstrated respect for the people living in the service and also respected the service as their home rather than just a place of work.

The service worked closely with commissioners and health professionals to make sure people got the right level of support and ensure that their health needs were met appropriately. They sought feedback about the service from people's relatives, although this was not done in a formal way.

The service was required to have a statement of purpose (SoP). A SoP documents key information such as the aims and objectives of the service, contact details, information about the registered manager and provider and the legal status of the service. The SoP was available at the service for anyone to review, if requested. We found the SoP for the service contained all the necessary information and was up-to-date.

There were times when the service was legally required to notify us of certain events which occurred. When we spoke with the registered manager, they could explain the circumstances under which they would send statutory notifications to us. We checked our records prior to this inspection and saw that the service had submitted notifications since our last inspection. We checked this at the service and found it accurately reflected what had been submitted to us.