

Mrs Ann O'Neill and Roy McCormick

Rowan House

Inspection report

2 Spa Lane
Hinckley
Leicestershire
LE10 1JB

Tel: 01455637972

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 25 November 2015. The provider was given 48 hours' notice because the location is a small care home for people who are often out during the day and we needed to be sure that someone would be in. At our previous inspection on 10 July 2013 the service was meeting the essential standards.

Rowan House is a residential care home providing care and support for up to nine adults with a learning disability. It is situated in a residential area of Hinckley. Accommodation is on the ground and first floor which is accessed by stairs. Rowan House has a communal dining area and lounge.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The service provided a homely setting for people using the service. This was evident from outside the home by the absence of any sign that it was a residential care home. It looked like every other residential property in the area.

People using the service were protected from harm because staff understood and practised their responsibilities under the providers safeguarding procedures. People spent a lot of time outside Rowan House during the day when they attended various activity venues in the community. They were taught how to stay safe and report any concerns they had about their safety and welfare whilst out. People also participated in activities at Rowan House and were supported to maintain their hobbies and interests.

People were supported to be as independent as they wanted to be. Risks associated with their care and support and activities they participated in were assessed and managed. This meant that restrictions about what they couldn't do were kept to a minimum.

The provider deployed enough suitably skilled and experienced staff to meet the needs of people using the service.

People received their medicines on time and understood what they were for. Only staff who were trained in medicines management handled medicines.

Staff had the right knowledge and skills to be able to support people using the service. Staff were supported through effective supervision, training and appraisal. They were supported to acquire further qualifications and develop their career in adult social care.

The registered manager had practical working knowledge of the Mental Capacity Act 2005. Staff were aware of the MCA and Deprivation of Liberty Safeguards (DoLS), though some more than others. Staff provided

people with information to enable them to make informed choices.

People were able to choose what foods they had. Staff advised people about healthy eating options and respected people's choices.

Staff understood and were attentive to people's health needs. They supported people using the service to access health services when they needed them.

People using the service and staff developed caring relationships because staff had a very good understanding of people's needs. People were involved in decisions about their care and support and they had access to independent advocacy services when they needed them.

Staff treated people using the service with dignity and respect. They respected choices people made. People's views were listened to and acted upon. People's privacy was respected. They were able to spend time alone when they wanted.

People received care and support that was centred on their needs. People's care plans were individualised and contained information about things that were important to them. Staff used that information to provide and arrange activities people enjoyed.

The provider had procedures for the reporting on incidents and accidents. Reports were investigated and when necessary action was taken to prevent similar events happening again.

People using the service, their relatives and staff were involved in developing the service. Their suggestions were listened and, where practical, acted upon to the benefit of people using the service and staff.

The service was well led. People using the service, relatives and staff all felt well supported by the registered manager.

The provider had procedures for monitoring and assessing the quality of service. Regular checks were carried out by the registered manager and they were well supported in this area by an administrative person. A key element of the quality assurance was providing people using the service and relatives the opportunity to express their views about the service. People's views were acted upon by staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safe because staff understood and practised their responsibilities to safeguard people from avoidable harm.

Risks associated with people's care and support were assessed and managed.

Enough suitably skilled and experienced staff were deployed to meet people's needs, including administration of medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were suitably experienced. Staff were supported through effective training, supervision and appraisal. The registered manager understood their responsibilities under the Mental Capacity Act 2005 and staff had awareness of the Act.

Staff supported people with their nutritional and health needs, supporting people to access health services when they needed them.

Is the service caring?

Good ●

The service was caring.

Staff had a very good understanding of people's needs which allowed them to develop caring professional relationships with people.

People were involved in decisions about their care and support and their privacy and dignity were respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People experienced care and support that was centred on their individual needs and preferences.

People participated in a wide range activities that were developed in line with their hobbies and interests and things that were important to them.

Is the service well-led?

Good ●

The service was well led.

People using the service, their relatives and staff were involved in developing the service.

The service had an experienced registered manager who was well regarded by people using the service, their relatives and staff.

The provider had effective procedures for monitoring and assessing the quality of the service. The service was well regarded by people using the service and their relatives.

Rowan House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 25 November 2015. The provider was given 48 hours' notice because the location is a small care home for people who are often out during the day and we needed to be sure that someone would be in.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had particular knowledge and experience of caring for people living with learning disabilities.

Before our inspection we reviewed all the information we had about the service since it was last inspected in July 2013. We contacted the local authority who pay for the care of some of the people using the service for their feedback.

We spoke with five of the nine people who were using the service at the time of our inspection. We spoke with relatives of two of the people we spoke with and relatives of two people we did not speak with. We spoke with the registered manager, an administrator and two care workers. We looked at two people's care plans and associated records, a recruitment file, information about training staff received and records of the provider's quality assurance activities.

Is the service safe?

Our findings

People using the service told us they felt safe. A person told us, "Yes ([I'm safe]. The staff look after me properly. I'm fine." Another person told us, "I'm safe. They (staff) do look after me well." Relatives told us their family members were safe at The Rowans. One said, "From what we see [person using the service] is very safe. It's because they feel at home." Another relative told us, "Yes, [person using service] is safe. I believe that because she loves it so much here."

Care workers we spoke with showed a good understanding of their responsibilities to keep people safe. They put their knowledge of the provider's safeguarding procedures into practice and knew how to recognise and respond to signs of potential abuse. For example, they were alert to changes in people's mood, eating habits and behaviours and they knew how to report any signs of injury. That was important because most of the people using the service spent a lot of time at activity centres and other places in Hinckley when they were not in direct contact with staff at Rowan House. Staff knew how they could report safeguarding concerns to the registered manager, the local authority safeguarding team, police or the Care Quality Commission. We found that people using the service and their relatives could be confident that staff cared about people's safety and protected them from harm.

People using the service respected other people who used the service. A person told us, "We're safe. Nobody hates anyone and there is no shouting or pushing." A care worker we spoke with told us people were supported to understand and respect each other's preferences. They told us, "Most residents get on with each other."

People were not prevented from doing things they enjoyed even if it involved a risk of injury. A person using the service told us, "I'm not prevented from doing anything." Another person told us, "I can do things that I like. I go horse-riding." A relative of another person told us, "As far as I know they don't stop [person using service] doing things she likes. I don't think they would stop her." A relative of another person told us, "[Person using service] is not prevented from doing anything." This showed that staff did not place restrictions on people in terms of how they spent their time.

People's care plans included risk assessments of activities associated with their personal care routines and other aspects of their care and support. These contained information about how to support people safely without restricting their independence. For example, people who wanted to were supported to safely make their own hot drinks. Others were supported to carry out useful and meaningful tasks such as painting a fence, sweeping leaves or shredding paper that was taken to be used as bedding at an animal sanctuary. People did all of these things with minimal risk of injury because those activities were risk assessed.

People were safe at Rowan House because the premises were well maintained. They were protected from risks of harm from accidents because the provider had effective maintenance procedures. For example, water temperatures were regularly checked to prevent a risk of people scalding themselves when washing. The home was tidy and free of clutter which meant people were protected from the risk of trips and falls. People using the service had individual fire evacuation plans and fire drills took place regularly.

People were supported to understand how they could keep safe when they were away from Rowan House, for example when they were at day centres or other venues in the wider community. A person told us they were supported to use transport safely so they could travel alone to places they wanted to visit. They told us, "Sometimes I go out on my own" and explained they were supported to be more confident and independent.

People using the service and relatives told us they felt there were enough staff on duty to support them. Staff we spoke with felt enough staff were in duty. Indicators that enough staff were on duty were that people's activities were not cancelled because of staffing issues. Staff working at another service run by the provider that was across the road were able to come to Rowan House if required. The registered manager told us that they involved staff when planning rotas. Staff we spoke with confirmed this to be the case. Decisions about staffing levels were based on people's needs. Staff were effectively deployed to ensure that people's care and recreational needs were met during the day and night.

We looked at information about training care workers had received and looked staff rotas. We found that staffing had a good mix of skills and experience.

The provider had recruitment procedures that were designed to ensure as far as possible that only staff suited to work at Rowan House or the nearby service did so. All the required pre-employment checks were carried out. The provider had an innovative approach to include people using the service in the recruitment procedure. People using the service participated in applicant's interviews and made their own assessments that were taken into account by the provider. A care worker we spoke with recalled that their interview for a job had been challenging.

People using the service told us they had their medicines on time. They told us they know what their medicines were for. People's comments included, "Yes, the staff give them [medicines] every day, in the morning" and "I have vitamins and calcium and minerals as well that my doctors put me on." People also told they were given painkillers when they needed them. A person said, "They (staff) gave me some paracetamol last night and this morning. I needed a strong painkiller". Records we looked at confirmed that people were given their medicines as prescribed by their doctor. The provider had protocols for each person that required medicines that were given on a 'as required' basis, for example pain killers.

The provider ensured that people had the medicines they needed with them when they were away from Rowan House, for example when they were on holiday or when they visited relatives for a weekend.

Only staff who were trained to give people their medicines did so. Their competencies to continue doing so were assessed annually. The provider's arrangements for safe storage and disposal of medicines were effective.

Is the service effective?

Our findings

People using the service and relatives spoke in complimentary terms about the staff. People using the service told us they liked the staff. Relatives elaborated that staff had the right knowledge to meet people needs. A relative told us, "Yes, the staff definitely they know [person using the service] inside out." Relatives told us that the service having a stable team of experienced staff was important to them. One told us, "I like the way that the same staff are there and it says a lot [about the quality of the service]." Another told us, "Staff are tuned in [to understanding a person's needs]."

The provider had a staff training plan that was monitored by an administrator. The administrator was knowledgeable about the plan and about training courses that were available to people working in adult social care. After completing induction training staff had attended training covering a wide range of subjects which were relevant to the needs for the people using the service and their responsibilities as care workers. Care workers were supported to study to obtain qualifications in social care. A care worker told us, "The training is good. We have an opportunity to go to college. The manager encourages us to do that." We saw from records that 11 care workers had obtained or were working towards diplomas in adult social care. A care worker told us there were opportunities for promotion to more senior posts, for example to be a team leader.

The provider arranged for volunteers from local community groups to support people using the service. That support did not include personal care or any other regulated activity, but it was focused on people's social and faith needs. The organisations providing the volunteers carried out the necessary checks on people's suitability and confirmed those with the provider.

The Mental Capacity Act (MCA) 2005 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. We checked whether the service was working within the principles of the MCA.

The registered manager had a working understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They applied the legislation correctly when it was necessary to do so. Staff we spoke with told us they had training about MCA and DoLS and that they'd found the training useful and informative. When speaking with us they demonstrated an awareness of the MCA and DoLS. No person using the service required a DoLS.

People using the service were judged to have mental capacity to make decisions about their care. This was in line with the MCA which requires that mental capacity must be presumed unless there is evidence to the contrary.

People were supported with their nutritional needs. People told us they liked their meals at Rowan House. A person told us, "The food, it's nice. The staff ask me my choice of food." Other people made similar

comments. People consistently told us they had a choice of food and that staff would prepare an alternative meal if they changed their minds. A relative told us, "I've seen the food; it's fresh, it's well cooked. They have lovely meals and they do two different meals or they choose something else, if they didn't like it." Another relative told us their family member had a better choice of food than they had before they came to Rowan House.

People's care plans included information about their nutritional and dietary requirements. Meals were prepared by staff who were trained in food preparation and food hygiene. People had a choice of nutritional and healthy food but could also have food they preferred if they wanted. People could have their meals at times they wanted. A person told us they occasionally enjoyed having a "late breakfast."

None of the people using the service had complex dietary requirements, but their food intake was monitored in case they became unwell. Food and fluid intake charts were maintained for those people who had made their own decisions about losing or gaining weight. Where a person's dietary needs fluctuated, staff supported the person appropriately by changing the way food was served, for example in 'soft' form or cut into small pieces.

People were supported to access health services when they needed them. A person told us, "Staff take me to the doctor's." Another person told us, "If I'm not well I tell the staff, I go down to the doctors to make the appointment myself but they'll make the dentist appointment." A relative told us, "If she isn't well, she'll tell the staff and they take her to the doctors. Staff ring me up as well and I always know when she's gone to the doctor's." Care workers we spoke with told us how they were alert to people's health needs. They looked for signs such as changes in behaviour, and eating and sleeping patterns. A relative told us, "If [person using service] is unwell the staff act. A couple of weeks ago [person] had a sickness bug. Staff took her to the doctors."

People's care plans included information about their health needs. Staff we spoke with were familiar with that information. This added to care worker's knowledge about people's needs and meant they were able to support them.

Is the service caring?

Our findings

People using the service told us that staff were kind and caring. A person told us, "They (staff) are kind. It's important to me. They talk to me, they comfort me. All the girls came in because I was crying about my toothache." A friend of a person using the service compared Rowan House to a service the person used before. They said, "The staff [at the other service] weren't looking after her. The staff here are good. Sometimes she talks to staff if she's upset or something. I can also talk to staff if I've got a problem."

Relatives told us staff were caring. A relative said, "They (staff) are very nice." Another said, "They are kind and caring. The whole house is." They added, " [Person] wouldn't be there if staff weren't caring."

Staff were alert to people's emotional needs. A person told us, "They know if I want to sit and have a quiet time or I tell them to talk to me. I do talk to people. If I don't like something, they talk to me." A relative told us how staff supported people to respect each other. They told us, "If a person upsets someone staff they deal with it and make people friends." They added that staff and people using the service knew each other and described them as a 'family'.

Staff showed kindness and compassion to people even when they were off duty. A relative told us, "When [person] was in hospital at the beginning of this year staff took it in turns and organised to be with her all the time. They did all of that for two weeks and went in on their days off." Staff found ways to lift people's mood if they were unhappy. A person told us "[Care worker] got me new slippers and shoes and a snuggle up warm hat. It's funny."

We saw staff interacting with people in ways that made people laugh and appear happy. Staff shared jokes with people and played games. A relative told us they saw staff interact the same way. They told us, "[Care worker] plays and has fun with [person using the service]. They take time to do things [person] enjoys doing and make her laugh. The care worker understands [person's] sense of humour and will put on a silly hat on her to get her to do things. The communication is at [person's] level."

Our observations were that Rowan House provided a relaxed and caring environment that showed no signs of being institutionalised. People's rooms were personalised to their taste and communal areas included pictures of people using the service and things they'd made. The 'homely' atmosphere was evident from outside. There was no sign or indication that it was a residential home and it was like any other home in the road. A relative remarked I would find it hard to find anywhere suitable as Rowan I do think it's like home from home and a very happy atmosphere."

Staff were attentive to people's needs. Staff ensured that people were comfortable and supported them to spend time the way they wanted. We saw people spending time in different areas of the home. When people returned home from activities after 4pm staff welcomed and offered choices of drink and food and asked people about what they had enjoyed during their time out. This showed that staff spent time talking with people about things that mattered to them.

People we spoke with told us they felt involved in decisions about their care and support. A person told us, "Staff do ask what people want and we have meetings." Another person said, "I decided on my room. I chose the colours of the wardrobe. Yes, I can control things." Another person told us that staff asked them how they wanted to spend their time. We saw that to be the case. Staff were led by what people decided and supported them with activities they chose, for example which games to play or providing people with what they needed to enjoy an activity by themselves.

A relative felt their family member was involved. They told us, "I know [person using service] usually says what she wants to do, and there's no change without asking her first and have a meeting."

People using the service were involved in decisions about their care and support. We saw evidence of this in people's care plans. Records showed that staff reviewed each section of a person's care plan with them. Staff identified at those times what was important to people and helped people plan what they wanted to achieve. For example, staff supported people to follow their interests and hobbies.

Relatives told us they felt involved and informed about people's care and support. A relative told us, "They (staff) are a bit better at telling me how [person] is. The home do ring me. It's important as decisions need to be made as a family."

People's care plans contained information about their preferences and what was important to them. Care records we looked at contained evidence that people's choices and preferences were routinely respected. This was especially the case in terms of how people wanted to spend their time. People knew they had scheduled activities they could attend outside Rowan House, but if they chose not to staff respected people's choice and offered alternative activities at Rowan House.

The provider supported people to access independent advocacy services if they needed them. The registered manager described how people were advised about advocacy services and how they could help people at a recent residents meeting.

We observed that staff treated people with dignity and respect. They referred to people by their preferred names. Staff respected people's privacy when they chose to spend time alone. Staff did not interrupt people who went to their rooms or to a quiet area to enjoy privacy or time alone. If staff did go to a person's room they did not enter their room unless invited to do so.

People's care plan and associated records were securely stored and were accessed only by people authorised to do so.

Is the service responsive?

Our findings

People using the service explained that they received care and support that met their personal needs. They received support with basic personal care such as washing, dressing and were supported to take their medicines, but otherwise they were independent. People told us that what was important to them was that they were supported to have active lives doing things they enjoyed. A person told us, "I can do things that I like."

Most of the support they received was through recreational and learning activities that maintained or increased their independence. Some people wanted to be involved in meaningful tasks at Rowan House such as assisting with laundry, cleaning their rooms, gardening, setting tables for mealtimes and washing up. Staff supported people to do that. Activities outside Rowan House were at centres where people were taught skills which they used; for example making hanging baskets and greeting cards which they sold. People learnt other skills such as woodworking and cooking which they were able to practice at Rowan House.

People were supported to maintain their hobbies and interests. A person told us they were supported to go horse riding. Another person with interest in animal welfare was supported to visit an animal sanctuary where they took bedding for animals. A person who enjoyed dancing went to dance classes and was supported to participate in shows and theatrical events.

Relatives spoke with us about how well staff supported people with activities people enjoyed. A relative told us, "[Person using service] likes trips on the minibus to the garden centre, where they have a cup of tea and a sandwich and like 'people watching'. They told us the person also used their cooking skills at Rowan House where they baked cakes and pastries. A relative of another person told us, "[Person using service] likes drawing and doodling" and described how staff provided the person with what they needed to do that.

People contributed ideas and suggestions about where to go for outings and holidays. If people made a variety of choices, staff respected those. A relative told us, "The residents have meetings and come up with ideas; sometimes they go in two different groups on holiday if they don't agree."

People care plans contained detailed information about how they wanted to be supported. Staff told us they referred to care plans and followed the guidance in them. We saw from daily records that was the case and people told us they were well cared for and supported. We saw from records we looked at that staff supported people to achieve goals they had set, for example to participate in activities outside Rowan House such as swimming, horse riding and dancing.

Care plans were reviewed every three months or more often if people's circumstances changed. We saw evidence in care records that people were involved in those reviews.

All of the relatives we spoke with told that people using the service had developed more confidence and social skills because of the support of staff Rowan House. A relative told us, about things a person enjoyed doing but wouldn't do until staff helped the person build their confidence to enjoy a particular activity. They

said, "[Person using service] wouldn't do it (the activity) a while back, but is doing it now and enjoying it." A relative of another person told us, "[Person using service] has more outside activities now."

People were protected from risks associated with social isolation. People using the service formed friendships with each other and were supported to maintain contact with relatives and friends. A person told us they were supported to visit their relatives abroad one year. People were able to have friends stay with them if they wanted. Staff supported people to maintain social skills by interacting with other people using the service. This was usually at meal times and through social activities at Rowan House, for example games like bingo or skittles and monthly discos.

People knew how they could raise concerns or make a complaint, though every person and relative we spoke with told us they never had cause to make a complaint. They told us that any issues they had were quickly resolved by the registered manager. The described the registered manager as being approachable and accommodating.

Relatives were encouraged to give feedback about the service by means of an annual survey. A survey questionnaire had been sent to relatives a week before our inspection and the results of the survey were expected to be shared with people using the service, relatives and staff in December 2015. We looked at the results of the 2014 survey and saw that the provider had acted on feedback. For example, outings to places of interest people wanted to see were arranged and people were involved in decisions about the redecoration of parts of Rowan House.

Is the service well-led?

Our findings

People using the service and more so their relatives were involved in developing the service. They made suggestions and gave feedback at reviews or care plans, residents meetings and through an annual survey. In addition, they told us they found the provider approachable and could contact them at any time to discuss the service. A person using the service told us, "[Registered manager] is an amazing person, she is so devoted." Relatives told us similar things. One said, I don't think there's anybody like [registered manager]. You couldn't wish for a nicer person."

Relatives and staff told us the service was well managed. A relative told us, "It's very well managed." Another said, "It is a well-managed service I would say. It is as well managed as it can be, as I don't think it's easy." A care worker told us, "It is a nice place to work. It's well managed, the manager is very supportive." Another care worker told us that staff were encouraged to make suggestions about improvements at the service. For example, a staff suggestion about a laundry tracking system that ensured people always got their clothes back after laundry had been implemented.

Relatives told us the registered manager and the service's administer were very helpful and supportive. A relative told us both had supported them with issues they had with a local authority. The registered manager had also supported relatives to understand the impact on people using the service of a local authority reorganisation of day services in the area. Relatives told us they were grateful for the registered manager's support.

Staff told us that the registered manger promoted openness at Rowan House by encouraging them to report concerns. Staff were familiar with and used the provider's procedures for reporting incidents accidents. They told us that their reports were taken seriously and investigated and that the registered manager informed them of the outcome of their investigations. Findings from investigations including 'learning' that was implemented to prevent similar events happening again, including when the investigation concerned the other service run by the provider. For example, an investigation of a medicines administration error at the other service in August 2015 resulted in procedures being improved at both locations.

Management of the service was visible to people using the service, relatives, visitors and staff. The registered manager promoted safe practice and dignity at staff meetings and in everyday interactions with staff. The registered manager had established closer working links with local charities and faith organisations. This benefitted people using the service because it provided them with access to community services that were important to them.

The registered manager understood their responsibilities to notify certain events at Rowan House to the Care Quality Commission (CQC). This was important, because CQC use notifications as one means of monitoring the safety of a service.

The provider had procedures for monitoring and assessing the quality of the service. These included the annual survey, investigation and monitoring of incident reports, reviews of care plans, audits of medications

management and administration and observations of care worker's practice. All relatives we spoke with recalled completing a survey. Standards of care were maintained and developed through a staff training plan and supervision meetings and staff meetings. An administration officer assisted the registered manager with some of the monitoring activities. It was evident that the provider strove to ensure that the service delivered safe and effective care and made improvements when required. They cooperated with the local authority compliance and contracts teams to that end.