Consensus Support Services Limited

Rowan House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out a comprehensive inspection of this service on the 13 April 2016, and a number of breaches to the legal requirements were found. After the inspection the provider told us what action they would take. We undertook a further inspection on the 31 May 2017 and found that the provider had made improvements and the legal requirements were now being met.

Rowan House provides support and accommodation for up to six people who may have a learning disability or mental health support needs. At the time of our inspection there were six people using the service.

The registered manager was present during our inspection. 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.

We found that the outside area to the front of the building was not easily accessible for wheelchair users and that the back garden had uneven surfaces. This meant that not everyone could access this space freely. People's relatives told us they did not always feel involved in the care planning process and the provider did not look at ways people could be involved in day to day tasks. Systems for monitoring the quality and safety of the service were in place but there was an inconsistent approach to driving improvement forward.

At this inspection we found that improvement had been made in all areas.

The outside areas to the building had been changed to enable wheelchair access and work had been done to the back garden area so that people could access outdoor space safely.

People and their relatives told us they were involved in the care planning process.

A robust quality assurance system was in place and the registered manager looked at ways they could continuously improve the service people received.

Staff had access to a range of training to provide them with the level of skills and knowledge to deliver care efficiently and had been provided with a robust induction.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service support this practice.

People's information included guidance for staff so they could follow a structured approach to recognising and managing certain health conditions and behaviours.

People were given nutritious meals and were encouraged to be involved with choosing what foods they

wanted to eat and preparing their meals.

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

This service was safe.

People were kept safe by staff that had been trained and knew how to recognise signs of abuse.

There were a sufficient amount of staff available to meet people's needs.

People's medicines were stored appropriately and dispensed in a timely manner.

Is the service effective?

Good

This service was effective.

Staff were suitably trained and received regular supervision.

People had choice over what they wanted to eat and they had access to health care if they required it.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good

This service was caring.

Staff treated people with compassion and respect.

Information was provided, including in accessible formats, to help people understand the care available to them.

Is the service responsive?

Good

This service was responsive.

People's needs were assessed before they moved in and care plans reflected any changes.

There was a complaints policy in place and people knew how to

make a complaint.

Is the service well-led?

Good

The service was well led.

The registered manager supported staff to carry out their role to the best of their ability.

A quality assurance system was in place and the registered manager looked at ways they could continuously improve the service people received.

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 the 31 May 2017 and was unannounced, which meant the provider did not know that we were coming. The inspection was carried out by one inspector.

Before the inspection we looked at previous inspection records and the intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us.

Before the inspection, the provider completed a 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.

Everyone living at the service had very complex needs and was not able to verbally communicate with us, so we used observation as the main way to gather evidence of people's experiences of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how the staff interacted with people in the communal areas, during meal times, and we looked around the service. We spent time observing the support and care provided to help us understand people's experiences of living in the service.

We spoke with the registered manger, the service manager, three staff members, three relatives and one health professional. We reviewed three people's care files, four staff recruitment and support files, training records and quality assurance information.

Good

Is the service safe?

Our findings

People were relaxed and at ease in their surroundings and relatives told us they were confident people were safe. When people needed support we observed them turning to staff without hesitation and staff responding to them warmly. One relative described the service as having, "A nice, friendly and homely atmosphere." Another relative said, "[Person] is happy and settled and that's the most important thing." Another relative said, "I am happy and [Person] is as well."

People were kept safe from the risk of harm and potential abuse. Staff knew how to recognise and report any suspicions of abuse and had received the appropriate training. Staff told us if they had concerns that people were not being cared for in a safe way, they would raise this with their manager or contact the local authority or the CQC. Staff told us that they knew how to whistle blow and had access to a helpline. This number was on display in staff areas.

Staff told us there were enough of them to meet people's needs and we saw staff were available to support people when they needed it, in line with their assessed needs. One relative told us that because their relative's needs had changed, they thought there should be a higher number of staff to support them and that they were working with the registered manager and the local authority to look at ways this could be improved. In the interim the registered manager was holding meetings with the relative and providing more support to this person. The registered manager had introduced a system that reviewed the number of staff the service required. Throughout our inspection we saw people were supported by staff with one to one activities and helped to access the community. We observed people getting one to one care and support which met their assessed needs.

The provider had systems in place for assessing and managing risks. A wide range of risk assessments were in place that provided guidance for staff about how to meet people's individual needs. For example, detailed information about the person's needs, ability and behaviour was available. The plans described what the person could be feeling, and how they might choose to express themselves. This included guidance about how to respond and support the person in the best way.

Systems were in place to protect people in the event of an emergency. Regular fire drills were carried out and the fire alarms had been tested. The registered manager explained, "Everyone in this home loves fire drill practice, they all know how to get out and where we should all stand when the alarm goes off. We practice this on a regular basis."

Staff could describe how they would report accidents and incidents and when these had happened and they had been appropriately recorded. The registered manager looked at how risks could be reduced and considered what action could be taken to minimise the possibility of this happening again.

We looked at the way medicines were managed and found this was safe. Systems were in place to make sure that medicines were stored and disposed of safely. Staff had been trained to administer medicines and had their competency observed on a regular basis. Prior to our inspection we had been notified by the

provider that an error had occurred. The registered manager ensured that the staff member who made the error had been given additional training. After the training the registered manager had observed their practice to make sure they were competent. The registered manager also worked with the local pharmacy to look at ways they could improve the way medicine was booked in to the service.

Medicine Administration Records (MARs) were completed appropriately and information about identified allergies, and people's preferences on how their medicine should be taken was included. Some people were prescribed 'PRN' (as required) medicines and protocols were in place. This helped staff to understand when these medicines should be given and how often. Medicine audits were completed by the registered manager on a monthly basis which ensured they retained an oversight that people were receiving their medicines correctly.

Systems were in place for the safe recruitment of suitable staff. Checks on the recruitment files of four staff showed they had completed an application form, provided a full employment history and that the registered manager had checked that they were eligible to work in the United Kingdom. The registered manager had also undertaken a Disclosure and Baring Service Check (DBS) before they had started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal records and to check if they are barred from working with people who use health and social care services.

Good

Is the service effective?

Our findings

At our last inspection we found that the provider had breached Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, premise and equipment. This was because changes to the outdoor areas of the service were required to improve people's day to day lives. At our last inspection the back garden had uneven surfaces and the front garden was laid to shingle making wheelchair access difficult.

Following our inspection, the provider took action and improvements had been made. The outside areas to the building had been changed to enable wheelchair access and work had been done to the back garden area so that people could access outdoor space safely. One relative said, "The changes made since the last inspection have been such a great improvement." Another relative told us, "They have tried to improve everything that was identified at the last inspection. I am happy with it and more importantly [Person] is happy."

Staff told us that when they started work they had received a good induction and were encouraged to continue on to higher-level training courses. As part of their induction, staff completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life and ensures that all workers have the same introductory skills, knowledge, and behaviours to be able to provide effective care and support.

Staff told us they had regular supervision throughout the year and an annual appraisal which gave them an opportunity to discuss how they were getting on and looked at any development needs they may have. All staff told us they were well supported and received opportunities to undertake training to enable them to carry out their jobs. For example, since the last inspection staff had received training in behaviour support and staff told us that this helped them understand what people's experiences better. One staff member said, "The training we have had is good, we have to remember we can go home, they can't. This is their home." Another staff member said, "I have done loads of training, and it's always on going." Relatives told us that they thought staff were trained and competent to carry out their role.

We saw people choosing when they got up and choosing what they wanted to do. People could freely access all areas of the service. One staff member said, "It's so much better here now, people have choice over what they want to do and how they want to live their lives." Another member of staff said, "We feel free to do things and our views are taken on board."

We observed the lunchtime meal experience and found changes had been made to make it a more inclusive experience. The registered manager had a pictorial menu which was used to help people decide what they wanted to eat and we saw, staff encouraging people to get involved with preparing the midday meal and making choices about what they wanted to eat and where they wanted to sit. For example, one person mixed the eggs whilst another prepared the vegetables. Some people chose to eat their meal in the garden.

The registered manager had appointed a mealtime champion who was responsible for developing menu's

with people and supporting them to go shopping to purchase the foods they want. Care records included nutritional assessments and guidance was available for staff about how assist people to eat safely if this was an area of support that person needed. For example, information about how to support someone who was at risk of choking had been introduced and a referral had been made to obtain specialist advice from the Speech and Language team (SALT.)

The Mental Capacity Act 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 only 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 DoLs.

Staff had been trained in the Mental Capacity Act (MCA) 2005 and had a good understanding of how to apply the principles to support people to make decisions. They had a good awareness of issues around capacity and consent and could describe a person's capacity and their ability to make some decisions. For example, how the person may react to our visit, and how their memory may fluctuate, or how their health condition affected the way a person could behave or communicate.

Staff understood the importance of assessing whether a person could make a decision and the steps they should take to support the decision making process. When a person lacked the capacity to make a certain decision an Independent Mental Capacity Advocate (IMCA) was instructed to represent the person wishes.

People were supported to access health care and had access to a GP when this was needed. Information showed when staff had liaised with health professionals their involvement was recorded. One health professional told us, "The staff really know people well and carry out everything we say. The staff are consistent which is key. They have a wealth of knowledge about people and they take them to their health appointments. When I visit the service they always ask to see my ID Badge, even though I have been there before. I can't praise them enough."

Good

Is the service caring?

Our findings

Staff and the registered manager knew people well and spoke warmly of them. One relative said, "[Person] is happy and the staff understand them."

Staff were able to explain to us people's care needs and preferences in detail. For example, staff communicated well with people in line with their individual needs. This included a reassuring touch, maintaining eye contact and using familiar words and/or body language that people understood.

There was a calm atmosphere and we saw people had good relationships with staff. Some people displayed behaviour that challenged others, and we saw staff use distraction techniques to support the person. For example, one person tried to get a little close to another. The staff member anticipated that this may upset the other person and used effective distraction techniques to help divert the person's attention.

Staff looked at ways they could support and promote people to have independence and control over their day to day lives. For example, staff had noticed that one person wanted to try cycling. The provider had worked the person and their relative and supported them to develop skills so that this could become a regular activity. Since the garden had been made more accessible, staff told us that some people had become interested in the plants and they were looking at ways in which they could introduce gardening as an activity for those that were interested.

People benefitted from being supported by staff that had an in-depth understanding of their individual needs and preferences. We observed staff working with people and saw that they were not anxious or uncomfortable with them. Staff interacted with people in a kind and caring manner and they took the time to listen to the gestures people made and responded in a way that the person understood.

Staff treated people with dignity and respect and could explain how they should be treated with equality. Information was available about people's sexual orientation so that staff could understand how to support them appropriately.

Information was available in different formats so that people could understand the care available to them. For example, some care plans had easy read sections to assist the person to be more involved in the review of their care.

Relatives told us that since the last inspection communication had improved. Staff were a key worker to allocated people and it was their responsibility to act as the link between the person and their relatives. They facilitated review meetings and made sure relatives were kept informed of any changes. One relative explained, "I am very protective of [Person] and if they sneeze I want to know about it. They have got better at letting me know." Another relative said, "We have regular meetings and I can contact [the registered manager.] We are encouraged to make suggestions."

Information on advocacy was available and an Independent Mental Capacity Advocate (IMCA) was

supporting one person at the time of the inspection. This type of service can be used when people want support and advice from someone other than staff, friends or relatives.

People were able to have visitors when they wished. Relatives told us they were always made welcome and were able to visit the service at any time.

Good

Is the service responsive?

Our findings

People received care and support specific to their needs and had access to activities that were important to them. One relative said, "[Person] prefers to stay in their room. But they really encourage them to get involved."

Staff encouraged people to access the local community and to pursue their hobbies and interests. During our inspection, people went out at various the times of the day to either socialise or take part in activities.

People's care plans included information about their preferred routines with personal care and daily living. Information was personalised and looked at the needs of the individual. Care plans were available in pictorial formats which staff used to involve and communicate with the person when reviewing their care. Information gave staff clear details about each person's specific needs and how they liked to be supported. For example, information about how staff should communicate with the person using non-verbal cues and de-escalation techniques was included.

This information provided staff with guidance about how the person's needs were to be met and gave instructions for frequency of interventions and what staff needed to do to deliver care in the way the person wanted. Care plans were reviewed monthly or as people's needs changed. We saw that staff were flexible and could respond quickly to a change in someone's needs. For example, we observed the effective use of distraction techniques when someone became upset. On another occasion a person made a particular noise and the staff member understood what this was and responded to them appropriately.

People were given a choice of what activity they wanted to get involved in. Some people spent time relaxing in the garden or in the lounge, whilst other people went out to the seaside for the day. Staff told us people were able to choose when they got up in the morning and when they wanted to go to bed at night. One staff member said, "The changes have meant that the care is less routine than it used to be and that's a good thing for the people living here."

Some people had structured days away from the service, while other's had support from staff to plan a day that was individual to their wishes. Activities included swimming and trampoline sessions, shopping trips, going to the barbers or hairdressers, educational classes, going out for walks, meals out, take away nights in, and day trips and holidays. Some people attended sessions at the local education provider. The registered manager explained that a number of these training courses had been stopped and that they were working with relatives to find alternative solutions.

Information advising people how they could make a complaint was available. This included a leaflet in easy read format which assisted people to understand how to make a complaint if they wanted to. One complaint had been raised since our last inspection and the relative involved told us, this had been resolved to their satisfaction.

Good

Is the service well-led?

Our findings

At our last inspection we found that the way the registered manager monitored the quality of the service people received needed to improve. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

One relative said, "We have seen improvements, [the registered manager] is on the ball." Another relative explained, "The registered manager tries very hard, there were a lot of things that needed improving. They are effective."

Staff told us they worked well as a team and morale was good. One staff member said, "[The registered manager] has done so much in the year that they have been here.

Since our last inspection, systems to audit the service had been put in place and changes had been made to make these more robust. Audits were used to review the effectiveness of the service and key areas of the service were reviewed, such as training, health and safety, staffing, safeguarding, care and support and leisure and activities. The provider carried out a full service review which made suggestions about how the service could improve. They considered the ways in which risks could be reduced and how things could be done better. For example, the fireplace had been covered with a protective covering to reduce the risk of people injuring themselves.

Feedback about the service from people and their relatives was encouraged. An annual survey had been completed and positive feedback had been received from staff and relatives. These results had been analysed and a report had been produced which included information about what areas of the service the registered manager planned to improve moving forwards. For example, the registered manager planned to develop pictorial information about advocacy services so that people could understand about this service better. The registered manager was also looking to make changes to the way staff recorded people's daily activity.

Regular staff meetings were held. During these meetings, staff were encouraged to contribute their ideas about ways in which to develop the service. The registered manager had introduced the concept of continuous improvement, part of this approach looked at how they could include and encourage the staff to improve their own practice. One staff member said, "We have meetings and this is used as a time for us to reflect on how we make changes and how we can embed the values into the way we work. We also give our suggestions around the way the service can be improved." Another staff member said, "It's changed so much, we learn from our mistakes now. This approach has helped me to feel more confident to make suggestions."

Staff understood the values of the service and told us they were; treating people with choice and respect, and that their role involved honesty, integrity and being accountable.

The provider offered the registered manager opportunities to develop and reflect on their work, by arranging

development day's with guest speakers. These were used so that registered managers could share best practice and learn from each other, some of these days were spent learning about regulatory requirements. The registered manager told us they were well supported by the operations manager who knew the service well. The registered manager told us, "[Person] is such a support. They are always available when we need them, even if that is late at night. There has never been an occasion when I have not been able to get hold of [Person] for advice when I have needed it."

We saw there was a positive culture in the home and staff told us the registered manager led the service well and offered them positive support. When speaking about the registered manager, one relative said, "[Person] is happy and settled. They do their best and that is the most important thing."