

# Transitions Care (West Midlands) Limited

## Rowley House

### Inspection report

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Rowley Regis  
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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

### About the service

Rowley House is a residential care home providing personal care for up to two people living with for example, a learning disability and/or autistic spectrum disorder. At the time of inspection one person lived at the home.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

The person was safeguarded by staff who knew the signs and symptoms of and how to report concerns of abuse and manage risks. There were sufficient numbers of staff in place and recruitment was ongoing to allow the staffing levels required. Medicines were managed in a safe way.

The person's support was provided by staff who had received the required training and supervision from the registered manager. The person's dietary needs were known and met. Healthcare services were accessed on a regular and as needed basis. The person was 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.

Staff were kind and caring and treated the person with respect.

The person was supported to gain new skills and to be as independent as possible. Staff knew the person well and records held personalised information about the person's preferences with regards to their care.

The person had access to social activities that met their interests. A complaints procedure was available for the person and their relative to access if they had a need.

The person received person centred care. The person, their relative and staff were given the opportunity to provide feedback. Audits took place to ensure the quality of the service was maintained.

### Why we inspected

The service was registered with us on 18 September 2020 this was the first inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.□

# Rowley 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

Rowley House is a 'care home'. People in care homes receive accommodation and 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. The registered manager and directors were at the service during the inspection.

#### Notice of inspection

Short notice of this inspection was given as we wanted to make sure the person was at home for us to meet.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered with us. We sought feedback from the local authority and professionals who had worked with the service. The provider completed a provider information return. 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 used all of this information to plan our inspection.

#### During the inspection

We briefly met the person who used the service. We received feedback about the service from one family member and two external health care professionals. We also spoke with three members of staff. We reviewed a range of records. This included the person's risk assessments and care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the person was safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A relative, an external health care professional and staff confirmed the person was kept as safe as possible. A staff member said, "We [staff] keep them [person] safe. We have proper staffing levels to give supervision and support."
- Staff described the signs of abuse and confirmed their responsibilities regarding procedures to report concerns. A staff member told us, "I would report any concerns to the registered manager."

Assessing risk, safety monitoring and management

- Care plans and risk assessment processes had identified the person's support needs. Staff knew of the person's needs and risks.
- An external health care professional told us the registered manager and staff contacted them if the person's health and or well-being caused concern.
- The home's premises were new build and had been designed for the purpose of providing support to people with complex needs within their own space. A relative said, "This place is better for them [person] and they can go in the garden."

Staffing and recruitment

- A staff member told us, "Staffing levels are adequate. We [staff] have time to meet their needs, engage, with and keep the person safe."
- The provider had recruitment processes in place. Pre-employment checks had been carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service (DBS), work history checks and references.

Using medicines safely

- We identified protocols were in place for medicines prescribed on an 'as when required' basis. Care plans were produced for short life medicines prescribed for example, antibiotics to maintain medicine safety.
- Staff understood their responsibilities in relation to medicine management. Staff told us, and records confirmed, they had received medicines training, and this was on-going. Staff had their competency assessed to ensure they followed safe medicine practice.
- We checked tablets remaining against records and found these were correct. Tablet totals were checked daily by staff and audited by the registered manager.

Preventing and controlling infection

- Systems and processes were in place to ensure adequate prevention and control of infection.
- The provider was meeting COVID-19 vaccination requirements for staff and relevant people visiting the

service (who were not exempt).

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns. They told us the management team would listen to them and felt any concerns would be acted on and addressed quickly.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the person's outcomes were consistently good, and relative and staff feedback confirmed this.

Staff support: induction, training, skills and experience

- A staff member told us, "I had good induction training. I had shadow days so I could get used to my job." Staff understood their responsibilities and what was expected of them. Records confirmed staff had received, or were due to commence training that was relevant to their roles and the needs of the person.
- Staff had completed an induction process and the care certificate was available to new staff, particularly those who had not completed any previous care qualifications. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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.

- A staff member told us, "DoLS means approval to sometimes having to restrict someone to keep them safe."
- Staff had received training in MCA and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA.
- Staff understood they needed to ensure any decisions taken were risk assessed and were in line with the person's best interests. The registered manager and an external health care professional confirmed a number of best interest meetings had been held.
- A DoLS application had been authorised by the local authority in line with MCA.

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

- The person's needs were assessed prior to them moving into the home. This involved some staff having introduction time with the person in their previous care environment, so they could get to know the person before they moved in.

- The staff knew the person well. An external health care professional told us, "The staff know how to look after them [person]."
- The person's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included the person's needs in relation to their gender, age, culture, religion, ethnicity and disability.

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

- The person's food and drink preferences had been established and recorded in their care records.
- The registered manager maintained a system to monitor the person's food and fluid intake where needed.

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

- Staff supported the person to have access to community healthcare professionals such as the GP and psychology. This enabled mental and physical health needs to be assessed by external professionals.
- Staff monitored the person's oral care to ensure their teeth and mouth were kept as healthy as possible.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the person was 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

- A relative told us staff treated them [person] in a caring way. Staff confirmed their colleagues were always kind to the person.
- A staff member told us, "They [person] are absolutely cared for."
- We saw staff interacted with the person in a friendly calm way. The person was relaxed and happy saying, "High five" and laughing.
- Records included details of life histories, wishes and preferences. This enabled staff to use this information to provide personalised care.

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

- A relative told us they were involved in care plans and care plan reviews.
- Staff confirmed the person and their relatives were encouraged to express their views and make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they maintained the person's dignity. A staff member said, "The person sleeps in the bedroom without staff to promote their privacy."
- The person's independence was promoted. Staff told us, "We [staff] encourage independence as much as possible."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the person'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

- A relative told us they were included in meetings, planning processes and contributing to making decisions about the person's care and support.
- Personal information, about the person for example, their life history, support pathways, and people who were important to them, helped staff understand the person's needs in greater detail.
- Staff included the person in making decisions about menu and leisure planning.

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.

- Staff told us the person understood what they said and could communicate verbally. We observed this on our second inspection day. We heard staff speak with the person slowly and calmly. They asked the person if they would like to play bingo. The person smiled and nodded and got ready for the bingo session. This confirmed they had understood what the staff had said.
- Some documents were available in different formats including easy read [picture and word documents] to make them easier to understand.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure and the person's relative told us they knew of the procedure.
- There had been no formal complaints since the service had been registered.

End of life care and support

No one was receiving end of life care at the time of the inspection.

# 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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant the promotion of a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for the person.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The staff and registered manager demonstrated a person-centred approach for the person they supported.
- Staff told us the person had some choice and control and were encouraged where possible to make day to day decisions. This was confirmed by the registered manager and records we viewed.
- Our observations showed the person knew the registered manager well. They used the registered managers name and said, "Hello" and smiled at them.
- A staff member said, "The manager and team leaders are approachable and supportive. The manager is here and on-call at other times."
- Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Documentation confirmed the registered manager undertook audits on all aspects of the service provided. This and their presence in the home gave them a good oversight of the service provided.
- Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings and received supervision. This gave staff the opportunity for learning and development.
- The registered manager had notified the Care Quality Commission of events in line with their legal responsibilities for example, Deprivation of Liberty Safeguard authorisations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The person, their relatives and staff were given the opportunity to give feedback via discussions. This gave them the chance to express their views and opinions. This feedback showed positive comments.
- An external healthcare professional told us the registered manager and staff had provided good support to the person.
- Where requested, the staff would communicate with external professionals on the person's behalf. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for the person.

#### Continuous learning and improving care

- The registered manager and staff told us they had learnt a lot about the person and meeting their needs.
- The registered manager maintained good working relationships with a range of external health care professionals for advice and support. This included input from psychology and a specialist district nurse to continue with the positive forward pathway for the person.

#### 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 registered manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.
- Staff and an external health professional said the registered manager was open and honest. They added, if the registered manager was unsure about anything, they would be open about this and request guidance to the benefit of the person who lived at the home.