Cream II Limited

Rawlyn House

Inspection report

Rawlyn Road
Chelston
Torquay
Devon
TQ2 6PL

Tel: 01803605544

Date of inspection visit:
16 May 2019
17 May 2019

Date of publication:
18 July 2019

Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

About the service:
Rawlyn House provides care and accommodation for people with learning disabilities. The provider, Cream II Limited operates a further six homes for people with learning disabilities in the South West.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 16 people and 16 people were using the service. This is larger than current best practice guidance. However. the size of the service having a negative impact on people was mitigated because Rawlyn House is divided into two separate buildings. The main house provides accommodation for ten people. The other unit is purpose built and accommodates six people who require wheelchair access. In addition the building design fitted into the residential area with other large domestic homes of a similar size. Staff were not wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service:

The service was extremely well led. The providers ethos was strongly promoted and modelled by the management team. This was a commitment to valuing people as individuals, supporting them to meet their full potential and achieve their individual aspirations. The management team demonstrated an open and transparent management style and were fully engaged with people and staff at the service. A focus was on developing and encouraging staff, had resulted in high staff retention rates, which meant people were supported by a consistent, knowledgeable and experienced staff team. Robust quality assurance systems ensured the continued quality and safety of the service and continued to drive improvement. This ultimately improved the outcomes for people living at Rawlyn House. Since the last inspection, they had continued to move forward and develop what was an already outstanding service.

People were valued and placed at the centre of the service. Staff promoted their privacy and dignity, enabling them to make choices and have as much control and independence as possible. They had gone the extra mile to achieve this, for example fund raising for technology that would support communication, and challenging social stigma and discrimination against people with a learning disability.

The management team and staff genuinely cared for the people they were supporting. They advocated for them at every opportunity and were proactive in challenging negative stereotypical views of the people they were supporting and the care sector. They offered a truly caring approach to people and their families when

they were in hospital or at the end of their lives and made sure hospital staff understood what the person needed. They ensured people were able to maintain contact with their families, even when they were hundreds of miles away, using video telephony so that they could see them.
The environment was warm and homely, and designed to promote the independence and quality of life of the people living there. The service sought to offer people new experiences, through a wide range of individual activities which were meaningful to them., An 'active support' approach meant they were as engaged in activities of daily living and maintaining their home as they were able.
Staff knew people exceptionally well and were highly skilled at responding to their needs. Feedback from a visiting health professional stated, "Staff knowledge of each individual is outstanding both from clinical and personal information. Patients are treated as individuals and staff treat them as family members. Phenomenal care."
Training was of a high quality and informed by research and best practice. It gave staff the skills and knowledge they needed to support people safely and effectively, as well as ensuring they were constantly learning and thinking about how they could enhance people's lives. The management team were proactive in their own continued professional development, using their learning to improve their leadership skills and develop the staff team.

Rating at last inspection:
Outstanding overall. Published 29 November 2016.

Why we inspected:
This was a planned inspection based on the rating at the last inspection.

Follow up:
We will monitor all intelligence received about the service to inform when the next inspection should take place.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our Effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally 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?

Outstanding ☆

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Rawlyn 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of an adult social care inspector and one 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. The area of expertise for this expert by experience was in caring for people with a learning disability.

Service and service type:
Rawlyn House is a care home. People in care homes receive accommodation and nursing and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:
The inspection was unannounced and took place on 16 and 17 May 2019.

What we did:
Before the inspection we reviewed the information we held about the service and the service provider. The registered 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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.
During the inspection we spoke with one person who was able to tell us their views of the service they

received. We observed the care and interactions between staff and other people using the service in the communal areas. We spoke with three relatives and eleven members of staff including the registered manager, deputy manager, senior manager, training manager, quality assurance and compliance manager, and cook.
We looked at 11 people's care records on the computerised care planning system and paper records waiting to be transferred across. We also looked at medicines record and viewed feedback received by the service which included the views of 7 visiting health and social care professionals.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Systems and processes to safeguard people from the risk of abuse.

•We observed people were relaxed and comfortable with care staff. Relatives confirmed people were safe at the service, telling us they were;" Happy for [family member] to be there if I wasn't around, I trust them to look after her. We always think of them as extended family, they really care about her'.

•There was a safeguarding policy in place which contained clear information about how to report a safeguarding concern. All staff undertook training in how to recognise and report abuse. They said they would have no hesitation in reporting any concerns and were confident that action would be taken to protect people.

•Safeguarding concerns were managed appropriately, and the service worked effectively with the local authority and other agencies to ensure concerns were fully investigated and action taken to keep people safe.

Assessing risk, safety monitoring and management.

•The service was safe because staff knew people really well. This meant they had a detailed understanding of people's individual risks and how to minimise them. For example, they followed guidance from the speech and language therapist (SALT) when supporting people to eat safely. This included information about food textures, equipment, eating position and pace of feeding.

•Staff were guided by a comprehensive range of risk assessments with clear measures to ensure people received safe care and support. This included risks related to infection control, choking, moving and handling, skin integrity and nutrition. There were individual protocols in place for epilepsy and bowel management, enabling staff to recognise any deterioration in the person's health and know how to respond. Risks to people were regularly reviewed which meant the information was up to date.

•Risk assessments supported people to take positive risks, enabling staff to promote their independence and do what they wanted to do in a safe way. For example, one person, who experienced frequent seizures, had been assessed as being at risk of drowning when in the bath or hydro pool. The protective measures in place meant the person was able to continue using the hydro pool every week.

•The service was in the process of switching to a new computer-based care planning system. Staff accessed the system using handheld computers and told us it improved the safety and effectiveness of the support they provided. Staff could easily access information about people's risks, document information such as food and fluid intake and share any concerns with the provider, management team and other staff.

•Risk assessments were completed looking at the health and safety of the environment and equipment. Staff had received training in fire safety and there were regular fire drills. An emergency evacuation plan was in place for each person, to describe the support they would need in the event of a fire or other emergency evacuation of the building.

Staffing and recruitment.

•There were enough staff on duty to meet people's needs. We observed staff were spending time chatting with people and involving them in conversations. One member of staff told us, "It's a lovely environment. There are plenty of staff with lots of 1 to 1 time and time to do the good things".

•The provider ensured all new staff were thoroughly checked to make sure they were suitable to work at the service. This included obtaining references, checking identification, employment history and criminal records checks with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people. The computerised rota planning system ensured these checks had been completed before a member of staff could be put on the rota.

•Recruitment processes were rigorous, and values based, to ensure caring staff with the right approach were employed.

Using medicines safely

•There were effective systems to ensure medicines were ordered, stored, administered and monitored safely. The service ensured staff were trained and competent before allowing them to administer medication, and their competency was reassessed regularly. There were clear guidelines and a protocol in place for the administration of emergency seizure medication.

•There was a person-centred approach to medicines administration. Medicine administration records (MAR) advised when medication should be given and how people would like it to be administered. For example, "Give tablets one at a time with a sip of water in between." Care plans were explicit that people should always be told what medication they were being given.

•People had hospital passports with clear information about their medicines and support needs. Staff stayed with them in hospital to ensure they received their anti-epileptic medication at the time that was right for them.

Preventing and controlling infection.

•Systems were in place to help prevent and control infection. The home looked clean and hygienic and there were no strong odours. Staff were provided with personal protective equipment for use to prevent the spread of Infections.

•Staff had received training in infection control and understood what action to take to minimise the risk of cross infection, such as the use of gloves, aprons and good hand hygiene to protect people. We observed

this being used as required.

•The management team carried out regular audits and observations to ensure standards were maintained.

Learning lessons when things go wrong.

•There was a clear policy and processes in place for managing accidents and incidents.

•Staff documented accidents and incidents, and the information was shared using the computerised care planning system. This alerted the management team immediately, with oversight from the provider.

•Accidents and incidents were reviewed and analysed by the provider to determine what worked well, lessons learnt, and improvements needed to minimise the risk of recurrence. The computerised planning system enabled them to gather information and monitor specific issues affecting people living at Rawlyn House, such as seizures.

Outstanding ☆

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

Outstanding:People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

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

•Many of the staff team had been at Rawlyn House for several years and knew people extremely well. Feedback from a visiting health professional stated, "Staff knowledge of each individual is outstanding both from clinical and personal information. Patients are treated as individuals and staff treat them as family members. Phenomenal care."

•People's needs were assessed prior to them being provided with a service, to ensure the service was right for them and their needs and choices could be met. The assessments were comprehensive and completed with relatives and significant others who knew the person best.

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

•The service advocated for people to have access to any technology and equipment they might need to support their independence. For example, they recorded the day's menu on a button outside the kitchen, which people could press if they wanted to hear the menu choices. They had been instrumental in the acquisition and installation of an infrared sensor-controlled wheelchair, which enabled the person to move their wheelchair along a tracking system on the floor, using controls in the headrest. This technology meant they could choose where they wanted to spend their time, moving around their home independently rather than having to rely on staff to push them in their wheelchair.

•One person's condition meant they could no longer use their hands to point and indicate choice. The deputy manager told us they were crowd funding and had approached a charity for a loan to buy eye gaze technology, which would allow the person to use their eyes to communicate using a computer. However, they needed to demonstrate first that the person would be able to use it effectively. They were working closely with them, at their own pace, to find out, considering how best to present information to help them focus and make a choice. For example, was the person better able to concentrate at certain times of day? Did they respond better to photographs or easy read pictures?

•A 'magic carpet' in the sensory room projected images on the floor that people could interact with by moving on or over it. This created a low stimulus relaxing activity for people with autism.

•People lived in an environment designed to promote their communication and independence and enhance their quality of life. Despite 10 people sharing the main building and six people sharing the lodge, the layout of the buildings promoted person centred care. Each person was able to spend time in areas that interested them, engaging in their preferred activities and choosing who they interacted with.

•The home was surrounded by a secure accessible garden with ramps and flat areas. There was a sensory garden and raised vegetable beds for people to enjoy, and a well-used BBQ and garden furniture. There was also a summer house with two spacious rooms including a multi-sensory room. The service ensured the garden could be used by everybody living at Rawlyn House. For example, there was a swing designed for people with a disability. A relative told us their family member was vulnerable to sunburn as a side effect of their medication. The service had therefore built a shelter, so the person could still enjoy the garden without putting themselves at risk.

•Both the main building and the lodge were homely and accessible. A photographer had been commissioned to create people's portraits which decorated the walls. Communal areas were spacious with furniture that met people's individual needs. For example, one person had a day bed which meant they could stay in the lounge and socialise with others rather than going to their room when they needed to lie down.

•People had chosen how they wanted their rooms to be decorated, with support from their families. One parent, who worked in the building trade, asked if they could build a new ensuite wet room for their family member, which would further improve their environment and promote their independence. The service supported them to do this with the assistance of the maintenance person.

Staff support: induction, training, skills and experience.

•The provider understood that training was key to ensuring they provided the best and most effective care. To this end they employed a training manager who analysed the training needs of staff at Rawlyn House and developed an effective induction and training package to meet them. This was tailored to the specific complex needs of the people living there and informed by current research and best practice. Feedback from a visiting health professional stated, "I consider the care and dedication provided as the best I have ever experienced and certainly the 'gold standard' for other such homes to aspire to."

•Best practice and keeping up to date with guidance on complex conditions was seen as key to ensuring the most effective service for people. Some of this was delivered by external health professionals such as a speech and language therapist, pharmacist and epilepsy nurse. The training manager provided training in minimising the risk of choking for people who used a wheelchair. This had enabled a member of staff to save a person's life.

•Feedback from new staff in a 2018 staff survey was used to develop the six-month induction programme. This incorporated the care certificate, a nationally agreed set of standards for care workers. Additional support was provided for staff who needed it, for example if English was not their first language. They told us, "I have learnt so much since I came. The amount the [staff] know about people's health, past and families, it's incredible. So much about their physical and nonverbal needs. Just a change of expression and they know what it means, and they pass on that knowledge."

•The training manager ensured staff were constantly learning and thinking about how they could enhance people's lives. They had attended a 'Personal Relationships, Sexuality and People with a Learning Disability' study day and was, with staff, looking at ways of supporting the residents with their personal relationships.

•A 'sensory spectacle' workshop enabled staff to develop sensory play activities with people. The training manager told us, "Sensory spectacle teaches you how to make wonderful sensory toys that can be adapted for people you are supporting. For example, plastic bottles with lego in. [Person's name] was involved in that session. They really enjoyed it. "

•Staff supervision provided an opportunity for strengths, areas for improvement and training needs to be identified. All staff were encouraged and expected to undertake accredited training such as a diploma in health and social care at the appropriate level for their job role.

•Relatives told us staff had the knowledge, skills and experience to meet people's needs effectively. One relative commented, "Rawlyn has changed his life for the better, and all our lives, they are very kind and follow it through, he's been well as long as he's been there and put weight on."

Supporting people to live healthier lives, access healthcare services and support.

•Feedback from visiting health professionals highlighted that staff had supported people to access healthcare services and support. "My experience with carers has been excellent. The knowledge of the carers about each resident has been extraordinary for me as a clinician to make important decisions for my patients and to give the right care at the right time. "

•We saw evidence of good links with healthcare organisations. People were supported by a wide range of health and social care professionals, including SALT, epilepsy specialist nurses and the learning disability intensive assessment and treatment team. Advice was well recorded, accessible and consistently followed. Staff told us how they valued the visits from community health professionals, saying, "We like to have people coming in and checking everything is ok."

Staff working with other agencies to provide consistent, effective, timely care.

•Staff worked closely with other agencies to provide effective and holistic support to people, meeting regularly with the pharmacist and GP. The PIR stated, "This is designed to improve the knowledge of the senior team and has proven to be an effective means in the early detection of health issues." Feedback from a visiting health professional described them as keen to implement recommendations and proactive in referring to health professionals, saying, "If only all homes were like this one."

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

•The service had commissioned the services of a Speech and Language Therapist (SALT), who with the registered manager, identified where people required individualised support, and provided guidance to staff. This was supplemented by person centred training about supporting people with dysphagia and improving their meal time experiences.

•Staff had an excellent understanding of people's nutritional needs. They made sure the environment was quiet with no distractions during the meal, and that people were not rushed. They were very knowledgeable about specific guidelines in place to minimise risks to people from choking. For example, they told us how people needed to be assisted to eat, i.e. touching someone's cheek or tilting someone's head back so that they opened their mouth. When one person held food in their mouth, staff encouraged them to swallow it.

•One person had a 'stay warm' plate, which kept the food warm and enjoyable for them because they could take a long time to eat it. Another person had a plate which promoted their independence because they

could feed themselves from it with little support. People were offered a choice of drinks throughout the day, to promote choice and maintain hydration.

•The service catered for a range of dietary needs and preferences. Care plans contained detailed information and the cook had an in-depth and up to date knowledge of them. They told us information about dietary needs and changes came from the management team, talking with relatives and observing what was left on people's plates at the end of a meal.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

•The service supported staff to develop a clear understanding of MCA and how it related to the people they were supporting. In addition to training and discussion in supervision, staff were asked to get involved in mental capacity assessments and write down and reflect on what they were observing.

•Staff asked people to consent to their care and treatment and supporting them to make choices in line with their individual level of understanding and method of communication, for example, putting two desserts in front of a person so they could indicate which one they wanted. One member of staff told us, "There are different layers of capacity. Just because somebody doesn't have capacity doesn't mean they can't participate. [Person's name] might not understand the value of money, but they do understand you have to give something to receive something, so they enjoy shopping."

•Care plans documented best interest decisions, for example relating to the use of motion sensors and audio monitors to ensure people's safety overnight. Relatives told us they had been fully consulted, saying, "'Yes, we have contributed many times. It's gone very well, they listen to what we have to say."

•The service had referred people for an assessment under DoLS as required.

Outstanding ☆

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

Outstanding:People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same.

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

•There was an exceptionally strong and visible person-centred culture. Every staff member we spoke with showed a passion for providing outstanding outcomes for the people they supported and were proud of the difference they made to people's lives. Feedback from staff, relatives and visiting professionals emphasised that this was an extremely caring service. One relative commented, "We always think of them as extended family, they really care about [family member]. It's a happy place, they are fantastic, we can see how much effort and enthusiasm they put in. They go over and above, they are amazing."

•A team of staff had been mobilised to stay with two people during hospital admissions over a 24-hour period. The hospital was some distance away, so the service supported staff to get there by providing transport at the beginning and end of each shift. They provided familiarity and consistency and worked alongside hospital staff to ensure the person's needs were understood and met.

•Staff decorated one person's hospital room, so they were surrounded by their favourite things, including photographs of their life at Rawlyn House. This gave hospital staff an understanding of the person and their interests, which they were not able to verbalise themselves. The experience was captured in a 'life story' book for the person with photographs. This was a valuable tool for supporting their communication with others, when processing what was an extremely traumatic experience for them. The registered manager told us, "Staff did amazing work supporting [person's name] in hospital. They were all doing it because they cared about the person when their need was greatest. The parents really needed that support. I'm really proud of how the whole team did."

•Staff supported another person and their family when they were in hospital at the end of their life. They ensured hospital staff had a clear understanding of their needs, including the most appropriate position for them to sit in their wheelchair so they were comfortable and pain free when they passed away.

•An equality, diversity and human rights approach was firmly embedded at the service. They were proactive in acting to address inequalities and prejudices which impacted on the people they were supporting. The registered manager told us, "When people are admitted to hospital, they are very poorly. Medical staff often see the disability before the person and question their quality of life and the point of medical intervention."

They were challenging this perception by inviting student nurses to spend time at the home, getting to know people and build relationships with them, to see beyond their disability and take the knowledge they had gained back out into the community.

•Staff told us Cream was an extremely caring provider, and there was a proactive support system in place for them. The management team had attended an eight-week course on mindfulness, to equip them with the skills to combat stress and enhance the working environment for both staff and people using the service.

•Staff were passionate about providing a person-centred service where people were treated as individuals and supported to make choices. Relatives commented on staff commitment and motivation, saying; "I've never seen anyone whinge or sit doing nothing, and they are never on their phones. They do the job and are motivated' and, "They are lovely staff, happy in their work."

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

•People were enabled to maintain relationships with those most important to them, protecting them from the risk of social isolation, and ensuring they could access their support when they needed it. A relative told us, "We have brought our motor home down and they let us park it in the car park and put an electric point for us, we are there when [person's name] goes to bed and wakes up'. Another relative said, "When [person's name] was unwell earlier this year, staff skyped us from hospital, so we could see her from 100 miles away'. The PIR described how relatives had been able to virtually attend an important medical appointment using videotelephony.

•People, with their relatives were treated as active partners in their care. Every effort was made to facilitate communication to enable them to express their views, for example through the use of technology or the guidance in care plans. For example, one person had a communication pad and staff were able to have a conversation with them by email. One person's care plan stated, "If interested [person's name] may smile, sign or scream in excitement." This supported staff to better understand when the person wanted to engage.

Respecting and promoting people's privacy, dignity and independence.

•People were supported to promote their independence at every opportunity. One person, who had been anxious on moving to Rawlyn House, had developed a trusting relationship with their key worker. This enabled the service to identify the person's starting point and open experiences which were meaningful for them. Their participation in community events had increased as a consequence and they had recently been for their first haircut at the hairdressers.

•People's independence was encouraged and actively promoted through the use of assistive technology. For example, one person used switches on the head rest of their wheelchair to operate their computer and access their emails. Staff recognised it was difficult for them to socialise independently, so had supported them to meet a person at another of the providers services, with whom they continued to communicate by email. Another person, who could not communicate verbally, loved 80's music. We saw a button placed next to a smart speaker which activated a recording of the deputy manager, asking it to play an 80's sound track. Staff told us, "This means they can be independent with that rather than having to rely on us."

•People were supported to enjoy the social experience of buying, eating and sharing food with others. Summer BBQ's were held in the garden and special occasions were celebrated with cakes and party food. People were regularly supported to have meal times at restaurants. They could go into the kitchen with staff

and choose their snacks and drinks or go to the shop with staff and buy their own.

•Staff told us, and we observed, that they treated people with dignity and respect. All interactions we saw were respectful, patient and kind. They knocked before entering bedrooms and ensured people were covered with a towel while being supported with personal care. If a person was having a seizure, staff would move them to a private space if possible and cover them with a blanket in case they were incontinent.

•People's right to privacy and confidentiality was respected. Relatives told us "Staff give us time to be with [person's name] on our own'. Staff also respected people's right to privacy should they wish to express themselves sexually.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

At the last inspection this key question was rated as Outstanding. At this inspection this key question was rated Good.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

•People were supported to engage in a wide range of activities as part of their daily lives at Rawlyn House and in the community. The service used an active support approach, 'working with', rather than 'caring for' people. People were able to take charge of their environment through developing their living skills and doing everyday tasks. In addition, the registered manager told us they sought to, "Offer people those experiences which have been limited by their conditions."

•Activities often took a lot of meticulous planning and working closely with relatives. For example, one person had gone to Wembley to watch their favourite football team, accompanied by their family. The service had identified the nearest pharmacy to where the person was staying, and nearby parking to make it easier for them to get there.Other activities were arranged according to people's individual interests and included the hydro pool, trampolining, horse riding, reflexology, pamper sessions and theatre trips.

•The service was highly responsive to identifying changes in people's needs and ensuring they continued to be supported appropriately. For example, over a period of time they had recognised that one person's challenging behaviour was linked to their epilepsy. This had required close observation of the person to notice patterns in their behaviour, good communication amongst the staff team and liaison with external professionals such as a psychiatrist.

•We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can get information they can access and understand. Supporting people with communication was a fundamental aspect of the support provided at Rawlyn House, and communication passports were being developed which would help staff to use and understand people's preferred communication styles in a person-centred way.

•People received person-centred care that valued them as individuals. Care plans had been completed with people and their relatives. They clearly reflected their identified needs, routines, preferences and personal history and were reviewed regularly. The guidance in care plans was person centred and detailed, enabling staff to meet people's needs while promoting choice and control. For example, ""[Person's name] will help if given simple prompts. I.e. lift up your arms. Once bathed and dressed [Person's name] loves to be complimented on how beautiful she looks."

•People's transition into the service was considered carefully. People were allocated a keyworker and co-worker to build a relationship with and ensure consistency.
There was not always a great deal of information available when people were initially referred to the service and people could not easily communicate this themselves. Family members and significant others were therefore involved in the entire process because they knew the person best and their input was essential. Risk assessments and care plans were developed as people got to know staff and vice versa.

Improving care quality in response to complaints or concerns.

•There was a clear complaints policy and people and their representatives were encouraged to raise any complaints and concerns through the review process, quality assurance questionnaires and anonymous concerns and compliments cards in the reception area.

•Relatives told us they knew how to make a complaint, saying, "No need to, if we did, we would speak to the Manager and he would sort it'. They told us "They listen to everything and change and act upon things", 'When we said can we do such and such, things happened straight away' and, "We talk to them and they do virtually what we want in a way. Expense involved is not a problem'."

End of life care and support.

•People were supported at the end of their life to have a comfortable, dignified and pain free death. End of life plans were in place for some people. The registered manager was talking to relatives about the importance of documenting what they and their loved one would want to happen at the end of their lives. However, this was a difficult topic and being managed sensitively.

•Staff were knowledgeable about end of life care needs. They had links with the local hospice and were completing training with them. They had worked closely with people, their families and relevant health professionals so people received the support they needed at this time.

Outstanding ☆

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

Outstanding: This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

•The service was led by an extremely motivated registered manager and senior management team. They were passionate about enabling the people at Rawlyn House to live their best lives. They acted as role models for the whole staff team, working alongside them to support people on a daily basis. Their strong visibility allowed staff to raise any issues or concerns as they arose, which were addressed immediately for the benefit of the people living there. Staff told us, "It's so well managed. [Managers name] really knows his stuff. He is always there to talk to and is always on the floor" and, "Head office are very supportive. They always come and say, "If you need anything come and talk to me."

•The provider and management team embraced positive change and best practice for people with a learning disability. They were well qualified and continued to access learning and develop their management skills through the providers management development programme. A team leader development programme was scheduled. The focus was on developing and encouraging staff, promoting those with outstanding care skills from within the team to work towards management positions. This approach had resulted in high staff retention rates, which meant people were supported by a consistent, knowledgeable and experienced staff team. The registered manager told us, "Rawlyn has an excellent record for developing managers that have gone on to manage other outstanding rated homes in the organisation."

.

•The ethos of the service was understood and shared across the staff team. It was promoted on the first day of the induction and threaded throughout the training. The statement of purpose said, "At the core of what we provide is the commitment to value people, where we will strive to support, guide and nurture each individual in meeting their full potential with total regard to their personal dreams and aspirations." Staff told us, "I love the ethos of the company. How person centred it is. They are individuals. This is their home. We want to give them the best life." A visiting professional confirmed, "The ethos of Cream continues from owners, management, through to carers, catering and maintenance workers. Every employee has the same approach which is incredible."

•The management team promoted a culture of openness and transparency. There was an open-door policy

and staff were encouraged to ask for guidance or report any concerns. Where incidents occurred, the service was transparent and open with the details of the events. They explained matters to people, relatives and stakeholders. A relative told us about an accident involving their family member, saying "there was a big investigation, we were told immediately, and involved in discussion about how it happened."

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

•There were clear processes in place to ensure effective monitoring and accountability. The management team were highly visible working alongside staff and observing their practice. The senior management team had carried out a 'mock' CQC inspection, to help them become familiar with the process and regulatory requirements. This had also provided an opportunity to identify where improvements were needed to ensure compliance with the regulations.

•There was a comprehensive programme of audits which looked at all aspects of the support provided. The results were analysed to identify trends and actions needed to improve the quality and safety of the service, for example related to seizure frequencies for people and identifying triggers.

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

•The service continually sought feedback and the views of people, relatives, staff and other stake holders. Annual quality assurance surveys were conducted based on the CQC's key lines of enquiry, and the results shared in an easily accessible format. The registered manager told us it was more challenging to obtain meaningful feedback from the people using the service, but they were committed to doing so. For example, they had endeavoured to capture their views about the food using monitoring sheets. Staff were asked to consider how the meal was presented, if it met the individual's dietary requirements, its consistency and texture, whether the person appeared to enjoy the meal and how much of it they had consumed. It was also recorded if an alternative was offered and this alternative was also evaluated. The results were used to more accurately develop the menus to meet people's individual preferences. This initiative had a positive impact on those who needed to gain or maintain their weight and has therefore been continued.

•Staff told us they were involved in the development of the service. For example, they had contributed to the review of the medication policy. They told us, "We went through it together, so it's not just given to you. We need to know what we are doing. It's about the safety of medicine administration and making sure we are doing the same thing."

•There were regular staff meetings which provided a forum for discussion. Staff representatives attended a quarterly provider meeting, where they could raise any issues on behalf of the staff team. Changes had been made to the shift pattern following feedback from the staff survey. Shifts were now longer which mean staff could have a proper break.

•People had links with the local community through their use of leisure opportunities and facilities. However, the registered manager wanted Rawlyn House to have a more meaningful presence in the community in a way that wasn't tokenistic. A fun open day was planned, with those who had contact with the home invited. The aim was to of break down some of the stigmas around care provision for people with a learning disability.

Continuous learning and improving care and working in partnership with others.

•The provider ensured staff were celebrated and recognised for their achievements both nationally and locally. For example, Rawlyn House won the gold award for Innovation at Torbay's 2019 Outstanding Care Awards, as a result of the way they embraced technology to enhance people's lives. Cream won the silver award for employer of the year. The staff team had been nominated as team of the year for outstanding practice at the Cream staff achievement awards, and a team leader and support worker were through to the finals. In addition, Cream had been selected as finalists in national learning disability awards as an employer and a trainer.

•The provider was committed to improving and sharing knowledge of best practice through links with a range of forums, including the British Institute of Learning Disability (BILD), the Association for Real Change (ARC) and the Registered Care Providers Association (RCPA). They attended the local care managers network, where the registered manager had delivered a presentation about epilepsy and what it is to be an 'outstanding' service. They told us this had had a positive impact on other managers within the sector, raising standards across Torbay and at Rawlyn House.

•The service had been proactive in challenging negative views of social care, with the aim of encouraging new workers into the field and ensuring its sustainability. For example, they offered work placements to health and social care students at a local college and received positive feedback advising the experience had changed the students view of care and encouraged them to consider a career in the care sector. They also worked closely with initiatives such as Proud to Care, where a member of staff had her story featured on the website.