

Standwalk Ltd

Rowsley House

Inspection report

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Date of inspection visit:
13 November 2018
14 November 2018

Date of publication:
09 January 2019

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

Rowsley House is a residential care home that can accommodate up to seven people with learning disabilities and autism. The service is located in a large adapted and detached house. Accommodation is provided across three floors and the upper floors can be accessed by a passenger lift.

This inspection took place on 13 and 14 November 2018 and the first day was unannounced. At our last inspection in January 2016, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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

There were adequate systems in place to help ensure people were safeguarded. For example, recruitment processes were robust, enough staff were deployed to support people's needs, medications were stored and administered appropriately, and regular environmental and equipment checks were carried out. People and relatives told us Rowsley House was a safe environment in which to live.

The service worked within the principles of the Mental Capacity Act and made appropriate applications for the Deprivation of Liberty Safeguards. 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 supported this practice.

Staff had the relevant skills and experience to carry out their role effectively and received support from their line manager in the form of regular supervisions and annual appraisals.

People told us they were well cared for by the staff team who knew them well and understood their support needs. People told us they liked the staff and we saw they had good relationships with them. Staff's approach was very caring and empathetic, and we saw that they carried out their duties in a friendly yet professional way.

The service responded to people's needs by ensuring support plans were person-centred and contained relevant and up-to-date information. Information was communicated to people in a format that they could understand. Within the home and in the community, people engaged in activities that were meaningful and enjoyable to them. People's end of life wishes were discussed; some information around these discussions was recorded within their support plans.

The service had a policy and procedures in place to manage complaints or concerns raised. People and their relatives said they could approach any staff member or the registered manager if they needed to raise a concern or complaint. Since our last inspection, no complaints had been received.

There were adequate processes in place to help ensure the quality of the service was monitored. The staff team worked well together. The registered manager felt supported by staff. Staff told us the registered manager trusted their knowledge and expertise and this empowered them to carry out their roles effectively.

Regular engagement with people and their relatives helped to ensure their opinions and suggestions were heard and acted on. There were policies and procedures in place and regular staff meetings were held to help ensure staff were supported to undertake their role effectively.

The provider complied with the legal obligation to display its most recent rating within the home and on their website.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Rowsley 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 13 and 14 November 2018 and the first day was unannounced. This meant the service did not know we were coming. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding referrals and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

During our inspection visit, we spoke with three people and three relatives. We spoke with the registered manager, one senior support worker and three support staff. Following our site visit, we contacted Manchester and Salford local authorities and three health and social care professionals. We received positive feedback from them.

We reviewed two people's care records, looked at four staff files and reviewed records relating to the running of the service. These included medicines management, staff induction and training, house and staff meetings and how the registered person monitored the quality of the service.

Is the service safe?

Our findings

There were processes in place to help ensure people were protected from abuse. People told us, and our observations confirmed Rowsley House was a safe environment. People said, "Oh yes I am very safe living here" and "(Staff) keep me safe." One relative said, "[Person] is safe; I would not rest or be comfortable if I knew there were issues with this home." Staff we spoke with knew what to do if they suspected abuse was taking place and they had received relevant training in this regard.

Recruitment processes were robust and helped to ensure only suitable staff were hired to work with the people living at the care home. Pre-employment checks such the collection of references and Disclosure and Barring Service (DBS) checks were carried out. Interviews were done at the home and we saw people living at Rowsley House were involved in the interview process if they wished.

There was sufficient staff deployed to support people safely. People were cared for according to their needs and in an unrushed and person-centred way.

Risk assessments were person-centred and provided clear direction to help staff to manage people's identified risks and to meet the person's individual needs. Examples of risk assessments included for medication, behaviour and being out in the community. Staff were aware of these measures and could explain how they helped them to manage risks and support people according to their needs.

People's medicines were managed safely. Training records we looked at showed all staff had been appropriately trained and their competence checked regularly. Staff checked medicine records and balances at the end of each shift and the registered manager made their own checks weekly to ensure medicines had been administered correctly. There was a system in place to book out medicines when people left the service to ensure people who visited relatives took their medication as they should.

People were kept safe from risk of infection. Staff used personal protective equipment (PPE) such as gloves and aprons as required. People were supported by staff to keep their rooms clean and tidy and we saw this was the case. The communal areas were visibly clean and kept tidy by the night staff. We reviewed records which evidenced regular checks of both bedroom and communal areas were taking place.

Environmental checks were carried out to help ensure a safe environment was maintained for the people living there and staff supporting them. Maintenance and safety records we looked at showed the relevant checks took place to ensure equipment and the environment were safe. These checks included the fire equipment, gas and electrical equipment and water systems. Each person had an up to date personal evacuation plan in the event that they had to leave the premises in an emergency. Staff told us and records confirmed that regular fire drills were carried out. We noted one of the actions from the water systems check had not yet been started. While we acknowledged these concerns were minor we pointed out that good practice would be to ensure actions were taken in line with the report's recommendations.

Is the service effective?

Our findings

People's needs and choices were assessed in line with current legislation and best practice to ensure care and support was delivered effectively. Assessments of people's needs were comprehensive and identified their expected outcomes. We saw evidence that relevant health and social care professionals were involved in the process.

People had good access to health and social care professionals to help ensure their health needs were met. The service made appropriate referrals to various professionals such as speech and language therapy, learning disability teams and mental health services. Records were kept of appointments people attended and treatment received, for example, GP and dental appointments.

People were supported by staff who had appropriate skills, knowledge and experience. Before working unsupervised, staff undertook a comprehensive induction, which included orientation to the service and policies and procedures, training considered mandatory by the provider, shadowing experienced colleagues and competence checks. Records showed staff were up to date with their training. Staff said the training adequately prepared them to do their job.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was working within the principles of the MCA to ensure people's rights were safeguarded. Consent was sought appropriately, and staff were knowledgeable of MCA. When there were concerns regarding a person's capacity to make a particular decision, a best interest meeting was held to facilitate the decision-making process. Appropriate applications were made for DoLS authorisations. However, we acknowledged the registered manager was still awaiting the approval from the respective local authorities for some of these applications.

There were appropriate systems in place to help ensure staff were supported in their roles and had ample opportunity to identify areas for personal and professional development. Staff had regular supervision with their line manager and staff who had worked more than a year received annual appraisals of their performance. Staff told us the registered manager was very supportive and they felt valued for their contributions to the service.

People were provided with an ample choice of suitable and nutritious food and drink to ensure their health and cultural needs were met. People told us they had a choice of what was served and enjoyed the meals prepared. Each Tuesday there was 'service user meal of the day' when one resident chose the evening meal.

to be prepared. Alternative meals were available if other people did not want to partake. We saw food was cooked from fresh each day and that people were encouraged to help prepare the meal.

The home environment was suited to the needs of the people that lived there. Each person had their own bedroom, with en-suite facilities, that was decorated to reflect their character and personality. The individuality of each room demonstrated people's involvement, and where appropriate their relatives' involvement, in making sure they were comfortable in their surroundings.

Is the service caring?

Our findings

We found the service to be very caring and observed a family atmosphere at the home. People told us the staff were "very nice" and caring. One person said, "I like the staff here. They are very good." Relatives told us, "It's like a family here; the staff are really good and know people well." People were well-presented and looked well cared for.

Throughout our inspection, we saw people interacted well with staff. People were relaxed and comfortable in their environment.

Staff had sufficient information to understand and support people in a caring way. The service held detailed information about people including their personal history, cultural beliefs and practices, likes and dislikes, interests/hobbies, and communication needs. Staff we spoke with demonstrated their understanding and gave us examples of how they met people's equality and diversity needs. We also saw examples of how staff facilitated people's wishes to maintain personal friendships and links with family members.

There was evidence people and their relatives, if applicable, were involved and contributed to the care planning and review processes. Relatives we spoke with said they were always consulted by the staff regarding their family member. From speaking with relatives and minutes of their meetings, we found families were pleased with the level of detail within support plans and how person-centred they were.

Information was provided, including in accessible formats, to help people understand the care available to them. For example, the service had accessed easy-read information to help explain an upcoming medical procedure to a person.

People living at Rowsley House had good relationships with each other. For example, sometimes people attended social activities together such as going to the local bowling alley and music centre.

Staff treated people with dignity and respected people's independence and privacy. We observed staff assisting people to improve their daily skills, independence and confidence. For example, helping people tidy their rooms and making their own breakfasts and snacks. One person's relatives told us, "We've seen so much improvement in person's behaviour and this is down to how staff how staff treat [person]. [Person] is growing in confidence more and more."

People could spend time alone in their rooms if they wanted and the service supported people to spend time away with family members.

Confidential information relating to people supported and staff was stored appropriately in the office. Staff had received relevant training and understood the importance of protecting people's confidentiality and their information.

Staff were respectful of people's cultural and spiritual needs. For example, the service supported people of

non-white heritage to access services relevant to them. All staff had completed equality and diversity training. They said they would raise any concerns they had about people experiencing discrimination with their line manager.

Is the service responsive?

Our findings

Care was delivered in person-centred way that was responsive to people's needs. Support plans were reviewed regularly and when circumstances changed. Support plans contained person-centred information about how people were to be supported and included appropriate equality and diversity information, communication needs and impairments such as sight and hearing loss and end of life wishes. Other examples of person-centred care included specific plans to support people during hospital procedures and for certain medication administration.

The service demonstrated their commitment to ensuring the person's needs were met in a responsive way by working closely with relevant health and social care professionals. One health care professional confirmed responsive support was provided and said, "With your (staff's) observations and understanding regarding [person] and (their) health needs, we have managed to be as proactive in managing them."

Two people we spoke with gave us examples of how the service provided person-centred care. One person said, "They (staff) help me to do what I want to do."

Activities were incorporated into people's lives in a way that was natural and meaningful. People were able to engage in activities that added value and enjoyment to their lives. One person enjoyed spending time in the big lounge listening to their favourite selection of vinyl records. We saw another person liked helping staff to prepare the evening meal. The registered manager kept record of activities which demonstrated people's personal growth and achievement of goals.

The service had a policy and procedure in place to effectively manage complaints. However, no complaints had been received since our last inspection. Relatives told us they knew about the complaints procedure but had not had to use it. One relative said, "It's an open-door policy here – we (the family) could just come in and speak with any member of staff about anything or raise a concern."

The service received regular compliments from relatives and health and social care professionals about the care and support provided. Relatives said, "Staff keep me informed at all times and are approachable. I can't really fault them (Rowsley House). They've been very good" and "The staff are very good with [person]. [Person] has been at places (services) and I've never seen (them) so relaxed and settled as they are here." Professionals commented: "Following our meeting, I'm mailing to report what a positive and excellent job your team are doing in supporting [person] to meet their needs", "I cannot stress enough how important it is for the people we support to have a good, knowledgeable and caring staff team behind them."

The service was meeting the accessible information standards. Information was produced in other forms, such as easy read versions.

The registered manager told us they discussed end of life wishes with people and their families to ensure people's choice to stay at Rowsley House was supported. This was an ongoing piece of work so not all support plans contained complete information.

Is the service well-led?

Our findings

There was a registered manager at this service who had been registered with the Care Quality Commission (CQC) since June 2016. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager engaged easily with people using the service, relatives and the staff team and demonstrated leadership by their actions. They spoke passionately about the service and had a clear idea of how the service delivered quality care that was person-centred and empowered the people to achieve positive outcomes. They also gave credit to the support of the dedicated staff team and said, "We've got a good team. They are very caring and go above and beyond to support the people living here." They also felt well supported by their manager and the nominated individual. A nominated individual, or company director, has responsibility for supervising the way that the regulated activity is managed.

Relatives were spoke with said they were happy with the staff and management at Rowsley House. Comments included: "It's the best care home. I wouldn't want [person] to leave" and "Communication with family has been a lot better. They've started a coffee morning this year."

Staff told us under the registered manager's guidance they were well supported to carry out their roles. Staff added the registered manager had boosted their morale and empowered them to carry out their jobs. One staff member said, "[Registered manager] trusts our (staff team) knowledge and experience and has helped us to be more focussed in delivering safe, person-centred care." Another said, "I can go to the manager with ideas and be listened to."

The registered manager was familiar with the principles around the registering the right support and discussed how they ensured these values were promoted within the service. This included access to and involvement in local community activities and events.

There were adequate systems in place to monitor and assess the quality of the service. These helped to ensure people's safety and welfare were maintained and people achieved meaningful outcomes. Areas monitored included medication administration records, support plans and staff handovers, people's finances and fire safety equipment.

People and their relatives had the opportunity to provide feedback on how the service was delivered. There were regular meetings with people using the service. Minutes evidenced discussions were held and people gave their views about a variety of subjects for example, menu options and activities including holidays. In March 2018, the registered manager started a 'coffee morning' meeting to improve and increase relatives' involvement in the service. These were held every two months. Relatives we spoke with were very complimentary about this initiative. One family told us, "It gives us the opportunity to meet other families and speak about our mutual experiences."

There were appropriate support mechanisms in place to ensure staff performed well in their jobs. Policies and procedures were up to date and provided guidance and support to staff in carrying out their roles. Regular staff meetings were held and minutes we looked at showed staff were able to discuss service related issues with their colleagues.

The service benefited from the registered manager's attendance at regional meetings such as Skills for Care Registered Managers forum. The registered manager said this forum provided a good opportunity to discuss the challenges facing providers within the industry and share good practice with their colleagues. This helped them to keep abreast of what was happening in the industry and how they could improve their service.

The registered manager understood their legal obligations including notifying CQC of any significant incidents such as death notifications and safeguarding incidents and they had notified us (CQC) appropriately.

The provider complied with the legal requirement to display its most recent rating within the home and on their website.