

Modus Care Limited

The Rowans

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The Rowans is a residential care home for up to five adults with an Autistic Spectrum Disorder with or without an associated learning disability or other needs. At the time of our inspection there were only three people living at the service who had a range of needs such as Autism Spectrum Disorders, learning disabilities and Downs Syndrome.

At our last inspection 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.

At this inspection we found the service remained good.

Safeguarding procedures were in place and staff knew how to report abuse. People's finances were protected by daily checks.

Risk assessments were in place and managed appropriately. The service was going through a transition period due to there being a new provider, but all the information we required was available to us.

Lessons were learned when things had gone wrong which had highlighted where improvements could be made. These were implemented to reduce any future risk or reoccurrence.

Medicines were stored and administered correctly. As and when medicine (PRN) protocols were in place and stock count checks were correct.

The environment was clean and tidy. There was work to be done to make the garden accessible and stimulating, but the registered manager was aware of this and plans were in place to facilitate this.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were aware of the principles of the Mental Capacity Act 2005 and people's rights were protected.

Staff were knowledgeable around people's needs and treated them with kindness and respect. People who use the service told us they were happy. We saw that people's independence and privacy was respected and promoted.

A wide range of meaningful activities were available for people who used the service. Staff helped people achieve goals that were important and relevant to them.

There was an open and positive culture within the home amongst staff and people. Staff said that the

manager was approachable and well respected, and her nominated her for an award to recognise this.

The service was proactive in assisting people to access health care and managing their anxieties around this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained safe.

Good ●

Is the service effective?

The service remained effective.

Good ●

Is the service caring?

The service remained caring.

Good ●

Is the service responsive?

The service remained responsive.

Good ●

Is the service well-led?

The service remained well led.

Good ●

The Rowans

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.

We carried out a comprehensive inspection on 16th August 2018 which was announced. We gave the service 24 hours' notice of the inspection visit because the location was a small care home for adults who are often out during the day. We needed to be sure that they would be in.

The team was made up of two adult social care inspectors. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We spoke to one person who lived at the service during the inspection, as well as four staff members including the registered manager. We also carried out general observations throughout the day and referred to a number of records. These included two care plans, records around medicine management, staff recruitment files, policies around the running of the service, and how the organisation audits the quality of the service.

We spoke to two relatives of people who use the service following the inspection.

Is the service safe?

Our findings

People and relatives told us they felt safe. One relative told us, "We know when he is worried and when [he's] not, and he never is [at The Rowans]". One person who lived at the service also told us, "I feel safe here."

People were safe from the risk of abuse. Staff were aware of safeguarding policies and procedures and their responsibilities to report any concerns. One staff member told us, "If I saw something unacceptable happen I would report to the manager and expect them to do something. If they didn't I would report to head office and then call social services or police." Safeguarding incidents that had occurred in the service had been appropriately managed and reported. People and their finances were protected from any potential abuse. Staff counted people's money twice a day to ensure that amounts were correct.

People were protected from avoidable harm. Risk assessments for people living at the service were accurately recorded and managed. We observed detailed risk assessments around areas such as epilepsy, accessing the community and transport use. Detailed positive behaviour plans were in place, which included information around how people liked to spend their time, potential triggers and how to calm them if they became anxious. One member of staff told us, "How we respond depends on the person and the behaviour. We have different ways of working with each person. We must give low key responses and reassurance so their anxiety does not escalate. When someone is anxious we must acknowledge and not ignore it, reassure and move on."

All health and safety checks for the service such as fire risk assessments and gas safety testing certificates were in place. Each person had a personal emergency evacuation plan (PEEP) in the case of an emergency such as a fire. Furthermore, there was a detailed business continuity plan and grab and go pack which included vital information about people's needs in the event of an emergency. This meant that people could continue to have their needs met safely if the service was not accessible temporarily.

There were a sufficient number of staff to meet people's needs and robust recruitment checks were in place to ensure that staff were suitable. The service was able to maintain staffing levels by making use of bank workers and overtime. The registered manager told us, "We like to keep staff consistent for our guys. They all have their routines and that's important for them. We network with our other service and there is very little sickness here so we can manage without agency."

Medicine storage and administration procedures were safe. Medicine was stored securely in people's rooms and included important information such as any allergies and guidance around as and when medicines (PRN). There were no gaps in the Medicine Administration Records (MARs) meaning that people were receiving their medicine consistently. Stock checks on medicine were completed with no errors found.

The service was clean and tidy. Gloves and aprons were readily available for staff if required for personal care and infection control audits were completed with no issues found.

The service learned lessons and improved where things had gone wrong. Accident and incident forms were

completed and monitored. For example, one person had an emergency health issue and the staff member supporting them had found it hard to raise the alarm to other staff downstairs. The service put in place a panic alarm to alert all staff following this which was tested daily.

Is the service effective?

Our findings

People's needs were effectively assessed to achieve good outcomes. Care plans were detailed and each person had had a transition period for moving into the service to ensure that it was not overwhelming for them. One relative told us, "[The transition period] was a weight off my mind. They kept me informed all the time."

Staff had the knowledge required to meet people's needs. Staff said training was relevant to their role and helped them deliver effective care. One staff member said, "We had behaviour management training recently and it really helpful. It trains you how to deal with an issue in a positive way." Another staff member said, "We do all the training and I find it very helpful. Like the epilepsy training. It shows us what we should do so we are confident if we need to do anything." Staff also said they received regular supervision which was confirmed by the supervision matrix the registered manager supplied us with.

People were given choices around their meals and drinks. Two menu options were available daily (although other choices were available if requested), and displayed in a picture format for people to refer to. Staff were aware of people's preferences around food, and were also aware of people's dietary needs such as someone who required a gluten and lactose free diet.

People were supported to maintain their health and wellbeing. The service had a proactive approach to people's healthcare needs. The registered manager informed us that healthcare professionals such as doctors and dentists were encouraged to visit people at the service prior to receiving treatment. This allowed them to build a good and trusting rapport before carrying out healthcare checks so that the people felt happier and less anxious allowing them to do this. Care passports were in place for people using the service. This meant that important information around people's health and wellbeing needs could be given to health professionals in the event of a hospital admission.

The premises was suitable to meet the needs of the people using the service. There were quiet rooms available and specialist yet attractive resilient furniture had been purchased. The registered manager had purchased a low-level bed for one person in order to minimise any pain they may feel getting in and out of bed due to their health condition. Specialist plugs for bathrooms had been purchased to stop the risk of sinks blocking as one person had been known to cause this to happen. The garden was in need of work to make it fit for purpose but the manager was aware of this and had plans to address this in the next few weeks. Following the inspection, the registered manager told us that work had started to update the garden.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff were aware of the principles of MCA. One staff member told us, "It's all about giving them choices within their ability, even if they don't make sense to us, and in the least restrictive

way." This meant that people had their rights protected and were able to make decisions for themselves where possible. The service was in the process of transferring information regarding people and MCA from the electronic system to the paper care files. At the time of the inspection, they were stored electronically. The registered manager informed us that people's capacity around specific decisions would be documented clearly under the new way of working with paper care files.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Authorisations to restrict people of their liberty had been granted. Despite this, restrictions to people were kept as minimal as possible. For example, people were still supported by staff to access the community and college. This meant that people were not being deprived of their legal rights.

Is the service caring?

Our findings

Staff were kind and caring towards people, and were also able to share humour with them. One person said, "I'm happy here because [staff member] smiles at me." We observed that staff knew how people liked to spend their time and what games they enjoyed. The registered manager said, "The service users are the focus of everything to ensure they get the best out of life." We also observed staff demonstrating affection to people by holding their hand and rubbing the back of their neck when requested to. One staff member told us, "We look after people extremely well. We listen to them, they have their choices and we never force them. We find the friendly way." This meant that people were cared for and felt happy to live at the service.

People were involved in decisions around their care and encouraged to be independent where possible. Picture boards were used to help people communicate what they would like to eat, and to remind people how to wash their hair. During our inspection we observed a staff member ask "Shall we go and put your washing away?" to a person who was happy to accept this offer. The registered manager informed us that people were encouraged to help put the shopping away and help prepare vegetables for dinner. One person confirmed that they did assist with this and then showed us to a photo of them preparing vegetables for dinner. The staff had also recognised the potential for someone who had previously lived there to transfer into an independent living service, and had encouraged and helped them through their emotions and concerns to make this happen for them. Due to this, there was a positive approach which promoted what people can do and encouraged independence where possible.

Staff ensured that people and their relatives were involved in any reviews of their care needs. One relative told us, "We go to all the reviews. We're always invited." We saw evidence that this was happening in people's care plans as review documents stated who had been present for the meeting. This meant that all relevant people had been involved in the planning of people's care which gave a holistic view.

People's privacy and dignity were respected. Staff knocked on people's doors before entering and asked them if they were happy to meet us. One staff member told us, "We knock on their door then make sure they are happy for us to access their room. We judge by the noises and gestures people make because we know them well." In a recent staff meeting, staff had been reminded by the registered manager 'When [people] are out of the house, please remember to close their doors' meaning that their privacy was also respected even when they were not at the service.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Activities were personalised to meet the needs of people and relatives felt that this had led to good outcomes. One relative also told us, "It makes him part of the community. He really looks forward to it". Examples of activities available to people included trampolining, art therapy, trips to the local supermarket, a small disco held at the service most evenings and attending college. Support was given to one person who was too anxious to attend college by arranging a tutor to come in to the service until the person felt confident enough to attend college again. They had gone on to recently attend an award ceremony for their attendance at college and were supported to do this by staff at the service. This demonstrated that staff were responsive to people's needs.

People were allocated a key worker who was responsible for keeping their care plan up to date and having regular meetings with people to make sure they were happy. In a meeting, one person informed their key worker that they would like to go to Brighton for fish and chips. The key worker arranged the outing for the person and we were shown pictures of this during our inspection.

People's rooms were personalised with their own interests and made to feel homely. This included decorations and bedding of favourite characters, as well as a lounge for one person who liked to play video games. The lounge was created to ensure that the person was able to distinguish that a morning routine of washing, having breakfast and taking their medicines was followed first in their bedroom before time could be spent playing video games. This meant that people were aware of their routine but were able to spend their time in rooms that were decorated in personalised ways..

Although the service had not received any complaints since our last inspection, a policy was in place which was also available in an easy read format. One relative said, "Even during the weekend I can get hold of someone. [The Registered Manager] emails me back straight away and even if she's not there, someone is always around." Therefore, people and relatives were aware how to raise any issues if they needed to.

End of life records were not relevant due to the age of people at the service.

Is the service well-led?

Our findings

The registered manager was knowledgeable of people's needs and preferences. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Feedback we received from staff and relatives regarding the registered manager was very positive. A relative told us, "She's transparent, she's good with the staff. She has the interest of the residents at heart one hundred percent." One staff member also told us, "I absolutely love her, she's caring, energetic, approachable and smart." This staff member went on to tell us that they had nominated the manager for The Care Home Registered Manager Award 2018 without her knowing to show the team's appreciation.

There was a positive atmosphere and person-centred approach to care in the service. One staff member said, "We want for it to be the best. For them to be treated in the best way possible. I try to use all of my knowledge to make them happy and if they are happy I am happy. It's like a family here. This is all promoted by the manager. She's the best." Another staff member told us, "This is their house and we are in it. We should remember that". Due to this the service had an inclusive atmosphere and positive culture which was evident throughout our inspection.

People, staff and relatives were involved and engaged in the running of the service. Regular meetings with staff and residents were held to gather their feedback. Following our inspection, the registered manager informed me that feedback forms had been sent to relatives to gather their feedback, which relatives were able to confirm when we spoke to them. This meant that people, staff and relatives were actively encouraged to provide feedback. This led to good outcomes for people.

There were robust auditing systems in place to monitor and improve the quality of care provided. The service was in a transitional period following a new provider purchasing the service last year. Therefore, new audits and paperwork had been introduced. One staff member told us, "Some parts have been confusing, but it has highlighted the things that we need to improve at. The change has been brilliant. They help with all the compliance." Quality audit checks were in place and action points from these were appropriately responded to in a timely manner. We observed the last internal quality audit check carried out by the provider on 13 June 2018. Actions found within this check had been completed, such as blinds being fitted and a complaints and compliments file being created. Therefore, the service had taken on board any feedback highlighted to them and acted on this.

Due to the transition to the new provider's policies and procedures, the service was in the process transferring people's care records from an electronic to a paper version. Despite this, all the information regarding people's needs and the service's policies and procedures was readily available and the registered manager knew where to locate it. As the service was organised, they were able to access important information in a timely manner where needed.

There were strong working partnerships with outside agencies to help improve the quality of life for people. The service had strong links with another home in the local area, as well as Sutton Inclusion Centre and Day Space. One person told us, "I love Day Space, I do art therapy, music and dancing". The service also had links with a local shopkeeper who had formed a good relationship with one person who lived at the service and assisted them to carry out a small shop to buy snacks in their shop. Therefore, this allowed people to be actively involved in the community and access resources to improve their wellbeing.

The registered manager was aware of their responsibility to send notifications to the Care Quality Commission and had done this where they were required to. This meant that we were able to check that the appropriate action had been taken. The service's rating from their last inspection was available to view on their website.