

J Moor

Rowland House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Rowland House provides accommodation, care and support for up to three people who may have complex physical needs as well as brain injury and other neurological conditions. There were three people living in the service when we carried out an announced inspection on 11 August 2016. The provider was given 24 hours' notice because Rowland House is a small service where people are supported to attend day care centres and other activities outside of the service and we needed to know that someone would be available.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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.

People received care and support that was personalised to them and met their individual needs and wishes. Support workers respected people's privacy and dignity and interacted with people in a caring, compassionate and professional manner. They were knowledgeable about people's choices, views and preferences. The atmosphere in the service was friendly and welcoming.

People were safe and support workers knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk. Assessments had been carried out and personalised care records were in place which reflected individual needs and preferences.

Recruitment checks on staff were carried out with sufficient numbers employed who had the knowledge and skills to meet people's needs.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely. People were encouraged to attend appointments with other health care professionals to maintain their health and well-being. Where people required assistance with their dietary needs there were systems in place to provide this support safely.

People and or their representatives, where appropriate, were complimentary about the care and support provided. They confirmed they were actively involved in making decisions about their ongoing care and support arrangements. As a result people received care and support which was planned and delivered to meet their specific needs. Support workers listened to people and acted on what they said. They understood each person's way of communicating their needs and anxieties and responded appropriately.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Support workers understood the need to obtain consent when providing care. Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on. There was visible leadership within the service and a clear management structure. The service had a quality assurance system with identified shortfalls addressed promptly which helped the service to continually improve.

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.

Support workers knew how to keep people safe from abuse.
There were systems in place to keep people safe from harm.

There were sufficient numbers of support workers who had been recruited safely and who had the skills to meet people's needs.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good ●

The service was effective.

Support workers were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People were supported to maintain good health and had access to ongoing health care support.

People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

Support workers were compassionate, attentive and caring in their interactions with people. They respected and took account of people's individual needs and preferences.

People were involved in making decisions about their care and support. Where required their families and or representatives were appropriately involved.

People's independence, privacy and dignity was promoted and respected.

Is the service responsive?

Good ●

The service was responsive.

People's care and support needs were regularly assessed and reviewed. Where changes to their needs and preferences were identified these were acted upon.

People's choices, views and preferences were respected and taken into account when provided with care and support.

Feedback including comments, concerns and complaints were investigated and responded to and used to improve the quality of the service.

Is the service well-led?

Good ●

The service was well-led.

There was an open and transparent culture at the service. People, relatives and support workers were encouraged to contribute to decisions to improve and develop the service.

Support workers were encouraged and supported by the management team and were clear on their roles and responsibilities.

Effective systems and procedures had been implemented to monitor and improve the quality and safety of the service provided.

Rowland 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 announced inspection took place on 11 August 2016 and was undertaken by one inspector. The provider was given 24 hours' notice because Rowland House is a small service where people are supported to attend day care centres and other activities outside of the service and we needed to know that someone would be available.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law.

As part of the inspection we met with two people who used the service. Not all of the people verbally communicated with us. People had complex needs, which meant they could not always tell us about their experiences. When not verbalising their views they communicated with us in different ways, such as facial expressions, signs and gestures. We also observed the way people interacted with their support workers. We spoke with the registered manager, two support workers and one person's relative. In addition we received electronic feedback from one member of staff, one person's relative and four community professionals.

To help us assess how people's care needs were being met we reviewed two people's care records. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People who used the service presented as relaxed and at ease in their surroundings and with the support workers and registered manager. They told us they felt safe and secure living in the service. One person said, "I feel sheltered here. It is very secure especially at night. All locked up. Safe and sound but still homely." Another person smiled and nodded when asked if they felt safe living in the service. One person's relative told us, "I think people are very safe here. Support workers anticipate danger and risk and keep people safe. [Person] has no sense of the 'here and now' or an understanding to know they are in danger. Support workers are there for those times and can step in to ensure [person] is not at risk." Another person's relative fed back to us, "I am particularly glad to have seen that [person] is beginning to feel more confident in [their] relationships with the staff: [Name of senior support worker] and [support worker] in particular have worked hard to help [person] to feel safe and welcome in [their] new home."

Systems were in place to reduce the risk of harm and potential abuse. Support workers had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing (the reporting of poor practice) procedures and their responsibilities to ensure that people were protected from abuse. Support workers knew how to recognise and report any suspicions of abuse to the appropriate professionals who were responsible for investigating concerns. One support worker told us, "There is safeguarding information in the office with the local authority safeguarding contact details should you need it." Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to support workers when learning needs had been identified or following the provider's disciplinary procedures.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. Support workers were aware of people's needs and how to meet them. People's care records included individual risk assessments which identified how the risks in their care and support were minimised and included areas such as nutrition, medicines and accessing the local community. People who were vulnerable as a result of specific medical conditions, such as epilepsy and multiple sclerosis had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. From the sample of care records we looked at we found support workers had clear and detailed information about how to manage risks. This also included examples of where healthcare professionals had been involved in the development and review of risk assessments. These measures helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Support workers were familiar with the risk assessments in place and they confirmed that the risk assessments were accurate and regularly updated.

The provider had plans in place to direct staff on the action to take in the event of any unexpected emergency that affected the delivery of the service, or put people at risk.

We observed that there were enough support workers to meet people's needs. They provided people with care and support at their own pace and were able to give people the time they needed for support.

The registered manager explained how the service was staffed each day and this was determined by the dependency levels of the people at the service. They told us this was regularly reviewed and staffing levels were flexible and could be increased to accommodate people's changing needs, for example if they needed extra care or support to attend appointments or activities. They shared with us recent examples of how they had increased the levels of staff to support people when needed. Conversations with a relative and support workers plus records seen confirmed this. This showed that appropriate action was taken to reduce any risk to people.

Safe recruitment procedures were followed. Support workers employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people and had completed a thorough induction programme once in post. This included reading information about people living in the home, including information about any risks that had been identified and how these risks were managed to ensure staff members could support people safely. Records we looked at confirmed this.

There were suitable arrangements for the management of medicines. Support workers were provided with medicines training. People's records provided guidance to support workers on the level of support each person required with their medicines and the prescribed medicines that each person took. People were provided with their medicines in a timely manner. Where people had medicines 'as required' protocols were in place to guide support workers on when to offer these.

Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service and when they were disposed of. Support workers recorded that people had taken their medicines on medicine administration records (MAR). Regular audits on medicines and frequent competency checks on support workers were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.

Is the service effective?

Our findings

People and their relatives fed back that support workers were well trained and competent in meeting their needs. One person said, "They [support workers] understand my condition and when to support me as I have difficulties doing certain things myself." One person's relative told us, "They [support workers] are excellent. They all know what they need to do and have a handle on [person's] [condition]. They are knowledgeable about specific conditions and recognise even the subtle changes in [person's] health and what this means and what to do. This reassures me that [person] is being well looked after." We saw that staff training was effective in meeting people's needs. For example staff communicated well with people in line with their individual needs. This included maintaining eye contact, providing reassurance and using familiar words that people understood.

The provider had systems in place to ensure that support workers received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. Discussions and records showed that support workers were provided with the mandatory training that they needed to meet people's requirements and preferences effectively, including regular updates. Training was linked to the specific needs of people. For example, support workers received training in acquired brain injury, dysphagia, catheter care and epilepsy. This provided support workers with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Feedback from support workers about their experience of working for the service and the support arrangements in place were positive. They described how they felt supported in their role and had regular one to one supervision and team meetings, where they could talk through any issues seek advice and receive feedback about their work practice. One support worker said, "The training is relevant. Not a problem to request additional training, they [management] will sort it out. Think we have challenging behaviour training coming up which will be useful. Although no one here has challenging behaviour it is useful learning for us [support workers] to have. Will help us to be confident to recognise and deal with certain situations." Another support worker told us, "My induction and training have been really good. The support amongst the team is great. I have regular supervisions and feel supported." A third member of staff said, "I have had all the training I need and currently had a few refresher courses which is good as things do change."

The registered manager described how support workers were encouraged to professionally develop and were supported with their career progression. This included new staff being put forward to obtain their care certificate. This is a nationally recognised induction programme for new staff in the health and social care industry. These measures showed that training systems reflected best practice and supported staff with their continued learning and development.

Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and support workers we spoke with demonstrated how they involved people that used the service as fully as possible in decisions about their care and support. They had a good understanding of the MCA and what this meant in the ways they cared for people. Records confirmed that support workers had received this training. Guidance on best interest decisions in line with MCA was available to support workers in the office.

People were asked for their consent before support workers supported them with their care needs, for example, to mobilise or assisting them with personal care. Care records identified people's capacity to make decisions and reflected they had consented to their planned care and terms and conditions of using the service. Where people had refused care or support, this was recorded in their daily care records, including information about what action was taken as a result. For example, a member of staff told us how they had noticed a change in one person's condition and their reluctance to join in activities they usually liked to do. They had respected this but were concerned and reported this to the management team to make them aware of the situation. This action triggered a care review with the person, their family and relevant healthcare professionals to explore how staff could best support the person to ensure their safety and wellbeing.

Feedback about the food in the service was complimentary. One person said, "The food is nice. Have what you want when you want. I like it." The support people received with their meals varied depending on their individual circumstances. Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Support workers encouraged people to be independent and made sure those who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully. People's records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or making referrals to health professionals.

Support workers monitored people's health and well-being to ensure they maintained good health and identified any problems. Where the support workers had noted concerns about people's health, such as weight loss, or general deterioration in their health, they had taken action to reduce the risk. This included prompt referrals to health care professionals and requests for advice and guidance. This showed us that action was taken to maintain people's health and wellbeing. People's care records contained health action plans and records of hospital and other health care appointments. Support workers prompted and supported people to attend their appointments and the outcomes and actions were clearly documented within their records. This ensured that everyone involved in the person's care were aware of the professional guidance and advice given, so it could be followed to meet people's needs in a consistent manner.

Is the service caring?

Our findings

People told us they liked living in the service and the staff were respectful towards them. One person said, "I am always treated with respect and kindness." Another person nodded their head, smiled and gave a thumbs up sign to indicate their satisfaction with the support workers approach.

Feedback from relatives about the support workers was positive. One person's relative commented on challenges the staff faced and how they handled this sensitively and with respect. They said, "The support workers are incredibly understanding and tolerant. They understand complex needs and the difficulties that come with debilitating conditions. They are compassionate and kind."

We observed the way people interacted with their support workers and how they responded to their environment and the staff who were supporting them. People presented as relaxed and at ease in their environment and with their support workers. We saw one person smiling and hugging their support worker as they left the service to attend the day care centre. Another person was seen laughing and enjoying friendly banter with the support workers as they were getting ready to go out for lunch.

There was a warm and friendly atmosphere in the service. Some people had complex needs and had limited verbal communication. Support workers were caring and respectful in their interactions and we saw people laughing and smiling with their support workers. They used effective communication skills to offer people choices. This included sensitivity to the language used and the amount of information given, to enable people to understand and process information. Support workers were seen to give people time and space to express their needs and choices. This included picking up on non-verbal communication such as body language and gestures to understand what people were communicating.

Support workers described how they provided a sensitive and personalised approach to their role and were respectful of people's needs. They told us they enjoyed their work and showed commitment and a positive approach. One support worker said, "I love my job, I enjoy the variety; no two days are the same. I care for the people here and am so pleased when they achieve their goals." Support workers knew people well; demonstrating an understanding of people's preferred routines likes and dislikes and what mattered to them.

People's independence and privacy was promoted and respected. This included closing curtains and shutting doors before supporting them with personal care. In addition, when support workers spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet manner. People's records provided guidance to support workers on the areas of care that they could attend to independently and how this should be promoted and respected.

People's care records showed that people, and where appropriate their relatives had been involved in their care planning and they had agreed with the contents. Reviews were undertaken and where people's needs or preferences had changed, these were reflected in their records. This told us that people's comments were listened to and respected. One person's relative told us, "I appreciate them [management and support

worker's] not wrapping things up. They tell me how it is. We have monthly meetings which are very good. I feel listened to and valued. My comments are taking on board. We are all on the same page."

People who used the service were supported to maintain relationships with others. People's relatives and or representatives were able to visit the service when they wished.

Is the service responsive?

Our findings

People received personalised care that took account of their individual choices and preferences and responded to their changing needs. We found that people's ongoing care and support was planned proactively with their involvement and they were encouraged and enabled to maintain their independence. We observed that support workers were patient and respectful of the need for people to take their time to achieve things for themselves. One person's relative confirmed our observations saying, "Staff here are very skilled at knowing when to pull back, when to encourage and when to step in."

People had support plans and risk assessments that were person centred and identified their individual aspirations. Records showed that people had set personal goals with their support workers and these were regularly reviewed. This included supporting people with activities they wanted to try and with going on holiday. People's interests were incorporated into the planning; paying attention to things people had said they had always wanted to do.

People's records included details of the support that people required and their preferences for how they wanted their needs met. Support workers told us that these records were accurate and provided them with the information that they needed to support people in the way that respected their choices. Changes to people's health and well-being were reported to team leaders, triggering where required an assessment of their needs and review of their care and support arrangements. Comments received from people were incorporated into their support plans where their preferences and needs had changed.

Regular care reviews and risk assessments were undertaken and included feedback from family members, support workers, health and social care professionals and the person who used the service. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.

Systems were in place for people and their relatives and or representatives to feedback their experiences of the care provided and raise any issues or concerns they may have. There had been several compliments received about the service within the last 12 months. Themes included caring staff approach and supporting an individual and their family when they moved into the service. Discussions with people, relatives, support workers and the registered manager told us that the service responded to people's comments and concerns. For example, incorporating changes to the menu and the planning and provision of activities and events, as well as individual changes to care arrangements.

The provider's complaints policy and procedure was made freely available in the office and copies were given to people who used the service. It explained how people could make a complaint or raise a concern about the service they received. No formal complaints had been received about the service in the last 12 months. Records seen identified how the service acted on people's feedback including their informal comments. These comments were used to prevent similar issues happening, for example providing additional training and improving communications where required. The registered manager advised us they were developing their systems for capturing information from comments and complaints so they could reflect the actions taken to further improve the service.

Is the service well-led?

Our findings

There was an open and supportive culture in the service. Feedback from people and relatives about the support workers and management team was complimentary. One person said, "No issues or problems here. If you do you can speak with them [support workers and management] and I expect they will deal with it." One person's relative described their positive experience of the effective communication in place, "It is a two way process here; regular contact and feedback. I know what is going on and appreciate being included. The inclusive approach has meant I feel reassured enough to go on holiday not worrying about [person]. I haven't done that in a very long time."

People, their relatives and or representatives were regularly asked for their views about the service. Their feedback was used to make improvements in the service. This included regular care reviews, daily interactions and communications and quality satisfaction questionnaires. We reviewed some of the feedback received from last year's survey and saw that the return rate was high and comments were positive. The registered manager advised us that this year's survey had been carried out and the management team were in the process of analysing the information and would be feeding back to people their findings.

Effective systems and processes to assess and monitor the service had been implemented. For example, regular checks on health and safety, medicines administration and management, risk assessments, support plans and daily records. These independently highlighted where there had been shortfalls and the actions taken to address this, such as inconsistencies found in the medication audits when recording people's medicines. Steps taken to address this included internal communications to support workers on best practice, competency checks and further training where required. In addition governance arrangements had been improved to include regular meetings with the provider and the management teams of all the provider's locations. This provided an opportunity to drive improvement across the services by sharing best practice, identifying themes and trends, escalating issues of concern and developing accompanying action plans.

Support workers told us the service was well-led and that the management team were approachable and listened to them. One support worker commented, "Managers are very hands on. Not afraid to muck in and get involved. Their door is always open." Another support worker said, "You need a thick skin, strong stomach and need to love the job if you don't you shouldn't be here. I love my job. It is hard work but so rewarding. There is a supportive culture here. We are a good team and work hard for one another."

People received care and support from a competent and committed staff team because the management team encouraged them to learn and develop new skills and ideas. For example, support workers told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged. Support workers were motivated and committed to ensuring people received the appropriate level of support and were enabled to be as independent as they wished to be. The staff team were clear on their roles and responsibilities and committed to providing a good quality service.

Meeting minutes showed that support workers were encouraged to feedback and their comments were valued, acted on and used to improve the service. For example, they contributed their views about issues affecting people's daily lives. This included how best to support people with personal care and to be independent. Support staff told us they felt comfortable voicing their opinions with one another to ensure best practice was followed. One support worker said, "We have regular team meetings and good communication to keep up to date." Another support worker shared with us an example of how they had made some suggestions about how to work differently with a person who due to their acquired brain injury had become 'fixated' about something. They told us the management team and their colleagues had listened and supported them to try out their suggestions which had a positive outcome for the person.

The service worked in partnership with various organisations, including the local authority, district nurses, local GP services and mental health services to ensure they were following good practice and providing a high quality service. Feedback from the local day care centre about their experience of working with the service was complimentary stating, "We have always found the staff to be very responsive, professional and effective. They appear to have a very caring and professional approach towards [person]. When [person] attends the day centre, [they appear] to be happy and always speaks very positively about staff at Rowland house and tells us that [they love] living there."

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary.