

Community Homes of Intensive Care and Education Limited

Rowan Cottage

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Rowan Cottage is a residential care home providing care and accommodation for up to nine people with a learning disability or autistic spectrum disorder. It is a single storey building with an annexe and an enclosed garden. At the time of the inspection there were nine people living at the service, eight in the main house and one in the self-contained annexe.

The service is required to have a registered manager. There was a registered manager in post who had been registered to manage the service since July 2016. 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.

This was an unannounced comprehensive inspection which took place on 10 May 2017. We were assisted by the registered manager during the inspection.

People were safe at Rowan Cottage. They were encouraged and supported to learn about how to keep themselves safe and raise any concerns or worries they may have. People were protected from harm and abuse by staff who had been trained and had knowledge of how to safeguard people. Staff understood their responsibilities to report and act on issues if they arose. Risks were assessed, managed and reviewed to keep people safe. There were sufficient staff who had been recruited using effective procedures to ensure their suitability. Medicines were managed and administered safely. Routine health and safety checks were completed in accordance with legislation and guidance. Infection control procedures were followed.

Staff were praised by people for providing effective support. Staff were trained in areas relevant to their job role and their skills assessed and monitored. They were supported by the management team to develop and gain appropriate qualifications. Staff felt supported and received regular supervision and appraisal of their work. The provider was meeting the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Consent to care and support was sought in line with legislation and guidance. When appropriate mental capacity assessments had been completed and where people had been assessed as not having mental capacity to make a decision, a best interests meeting had taken place. 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 knew people and their individual needs very well. Key workers spent time with people discussing their support and any changes they wished to make. People were comfortable and relaxed with staff demonstrating trusting relationships had been established. These relationships had led to exemplary work being undertaken to develop people's independence. Other excellent work had involved proactively supporting people to overcome difficulties and challenges. People were respected and their dignity was maintained. They were supported to develop and maintain important and significant relationships.

The service was extremely responsive. People's support plans were comprehensive and provided detailed guidance to staff on preferences and personal routines. Innovative ways had been sought to assist people in achieving their goals and aspirations as well as overcoming personal challenges. People were encouraged to recognise their own talents and self-worth and to celebrate this with others. People's changing needs were responded to positively and they were supported to make their own decisions whenever possible. Varied activities were sought and identified for each individual to engage them in meaningful occupation alongside social enjoyment. People were consistently offered new experiences and supported when necessary to embrace change.

The registered manager received consistent praise and positive feedback from people, relatives and professionals. They uniformly expressed the difference his leadership had made to the service. We found an open and positive culture in the service and the staff team was supported to bring forward suggestions to better the service. There was a strong emphasis on team working and staff confirmed they worked well together. Standards of care were exceptionally high as a result of the example set by the management team and their expectations. The staff worked hard to meet the standards and expectations set and took pride in achieving positive outcomes for people. There were strong and vital links built with the community which benefitted both people and the members of the public through education and sharing of experiences. The provider valued and developed staff. They involved people in contributing to all aspects of the service and sought views and feedback in order to improve and develop.

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.

People were protected from abuse and avoidable harm. They were encouraged to learn about protecting themselves and staff had received training in how to safeguard people. Staff understood their responsibilities and the processes to report concerns about people's safety.

Risk assessments were robust and enabled staff to promote positive risk taking whilst having control measures in place.

There were sufficient experienced and trained staff to meet individual people's needs. Robust recruitment systems helped to ensure the suitability of staff to work with people.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff were provided with training to develop their skills and knowledge to enable them to perform their duties effectively.

People's rights were protected. The service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's nutritional needs were met and people were supported to enjoy a balanced diet with a variety of choices.

People's health care needs and wellbeing were monitored. Staff supported people to understand their health needs and attend appointments when necessary.

Is the service caring?

Good ●

The service was extremely caring.

People's support was provided, in a way that respected their independence and empowered them to make decisions.

Positive and trusting relationships had been established which had led to excellent work in developing and maintaining people's independence.

Pro-active working had resulted in people overcoming challenges and difficulties which may have otherwise inhibited their development.

People were respected and their privacy and dignity was maintained.

Is the service responsive?

The service was very responsive.

People were empowered to have meaningful and fulfilled lives. Staff worked hard to give people opportunities to undertake the things that they wanted to do and achieve maximum independence.

People's support was based around their individual goals and aspirations. Staff made sure that people were supported to make choices and have control of their lives.

Staff worked hard and were dedicated to ensuring that people's needs were met in a person centred way.

People using the service knew how to raise a concern or make a complaint.

Outstanding 

Is the service well-led?

The service was extremely well- led.

There was consistent praise for the registered manager and their leadership of the service. Staff worked together as a team to provide and maintain high quality support for people.

The provider and registered manager promoted strong values along with a person centred, inclusive and open culture.

Close community links had been established and nurtured to provide educational and experience sharing opportunities.

The management team were approachable and supportive toward people and staff, this helped them to reach their full potential.

The provider had robust systems in place to monitor and

Outstanding 

improve the quality of the service people received.

Rowan Cottage

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 was a comprehensive inspection which took place on 10 May 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission (CQC) to inform us of events relating to the service which they must inform us of by law. We looked at previous inspection reports and contacted community professionals for feedback. We received feedback from three professionals.

We reviewed the 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.

During the inspection we spoke with six people who live at the service. We also spoke with five members of staff including the registered manager, the assistant regional director, the deputy manager, the assistant manager and a support worker. In addition, we spoke with an independent support worker engaged specifically to work with one person and a social care professional. We observed support being provided in the communal areas of the service. We looked at records relating to the management of the service including four people's support plans and associated records. We also reviewed a selection of policies, three staff files including recruitment records, quality assurance reports, accident/incident records and a selection of audits and health and safety records.

Is the service safe?

Our findings

People told us they felt safe living at Rowan Cottage. Comments included, "I'm safe here." "Definitely safe." and "I'm happy and safe here." People appeared extremely comfortable in the presence of staff demonstrating a relationship of trust. One person expressed this by saying, "I get on with all the staff, you can trust them." Staff responded to people in a relaxed manner and told us they worked hard to build relationships so that people felt confident to approach staff about any issues or concerns they may have. People told us if they felt unsafe they could speak to their key worker or the registered manager. They said they would always be listened to and given help. Throughout the inspection it was evident people sought advice and support about concerns in their life from staff. We observed how staff responded to this with positive suggestions and supported people to understand different aspects of their worries.

Training in safeguarding vulnerable adults was undertaken by all staff and refreshed regularly. Guidance in reporting safeguarding concerns was readily available in the service to be referred to. Staff demonstrated a sound knowledge of safeguarding people by describing what may indicate a person had suffered abuse and how they would report this. They understood their responsibilities and acted accordingly by notifying appropriate authorities including the Care Quality Commission in a timely manner. The provider had a whistleblowing policy which staff were fully aware of it and said they would make use of it if necessary to prevent poor practice. One member of staff told us they had used it in the past and were pleased that in doing so, action had been taken to address issues they had highlighted. They told us this gave them confidence in the provider to do the best for people using the service.

There was a keen emphasis on promoting people's knowledge of maintaining their own safety. People were provided with training called 'keeping me safe'. This aimed to enable people to identify when they may be at risk and who they could speak to for support. Additionally, people had received training in fire safety and safe food handling. This training provided them with knowledge to use in their everyday lives to promote their own safety as well as that of other people living at the service. Two people told us they had found the training useful and spoke positively about how it would help them when they moved on to more independent living. Staff also commented on the value of this training for people and gave an example of how people used it, "[Names] are able to tell us how food should be stored in the fridge and the right temperatures."

Risks were assessed relating to the building and to individuals using the service. Examples included fire safety, use of equipment, accessing the community, food preparation, medicines and individual activities people took part in. Risk management plans provided guidance for staff to reduce the identified risks and considered the methods which restricted people the least. People explained how staff supported them to stay safe. For example, one person was supported to attend health appointments. They told us that even though they were able to access the community independently they felt safer if a member of staff came to their appointments. Another person described how staff helped them understand how their behaviour could be misunderstood and place them in danger. A third person had been supported with use of the internet to enable them to avoid potentially unsafe websites. This demonstrated how the service supported people to recognise potentially unsafe situations and how to deal with them.

People were protected from the risk of being cared for by unsuitable staff. Recruitment processes were thorough. References were sought in relation to conduct in previous employment and a disclosure and barring service (DBS) criminal record check was completed for each applicant. A DBS check ensures there are no criminal records which may prevent a prospective member of staff from working with vulnerable people. Other checks included establishing proof of identity and gaining a full employment history. Staff performance was monitored and when appropriate disciplinary action was taken.

Successful recruitment had increased staffing levels to over full capacity. The registered manager informed us this enabled greater flexibility in the service. It also meant they were able to offer support to some of the provider's other services when this was necessary. Furthermore, when there was staff absence due to sickness or annual leave the team was able to cover those shifts. This provided consistency in support for the people living at Rowan Cottage and helped to maintain stability. The registered manager told us this was extremely important for the people living there as changes could result in distress and anxiety due to the conditions people lived with. An on call system was in place to support staff out of hours and staff were aware of who they could call for advice when required. Staff confirmed they were always able to contact the registered manager or another senior person for advice and support.

People received their medicines safely from staff who were trained and had their competency tested. Medicines were ordered, stored, administered and disposed of safely. Audits ensured any discrepancies were noted and dealt with promptly. Individual guidelines and protocols were available to direct staff on the administration of medicines which were to be taken when required.

A contingency plan was in place and provided guidance in dealing with emergency situations such as fire, staff shortage or loss of utilities. Staff practiced emergency drills and each individual had a personal evacuation plan. Infection control procedures were followed and we saw staff adhered to a colour coded system for cleaning equipment such as mops and buckets. All substances that could pose a hazard to health were properly stored and waste was appropriately disposed of.

Routine maintenance was carried out by the provider's maintenance team. Staff told us they could report damage, faults or breakages directly and repairs were generally carried out promptly. Staff conducted routine checks such as water temperatures and again reported any deficiencies immediately. For more complex health and safety checks appropriate contractors were employed to monitor and maintain equipment such as the fire alarm system and electrical equipment. The most recent health and safety audit showed the service was compliant with health and safety matters and all certificates were up to date.

Is the service effective?

Our findings

People praised the staff team for providing effective support and care. One person said, "I'm well looked after." Another told us, "We get good support. They (staff) are always there to help." Social care professionals also praised the registered manager and the staff team for the effective support provided to people living at Rowan Cottage. One commented on the "extremely good progress" made by the person they have responsibility for. In addition we saw from the records that people's families felt the support provided was effective and had a positive impact on their family member. For example a relative wrote, "[Name] went on holiday and by all accounts it was a great success! I am sure that a huge amount of meticulous planning went into this holiday and we have [registered manager] and the staff to thank for their hard-work, commitment and enthusiasm in making it such a success."

People were supported by a staff team who were well trained. New staff completed an induction course based on nationally recognised standards and spent time working alongside experienced colleagues. Staff confirmed they had received training in the skills required for their job role which included safeguarding, health and safety, equality and diversity and strategies to manage behaviour that may cause distress and anxiety. Records showed training was updated and refreshed at regular intervals. Specific training in relation to the particular needs of people living at the service was also provided. Examples included epilepsy training, diabetes awareness and learning disability and autism training. Staff told us they found the training had provided them with confidence in doing their job and one said, "I received good support in changing from working with one client group to another and the training prepared me for that."

The provider was committed to developing staff and encouraged them to gain recognised qualifications in health and social care. Additionally, the provider had developed a comprehensive competency framework. This was used to assess and provide further training for staff and to encourage them to develop and take on a variety of different roles, including managerial positions. The registered manager had undertaken one such development course and felt it had prepared him well his current responsibilities. One member of staff told us, "The company has a lot of training, they look after their staff and support us well."

At a previous inspection we found that staff had not always received support through regular one to one supervisory meetings with their line manager. At this inspection we saw meetings were now held regularly and staff confirmed they found them supportive. They told us the meetings gave them opportunities to discuss their work as well as any issues or concerns. Staff had an appraisal of their work annually and discussed their on-going development and training. Staff were very positive about the support they received from the managers. They said they could go to the registered manager or deputy if they needed advice and felt they would be listened to and supported. One said, "We have monthly meetings but you don't have to wait, you can go to him (registered manager) at any time or phone him, there's never a problem." The registered manager commented on how improving staff support had helped in staff retention and said, "We have worked hard to make sure staff are well supported and well trained. They feel they can develop their career here and have recommended friends join the company. They can express their fears and ideas. They are willing to help and go the extra mile because they feel supported."

Monthly staff meetings provided further support to staff enabling them to discuss matters relating to individual people and the service itself. We reviewed the minutes of the meetings held in March and April 2017 which demonstrated how best practice was discussed with regard to such matters as safeguarding. Staff were given reminders to be aware various policies and procedures and matters raised by people and staff were discussed and recorded.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. Staff had received training in the MCA and they were aware of how the principles of the act applied to their work. We spoke with the registered manager regarding DoLS authorisations for people who used the service. They had a good knowledge about the MCA and DoLS and understood how to apply the principles of the MCA and associated codes of practice. There was evidence of mental capacity assessments and applications for DoLS authorisations in the files we reviewed including email correspondence to follow up applications and reviews with the supervisory body. Reviews were completed when needed and best interest decision meetings were held and recorded when appropriate.

People's consent to care and treatment was sought in line with legislation and guidance. Staff promoted people's rights to make decisions for themselves. People were consulted and asked before any support was provided. Throughout the inspection we saw people were encouraged to make choices and decisions for themselves. It was clear that people valued the support of staff in making some decisions and we observed how staff discussed alternatives and options with people. Explanation and information were provided to enable people to weigh up the possible consequences of a decision.

People were encouraged and supported to maintain as healthy a diet as possible. Some people shopped and prepared food independently while others required some support. Regular discussions were held regarding menus. People benefitted from a varied diet which accommodated their personal favourite meals while encouraging them to try an array of different foods. Menus were discussed regularly at resident meetings and suggestions were taken on board and tried out. For example, a weekly takeaway had been requested and was now looked forward to by many. However, should people not wish to partake in this they were able to have a choice of their own. People were supported to maintain cultural and health related diets and when necessary supported to monitor their weight. People chose where and when they wished to eat, there were no set meal times and they ate at time that suited the activities they attended. People helped themselves to snacks and drinks throughout the day and were seen to take pleasure in offering and preparing drinks for staff when they made one for themselves.

People were supported to maintain their health and had access to relevant professionals. Staff provided support, if necessary, to assist people to attend appointments while others were able to do this independently. Records indicated people saw health professionals to monitor on-going and new conditions and they were supported to make and attend follow up appointments when necessary. Each person's file contained a health action plan which provided a clear picture of their health needs. It was evident that the preparation of these documents had involved in depth discussions with people about aspects of their health including fitness, healthy eating and the use of drugs and alcohol. More delicate and personal areas had

also been discussed to help people take appropriate care of themselves. People were encouraged to attend regular check-ups with professionals such as dentists and opticians.

Is the service caring?

Our findings

People felt the staff team knew them well and spoke positively about them. One person said, "[Name] knows what upsets me and can talk to me to help me." Another told us, "I get on with all the staff, it's the nicest home and they know the support I need." Staff demonstrated a good understanding of people's individual needs and were able to explain in detail how they supported people in a person centred way. One commented, "It's all about the guys, that's why I'm here." They went on to explain how each person was respected as an individual and how staff worked hard to give the best support they could by knowing and understanding people. They gave an example of how careful discussion and negotiation was required to encourage one person to try new things as they found change difficult to manage.

Each person living at Rowan Cottage had a key worker. A key worker is a member of staff who takes particular interest and responsibility for an individual. People told us about their key workers and valued the relationships they had built with them. Records confirmed people met with their key worker on a regular basis. These meetings provided the opportunity to talk about what was going well for them and anything that was concerning them or they were finding difficult. They set goals to be worked on and reviewed progress on these. Key workers recorded these meetings and reported to the wider support team to ensure consistency of support.

We observed people were comfortable in the presence of staff. When people were approached by staff they responded positively. Equally, we observed people approaching staff and saw there was a relaxed and comfortable engagement between them with staff responding supportively. This was evidenced by people not hesitating in speaking with staff when they wished to, engaging in light hearted banter and addressing staff with nicknames or initials in a friendly manner. The atmosphere created was happy and easy-going.

It was clear that the positive relationships people had with staff had enabled some exemplary work to be undertaken in supporting people to develop independence and achieve their goals and aspirations. We were given examples of how people had been helped to overcome behavioural difficulties, communication difficulties and personal obstacles to move toward a more independent lifestyle. For example, one person had been supported in developing a personal relationship which had brought with it stresses and strains which they found difficult to cope with. The service had worked innovatively to provide an appropriate course in self-awareness to assist in developing strategies to manage these difficulties. This person told us how this had made an immense difference, to the point where they felt able to support others in using the strategies they had learnt. The person told us this had meant they were now able to move on and not only make their relationship more permanent but to also look toward more independent living.

The staff worked hard to find and develop ways to overcome difficulties people experienced in advancing their independence. One social care professional commented, "There have been a number of issues and concerns over the years that have never been fully resolved but [Name] has been able to make extremely good progress and things seem very much better than they have been." In another example we were told about a person who had not always felt able to discuss or bring their worries and concerns to staff but chose to involve others outside of the organisation to solve their issues. Through working proactively the staff team

had spent time facilitating good communication. By giving the person time to talk about their problems whenever they needed had enabled trust to be built between them. This had meant they were no longer reliant on others to resolve their issues. They had begun communicating very well with staff and coping better with day to day struggles, trusting staff to support them to overcome obstacles. Staff told us, "[Name] is like a changed person and is far more able to be independent because of this." Other examples included helping people to be recognised by others as individuals who can make decisions and choices for themselves. Staff had found ways to increase people's independence despite challenges and difficulties through the use of education, information and facilitation.

Staff were aware of the importance of respecting people's rights to privacy and dignity. One staff member told us, "People have their own rooms where they can go and spend time if they want their own space." People confirmed staff gave them privacy and respected their wish to spend time alone. One person commented, "I can come here to watch my films or listen to my music, no one disturbs me."

The service was proactive in ensuring people had the opportunity to express themselves and communicate their needs. Staff were aware of triggers which may lead to behaviours that cause distress and knew how to avoid these. We observed staff had a genuine interest in the wellbeing of residents, engaging them in conversation to check how they were and what their plans were. Care plans contained detailed information to enable staff to understand what a person's behaviour may indicate. For example, it was recorded in one person's care plan how certain behaviour indicated anxiety and frustration. The plan guided staff in how to help this person by speaking calmly and slowly, allowing them space and time and offering an activity they enjoyed.

People were supported to maintain relationships with their family and friends. Relatives were welcome to visit anytime. The registered manager told us that where people had agreed their relatives were invited to reviews and kept up to date with their progress and wellbeing. They acknowledged the importance of supporting people with these relationships which could at times be difficult for people to understand. We saw examples of how the staff team had worked toward ensuring relationships remained positive and productive for people using the service as well as supporting them to understand when things did not go well.

People had personalised their bedrooms, they were surrounded by items in their rooms that were important and meaningful to them. This included such items as books, photographs, DVDs and CDs. Photographs of significant events were also displayed throughout the service and there was evidence of people's interests and hobbies such as exercise equipment, a drum kit, a keyboard and certificates of taking part in various activities. These contributed to making the service feel it truly belonged to the people who lived there.

Is the service responsive?

Our findings

People's needs were thoroughly assessed before they moved into the service. The assessment was then used to formulate a person centred support plan. We found support plans were extremely detailed and contained information to support people in an individualised way. Personal preferences and routines were noted in support plans and it was evident that people had been fully involved in making decisions about the care and support they received. Support plans were reviewed regularly and changes were documented and communicated to staff.

Staff told us communication was "extremely important", we found there were a number of channels of communication which ensured staff had up to date information. Handover meetings took place at the beginning of each shift and a shift plan was completed to ensure all staff knew their particular responsibilities for the shift. At the handover each person was spoken about individually so that staff coming onto the new shift were made fully aware of how people were, what they had been doing and any significant events. A diary and communication book provided further methods to share information which staff read and signed to acknowledge they had read them.

The service was extremely responsive to people's individual needs. The registered manager and the staff team sought out innovative ways to help people achieve their aspirations and goals. We were told about a number of examples of people being provided with excellent support to overcome difficulties and challenges in order to attain a goal.

One example involved a person we spoke with about a personal ambition they had held for many years to visit a particular foreign country. However, to achieve this meant they faced long haul travel which presented them with severe challenges. They told us they could have become extremely distressed and potentially may have caused harm to themselves. They went on to describe how they had been supported to first talk through what they wanted to achieve and what was involved. This had involved looking at what could potentially go wrong as well as illustrating the benefits. After discussing how taking small steps to complete shorter journeys may help to make a long journey possible the staff had worked extremely hard to plan the support required. This had involved detailed communication with a number of agencies who would need to be aware of the possibility of difficulties arising. The person spoke about the "great" support they had received in order to make the first journey. They described how they had felt doing this and told us knowing there were staff with them and other safeguards in place made them feel they were able to do it. This demonstrated positive risk taking in order to encourage achievement. The person enthusiastically told us they were now planning their next journey explaining it was longer than the first one. They told us it would prepare them to make the longer journey to fulfil their ambition the following year. They felt the experience had built their confidence, reduced their anxiety and made them feel proud of themselves.

Another person had been supported to overcome difficulties and anxieties related to leaving or going out from the service. This and other issues had had a profound effect on other aspects of their life and their relationships. With the support of staff for both the person and those who had significant relationships with them options were explored and tested. This had an extremely positive impact in that the person has

become more active in making decisions for themselves and taking control of their life.

People benefitted from a service that was flexible and responsive to their needs. Each person was encouraged to express their own individuality and to recognise their gifts and talents. The provider organised an opportunity each year for people to demonstrate their talent in a competition known as 'CHOICE has talent' if they wished. People were looking forward to the forthcoming competition as two people living at Rowan Cottage had secured places in the final. They spoke enthusiastically about how they wanted their friends to win. People also expressed their talents through activities such as drama clubs, arts and crafts and gardening. One person had a keen eye for planting and was using this to arrange and plant the garden. The registered manager felt strongly that each person should be encouraged to make decisions about the service and contribute to its functioning by using their individual talents.

People had ambitions to find employment and further develop their independence through doing so. This had been responded to by supporting people to seek either paid or voluntary employment. One person was directly employed by the service provider as a trainer and described to us how important they considered their role in raising awareness of a particular condition to other people. As well as training staff they had also spoken to community groups to educate them and promote understanding of the condition. Other people had secured employment in a garden centre and another was attending a college course. This was in preparation for moving onto a more advanced course which they hoped would put them in a position to apply for a job. People also gained experience through representing the service on committees or performing roles such as health and safety representative for the service. There was a clear emphasis on helping people to recognise their own self-worth. The registered manager said, "They (people) have goals and now they trust and believe they can achieve them."

The registered manager believed in building strong links with the community. They and the staff team had worked hard to develop these links and encourage people to play a part in their local community. One example involved a person being supported to complete a swimmathon of over one hundred laps and raising funds in aid of Marie Curie cancer research. Another example we were told about enthusiastically by both staff and people living at the service was the relationship that has been established with National Citizens Service. This had involved planned events where young adults from the community join with the people at Rowan Cottage to share life experiences, get to know each other and enjoy games and food together. During the events there was opportunity for people to give the young adults information and an insight into the conditions they live with, the impact it has on their lives and how people in the community can support them. One person told us they had spoken about autism to the young adults and said, "They will understand now when they see different behaviours, they'll know they don't have to be frightened." We were shown photographs of this event and it had clearly made a real and positive impact on people.

The registered manager and staff team worked continuously to respond to people's changing needs. Throughout the inspection, we observed staff acknowledged and responded to people promptly paying attention to what they said and did. We noted they were able to recognise and respond to behaviours that may cause distress and anxiety to people themselves or others. Each person had a positive behaviour support plan aimed to help lessen those behaviours and to provide staff with guidance to both reassure people and manage the behaviours safely when they did occur.

The organisation of the service revolved around people's preferred routines and lifestyle choices. A great emphasis was placed on providing access to suitable and varied activities. During the inspection there was a 'buzz' as people came and went to different activities announcing where they were going and what they were going to do. We saw people enjoyed cycle rides, walks, shopping, bowling and gardening throughout the time we were there. However we were also told about an array of other activities that people were

involved in including cinema trips and social clubs. People told us they always had plenty to do and the staff team encouraged them to participate and try new things.

The provider had a complaints policy which was available for people in an easy to read format. People told us they knew how to complain and who to speak to. People told us they usually raised things in resident meetings or with their key worker in the first instance. We saw where concerns had been raised they had been noted, investigated and responded to.

Is the service well-led?

Our findings

We received consistent praise for the registered manager of the service and saw written testimonials had been received acknowledging the exemplary work they had led the staff team to achieve. Examples from social care professionals and relatives included, "They have a new Manager [Name] who is excellent at the job. The care provided is good and my clients are happy with the placement. The Home has improved and the service is run effectively." "[Name] and his team work with me and cooperate in the best interest of my clients. My clients are well supported and their family are very happy with the services provided at Rowan Cottage." "We think that [Name] is doing a great job as manager." "He (the registered manager) has made remarkable progress since taking over the home and attending to our son's needs. When we visit Rowan Cottage now we are always made welcome and we feel the home is now a much happier place" "I would like to say how impressed I have been with the work undertaken by [Name]. [Name] has been able to make extremely good progress and things seem very much better than they have been." As an acknowledgement of their leadership the registered manager was presented with a 'Made a Difference' award at the 2016 CHOICE staff award ceremony.

People and staff spoke positively about the registered manager. One person told us, "[Name] is the bestest manager out of all the ones we've had." Another three commented on how comfortable they felt in speaking with the registered manager and told us they could go to him with anything and he would listen. Staff also told us they felt supported and that their opinions were listened to. One said, "We get excellent support, [Name] is a good leader." While another told us, "There is good support and leadership from [Name] and the assistant manager. We have a good staff team who are knowledgeable about the people here and always give person centred care." A third member of staff told us, "We get support and give support so we have good team working and help each other out."

We found the culture of the service to be open and positive. There was a strong emphasis on the promotion of equality, diversity and human rights in the service. This was clearly demonstrated through the 'can do' attitude of the registered manager and staff team. They worked innovatively with people to acknowledge and increase their independence in making decisions and choices in all aspects of their lives. The provider and registered manager demonstrated an ethos of equal opportunities for all. This influenced the staff team to work consistently with people to achieve their ambitions and overcome their challenges. People enthusiastically described examples such as going on holidays, planning a wedding and exploring college courses and employment. Staff had worked with numerous agencies to provide safe opportunities for people and the provider's psychology department had designed a bespoke course to enable people to reflect and manage behaviours that may prevent the further development of independence. Other examples of this work were evident from the relationships that had been built and had resulted in positive outcomes for people. For example, Staff had empowered a person to manage decision making for themselves while working with their family to appreciate their right to make their own decisions.

People were encouraged to be as fully engaged with the community as possible. This included them using leisure centres, shops, public transport and local colleges as well as inviting the local community to share in their lives by inviting them to events. The registered manager was keen to engage the community and

increase their understanding of how people lived with autism and learning disabilities. They engaged people in telling their stories so that the community was aware and had better knowledge of not just the challenges faced by people who use the service but also the many positive contributions they can make to the community and the talents they have.

Staff said they were encouraged to bring forward suggestions about how the service was run and the care people received. We reviewed the minutes of the staff meetings and saw there were discussions relating to suggestions made by staff which were acknowledged and action taken when appropriate. One member of staff described a suggestion they had made concerning documentation. This had been adopted and they felt had improved recording mechanisms. The registered manager commented on how they thought it was extremely important to involve staff in making changes and improvements.

People received a high standard of care because the management team led by example and set high expectations of staff. One member of staff said, "We always try to keep the standards high, we are happy with the quality and standards we have now but always try to get better." The provider and registered manager were committed to providing a clear focus and guidance on the care and support people required. It was evident the registered manager knew people and their needs extremely well. During the inspection we observed people were relaxed and comfortable in the presence of the registered manager as well as the staff team. People did not hesitate to approach them for support and interaction which was always provided with warmth and understanding.

The provider placed a clear emphasis on supporting and developing staff. We were shown information regarding the framework they used for this purpose. It aimed at embedding the value and ethos of the service through staff support and organisational values. Staff supervision and appraisal were aligned with these values. The framework included competencies the provider considered essential for good leadership. A series of training and development programmes encouraged and allowed staff to develop these skills and progress in their careers. The registered manager had completed this programme as part of his on-going development. In addition they attended manager's workshops which were held annually to look at development and share best practice.

The registered manager and staff worked in partnership with families and other health and social care professionals to ensure people received their care in the best way for them. The registered manager sought feedback on the care provided through informal discussions, review meetings and questionnaires. As a result of feedback received an action plan had been designed to address areas where it was thought improvement could be made. We saw in a number of these areas improvement had already taken place. For example, a goal was set for everyone living at Rowan Cottage who wanted to have a holiday to be supported to do so. This had been achieved in 2016 and further holidays were being planned at the time of the inspection.

There was a system in place to monitor the quality and safety of the service. A series of checks were completed daily, weekly and monthly for such things as fridge temperatures, fire safety and infection control. In addition to these internal audits, quality assurance visits were conducted by the assistant regional director. Remedial action was taken for any deficits identified and their completion checked at the following visit.

The provider had created a role called 'Expert Auditor' and appointed a number of people who use their services to visit and review the quality of care and support in each of its services. One of the people living at Rowan Cottage had carried out this role for some time but had recently stopped to take up alternative opportunities. 'Expert Auditors' prepared a report on services they visited and any recommendations were

followed up during quality visits by the regional director. People were also invited to put themselves forward to be on the provider's committee and act as a voice for other people who used the services. One person living at Rowan Cottage sat on the committee and took particular interest in health and safety.