

J Moor

# Rowland House

## Inspection report

7 Rowlands Yard  
Main Road  
Harwich  
Essex  
CO12 4ND

Date of inspection visit:  
20 December 2018

Date of publication:  
01 February 2019

Tel: 01255880281

Website: [www.limetreesgroup.com](http://www.limetreesgroup.com)

## 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

About the service: Rowland House provides accommodation, care and support for up to seven people who may have complex physical needs as well as brain injury and other neurological conditions. There were six people using the service at the time of the inspection.

People's experience of using this service:

- Staff had received training for safeguarding and this was updated regularly. The service was well-staffed and people received their medicines when they needed them. Risk assessments were in place to manage potential risks within people's lives, whilst also promoting their independence. Whilst we noted some people were using bedrails, the risks of these had not been suitably explored in people's care files. The registered manager sent us this information following our visit. Recruitment processes protected people from the risk of being supported by staff who were not suitable for the role. The service was clean and fresh throughout.
- People's needs were assessed prior to them moving into the service to help ensure they were cared and supported effectively. Staff received training to be able to meet people's needs. People were supported with their nutritional needs and healthy diets were promoted. Staff worked well with external health and social care professionals and people were supported to access health services when required. 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 at the service ensured people were at the heart of their care and support. The staff team were reported to be kind, caring and considerate. Staff treated people with dignity and respect and helped to maintain people's independence where possible.
- People's individual communication needs were known by staff, and the provider had used assistive technology to help support people's communication needs. People received personalised care and participated in activities, hobbies and events they enjoyed. People told us they knew who to complain to and would feel confident in doing so.
- Audits and quality checks had been completed and had identified where improvements were needed. Risks were known by staff and aware of the steps to take to reduce these risk. Care records were up to date and person centred.

Rating at last inspection: Rated Good (Report published 15 September 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained Good overall.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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 was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Rowland House

## Detailed findings

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

**Inspection team:** This inspection was carried out by one inspector.

**Service and service type:** Rowland House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

**What we did:** When planning our inspection, we looked at information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before 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.

During our inspection we spoke with three people and two relatives and observed the interactions between staff and people that used the service. We spoke to the registered manager and three support staff. We looked at the care records of two people who used the service and the personnel files for two members of staff. We also reviewed other information about the service, including health and safety information and records relating to the management and quality of the service.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

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

### Systems and processes

- Staff had received training in relation to safeguarding matters and understood and told us about their responsibilities in this area.
- There were processes and equipment in place to keep people safe, such as regular safety checks of the environment and fire safety processes and mobility aids to help people move around safely.
- People and relatives told us they felt safe. One relative said, "It is a wonderful place, I have my life back, if it was not for here I would be dead."

### Assessing risk, safety monitoring and management

- During the inspection we noted some people had bed rails in place and care plans did not contain information related to potential risks these may cause or why they were in place. Following the inspection, the registered manager sent us the information required to ensure bed rails were safe and individual risk assessments had now been put into support files.
- Staff knew people well and had developed a good understanding of the risks to people and the steps they needed to take to reduce these risks.
- Other risk assessments were detailed for example, support plans contained detailed information related to moving people using a hoist.

### Staffing levels

- People were supported by sufficient numbers of staff who had the right mix of experience and skills. Staffing levels were flexible around the needs and wishes of people who used the service.
- During the inspection our observations showed there were sufficient staff to support people safely. One person said, "There is enough staff, there here when I need them." A relative said, "There is enough and I never have any worries."
- The registered manager understood their responsibilities to ensure suitable staff were employed in the service. This included obtaining a Disclosure and Barring Service (DBS) check and references from previous employers. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people.

### Using medicines safely

- We did note hand-written MARs did not always have two signatures. A counter signature would ensure the hand-written entry had been transcribed correctly and followed the prescriber's instructions. The registered

manager informed us they would communicate this to all senior staff.

- People safely received their medication from staff and clear records were maintained of all such administrations.
- Staff completed regular audits to ensure people received their medicines as shown on the MAR. Medicines were stored in a locked office and the keys were kept by authorised staff only. Daily temperature of the room was taken.

#### Preventing and controlling infection

- The service was very clean and tidy and people were encouraged to participate with day to day chores if they were able.
- Staff had access to personal protective equipment such as gloves and aprons.

#### Learning lessons when things go wrong

- Where people had accidents and incidents these were recorded, reviewed and seen by the registered manager. The service was small and the registered manager knew people well which helped ensure any trends in relation to accidents and incidents were easily identified.

## Is the service effective?

### Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff assessed people's needs prior to moving into the service to ensure the service was appropriate for them. Information obtained included the person's diagnosis, their medicines, how they communicated and their care needs. The registered manager told us the service had a neuropsychologist and they would carry out a detailed assessment of the person following their admission.
- The neuropsychologist and staff team worked with people to develop strategies to manage behaviours and needs associated with brain injuries. In one care plan we found guidance for staff in relation to memory loss related to their brain injury.

Staff skills, knowledge and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. A person said, "Staff are kind and know what they are doing." A relative told us, "[Named team leader] understands everything and tutors their staff very well."
- Staff received training so they could carry out their role effectively. Training in relation to acquired brain injury was undertaken by staff both on line and by an external trainer. A staff member said, "We do quite a lot of training such as manual handling, brain injury and safeguarding. I am interested in doing some dementia training, so I am looking out for."
- The neuropsychologist who worked with the service also delivered training for staff specific to people's individual needs. For example, working with staff to understand behaviours related to individual people's brain injury.
- Staff had received appropriate support that promoted their professional development and assessed their competencies. Staff told us they had regular meetings with their line manager to discuss their work and performance and we saw evidence of this. One member of staff told us, "We have supervision with the management. They love our ideas and we say, 'can we try' and they usually say, 'yes go for it'."

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to maintain a healthy diet and chose which meals they wished to eat.
- People's dietary needs were assessed and monitored and their food allergies and special dietary needs were recorded. One person's support plan indicated they were at risk of aspirating (risk of food entering your airway or lungs) and guidance was provided for staff to minimise this risk.
- Staff told us people were involved with cooking and preparation of food and menus were discussed with people weekly. One staff member said, "[Named person] loves baking and others help if they want." Another

person originated from a different country and the service kept a stock of food they liked."

Staff providing consistent, effective, timely care within and across organisations

- Staff worked effectively to meet people's needs. The service had three bungalows within their grounds and staff told us they all supported each other. One person had relatives visiting and the staff member had discretely left them to enjoy their visit in private. A relative said, "There is always staff around for people, they leave us to it when we visit but pop in and out." A staff member said, "The rotas are flexible to meet people's needs and we organise staff so people can go out when they choose. They are always out and about and staff support them."
- Throughout the inspection we observed staff responding to people's needs in a timely way and attended handover meetings to share relevant information and keep up to date with people's current needs.

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

- The premises were three adapted buildings within private grounds. Communal areas were clean, spacious and well decorated. All bathrooms were clean and contained suitable equipment. The service felt like a small community with staff from one bungalow knocking to visit and have a chat with people that lived in the neighbouring bungalows. The environment met people's needs.

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

- People were supported to remain healthy and had access to health care professionals. Each person had a hospital passport which were used when people needed to visit the hospital to ensure hospital staff had a clear understanding about people's needs.
- Systems were in place to support people with more complex health issues. Care plans and risk assessments provided guidance for staff to support people to manage health needs including the use of artificial feeding through a tube directly into the stomach (PEG). Records showed staff had received appropriate training in this area.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- The service had systems in place to ensure people's legal rights were respected and the principles of the MCA were followed. Where required, capacity assessments and best interest decisions had been completed with involvement of family members and relevant professionals. Where people had no living family, advocacy services were provided for them. DoLS applications had been submitted to the local authority where restrictions were in place.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- One person said, "Everything is good." This person then gave us the thumbs up sign to indicate they were happy with the service. Another person told us, "I love it, staff are really friendly." A relative said, "Staff are really good."

We observed people and staff had developed positive relationships and people seemed comfortable in the company of staff. There was a calm and relaxed atmosphere in the service and staff laughed and joked with people often.

- The registered manager spoke with us in detail about everyone using the service including their needs, likes, dislikes and interests. This showed the registered manager also knew people very well.
- People were also supported to maintain important relationships through visiting family and friends. Staff we spoke with had a detailed understanding of people's relationships and provided the necessary support whilst maintaining people's independence. One person was supported to visit their relative when they chose to.

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

- Staff understood how people communicated. One person had previously needed to use a tablet to communicate with staff but now told us, "I used the iPad, now everyone has started to understand me." When we spoke with this person a staff member skilfully listened and used signs to understand the person and translated what they had to say to us. The staff member said, "[Named person] is doing really well and hardly needs to use their tablet, their speech has improved and most staff now understand what they are saying." The person added, "I am unique and I am one in a million."
- Another person whose first language was not English was supported by a staff member who spoke the same language from another service that visited regularly.
- People had regular meetings with their key workers (A keyworker is a named member of staff who takes an added interest in people's care) and discussed their goals, preferences and how their support is being provided. In one care plan a person had asked to have their nails painted professionally and during our inspection we saw this had been achieved.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and checked with people prior to them showing us their rooms. People socialised with staff and each other at times which suited them. If people wished to spend time alone staff respected this. People's rooms were respected by staff as their private spaces.

- Staff supported people to be as independent as they could be. Support plans included what people could do independently and what they might need help with. One stated, "I wash my own face."

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

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

Personalised care

- A detailed assessment of needs had been completed with people prior to them moving into the service. The assessment was used to form people's individual support plan. People had support plans that contained detail on needs such as mobility, communication, eating and drinking and management of their specific needs in relation to their acquired brain injury.
- Staff made people feel listened to and valued by involving them in decisions about their care and support. One person said, "I choose what I eat and what I do."
- Information was provided to help people and their relatives understand the service available to them. The registered manager was aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. People's communication needs were clearly documented.
- People were involved in the local community and their calendars for activities and events were varied and personalised to the individual.
- Where possible the service provided access to local events to enhance social activities for people to get involved with. This considered their individual interests and links with different communities.
- One person said, "I go swimming tomorrow and today I am making chestnut stuffing and going out for lunch." The person went on to say that staff supported them to go to whatever event they had planned which included attending a friend's wedding to staying with friends overnight for a party.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy in place and there was information available in the service to guide people on how to complain. There had been no complaints in relation to the care provided. A relative told us, "I have no complaints at all. We are happy with [family members] care."

End of life care and support

- None of the people that used the service were receiving end of life care; however, where people had expressed any wishes or preferences, this was recorded in their support plan's.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service continued to be well-led and there was an open, person-centred culture. One person said, "People are lovely here." A relative told us, "I would recommend anyone to come here, we are like a family."
- Staff told us they enjoyed working at the service and the morale was good. One member of staff said, "I love my job, we have a really good team, they are great clients to work with and we know them really well." Another staff member said, "Absolutely brilliant company. I love coming to work."
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

- Systems were in place which continuously assessed and monitored the quality of the service. These included daily audits by the team leader which checked systems and equipment such as profiling bed and mattresses checks, slings and the fire systems. All equipment was checked in line with legal requirements and a report was completed by the team leader for the registered manager to review weekly. Our observations and findings on the day of the inspection confirmed there were effective quality monitoring systems.
- The registered manager was also the registered manager at the provider's other service but these locations were close and they were able to split their time appropriately to retain oversight of both services.
- The registered manager understood their requirements within the law to notify us of all incidents, deaths within the service and safeguarding alerts.

Engaging and involving people using the service, the public and staff

- Questionnaires were sent out to relatives yearly and the responses for 2018 had been analysed by the registered manager. The feedback had been positive with no concerns raised.
- People talked with staff daily, during care reviews and key worker meetings and any issues or feedback had been dealt with straight away.

Continuous learning and improving care

- The registered manager and senior team monitored staff regularly through competency checks to identify where staff skills and knowledge needed to be improved. The team leader told us, "I watch staff and complete observational supervisions."
- Staff were supported by the team leader and had regular meetings with the registered manager and nominated person who made regular visits to the service. A staff member said, "We had a meeting recently, we discussed residents, activities and anything that needs doing. It was a really good meeting and a good outcome."

#### Working in partnership with others

- We found the service worked in partnership with other agencies and records detailed how medical and health professionals had been involved in people's care. The registered manager told us how they had referred a person to the falls team to gain support for the person in reducing their falls.