Cream II Limited

# Rawlyn House

## Inspection report

Rawlyn Road
Chelston
Torquay
Devon
TQ2 6PL

Tel: 01803605544

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13 May 2016

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## Ratings

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|---|---|
| Overall rating for this service | Outstanding ☆ |

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|---|---|
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Outstanding ☆ |
| Is the service responsive? | Outstanding ☆ |
| Is the service well-led? | Good ● |

# Summary of findings

## Overall summary

The inspection took place on the 12 and 13 May 2016 and was unannounced. Rawlyn House provides care and accommodation for up to 16 people with learning disabilities. On the day of our inspection 15 people were living in the service. Rawlyn House is divided into two separate buildings. The main house provides accommodation for ten people. The other unit is purpose built and accommodates six people who require wheelchair access.

The service had 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. The service had two registered managers, both working in the service most days.

We met and introduced ourselves with 14 people during our visit. Due to their complex needs people were not able to comment on all aspects of their care and support. However we were able to meet them and observed staff as they provided support. People used other methods of communication, for example pictures. A relative said; "I'm very impressed with the care." A survey stated; "Very impressed with the quality of care you provide."

The service provided outstanding care and support to people enabling them to live fulfilled and meaningful lives. The interactions between people and staff were positive. We heard and saw people laughing and smiling. People looked relaxed and were observed to be happy with the interaction between them and the staff supporting them. Care records were detailed and personalised to meet each person's needs. People and/or their relatives were involved as much as possible with their care records to say how they liked to be supported. People were offered as much choice as possible and their preferences were sought and respected. Care records were focused on giving people control and encouraging people to maintain their independence. Staff responded quickly to changes in people's needs, for example if their behaviour changed. People's life histories, disabilities and abilities were taken into account, communicated and recorded, so staff provided consistent personalised care, treatment and support.

Due to people's learning disability we saw a range of personalised communication methods and tools being used to support people. Communication aids were specific to people's needs and were detailed as part of their support plan. We saw that people used this information and referred to these visual prompts to assist them when performing a certain activity or planning their day. We saw many examples of how the staff had really thought about people's communication needs and ensured they were not a barrier to them achieving their goals and aspirations. We saw people being supported to use their individual communications methods and tools to help reduce anxiety and have greater control about their care and lifestyle.

People were supported to maintain good health through regular access to health and social care professionals, such as epilepsy nurses. Staff acted on the information given to them by professionals to help

ensure people received the care they needed to remain safe.

People's medicines were managed safely. All medicines were locked away. There were medicines policies and procedures in place. However, medicines audits completed had not picked up some minor issues. Action was taken on the day to update records and prevent reoccurrence.

People's health and well-being needs were well monitored. The registered managers and staff responded promptly to any concerns in relation to people's health and also encouraged people to attend health checks recommended for their age group and gender. People enjoyed the meals offered and had access to snacks and drinks at any time. People were involved in food shopping, planning and preparing meals as much as they were able. People were supported to say if meals were not to their liking.

People's risks were documented and well managed. We saw many examples of how staff had considered ways of helping people achieve their goals and aspirations. People were encouraged to live active lives and were supported to participate in community life where possible. Activities were meaningful and reflected people's interests and individual hobbies. People thoroughly enjoyed activities within the home such as arts and crafts, singing and dancing and excursions to places of their choice such as the theatre and those who wished to go away enjoyed holidays.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

People's mental capacity had been assessed which meant care provided by staff was in line with people's best interests. Staff understood their role with regards to ensuring people's human and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by staff. Staff had completed safeguarding training and understood what constituted abuse and how to report concerns. Staff sought people's consent before they provided care and support. However, some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed.

People were protected by safe recruitment procedures. Staff received a comprehensive induction programme and the care certificate (A nationally recognised set of skills training). Staff were very kind, caring and thoughtful. There were sufficient numbers of staff on duty to support people safely and ensure everyone had opportunities to take part in activities. Staff had completed training and had the right skills and knowledge to meet people's needs.

There was an extremely positive culture within the service, the management team provided strong leadership and led by example. The registered managers had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people. Individualised care was central to the home's philosophy and staff demonstrated they understood and practiced this by talking to us about how they met people's care and support needs. Staff described the management as open, very supportive and approachable. Staff said they felt like part of a large family and talked positively about their jobs. Staff said both registered managers made themselves available and worked in the home regularly. All staff talked positively about their roles. There was an open, transparent culture and good communication within the staff team. A comment included; "I didn't know such kindness

existed until I came to work here."

Relatives and professionals said there was an open door policy and staff always listened and were approachable. They told us they did not have any current concerns but any previous, minor feedback given to staff had been dealt with promptly and satisfactorily. Any complaints made would be thoroughly investigated and recorded in line with Cream II Limited's own policy.

People, friends, relatives and staff were encouraged to be involved in meetings held at the home and helped drive continuous improvements. Listening to feedback helped ensure positive progress was made in the delivery of care and support provided by the home. There were effective quality assurance systems in place. However audits did not pick up errors in the people's medicines. Any significant events were appropriately recorded and analysed.

Evaluation of incidents was used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff. Feedback was sought from relatives, professionals and staff to assess the quality of the service provided.

People lived in a home that was hygienically clean, spacious and suitably adapted for the people who used the service. All furniture and fittings were suitable to meet people's needs. People had easy access to very attractive landscaped gardens with walkways and seating. All bedrooms had en-suite facilities. We found the provider had considered the design of the building and put arrangements in place to ensure the premises met people's needs. This meant the provider had put in place facilities to support and improve the quality of life for people living in the home. When we inspected the sensory room in the garden we saw that the service had created a suitable friendly environment for people.

## 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's medicines were managed safely.

People were supported by staff who had knowledge and understanding of how to recognise and report signs of abuse. Staff were confident any allegations of abuse would be fully investigated to protect people.

Risks had been identified and managed appropriately. Systems were in place to manage risks associated with people's individual needs.

People were supported by staff who followed safe infection control procedures and practice.

### Is the service effective?

Good

The service was effective.

People received support from staff who had the knowledge and training to carry out their role effectively.

People were supported by highly motivated and well trained staff. Induction for new staff was robust and appropriate and all staff received regular and effective supervision and support.

Staff understood the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. People were assessed as required.

People could access appropriate health and social care support when needed.

People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration. People were supported to maintain a healthy and balanced diet.

### Is the service caring?

Outstanding ☆

The service was extremely caring.

People benefited from a positive, person-centred staff team who did everything possible to enable people to live fulfilled and meaningful lives.

People were treated with respect by staff who were kind and compassionate. Relatives were encouraged to visit regularly, were supported and involved in the service.

People had access to advocacy services. The registered manager and staff promoted and recognised the importance of people having the support of others outside the service to support them and speak on their behalf.

People were encouraged to make decisions and have choices about their day to day lives. The staff used a range of communication methods to help enable people to express their views.

## Is the service responsive?

**Outstanding** ☆

The service was very responsive.

People received personalised care and support, which was responsive to their changing needs. Records of people's care reflected their current needs and were personalised.

People were supported by staff who knew them well and were passionate about enhancing people's well-being and quality of life.

People were supported to lead a full and active lifestyle. People had access to a range of activities. People were actively encouraged to engage with the local community and maintain relationships that were important to them.

The service ensured they had systems in place to address people's and relatives' concerns and complaints. Complaints and concerns were listened to, taken seriously and addressed appropriately. There was an easy read complaints procedure in place that people could access.

## Is the service well-led?

**Good**

The service was well led.

There were clear systems of leadership and governance in place.

There were two experienced registered managers in post who staff and families said were approachable. Staff felt comfortable

discussing any concerns with the registered manager.

The registered managers ensured there was a culture of open communication within the service.

There were systems in place to monitor the safety and quality of the service. Audits were completed and reviewed to help ensure risks were identified and acted upon.

# Rawlyn 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 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.

The inspection was undertaken by one inspector on the 12 and 13 May 2016 and was unannounced.

Prior to the inspection we reviewed all the information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law. Before the inspection 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.

People were unable to fully verbally communicate with us to give us their views about the service, so we observed how people responded and interacted with staff. We observed care and support in shared areas, and watched how people were supported whilst participating in an activity. During the inspection we met with fourteen people. We spoke to three relatives, four professionals who provided support to people in the service and six members of staff.

This service employs two registered managers who were both available throughout the inspection.

We looked around the premises. We looked at four records which related to people's individual care needs, ten records which related to the administration of medicines and spoke with staff about the recruitment process and records associated with the management of the service including quality audits. We also spoke with staff about other things including their training and people's care records.

Good

# Is the service safe?

## Our findings

People who lived at Rawlyn House had communication and language difficulties associated with their learning disability. Because of this we were unable to have full conversations with them about their experiences. Therefore we spent time observing people and spoke with staff and people's relatives and professionals to ascertain if people were safe.

People approached staff and spoke with them with ease. Staff, relatives and professionals said they felt people were safe. People's loved ones told us they felt their family members were safe. Comments included, "Safe…absolutely…no doubts about that" and "Yes she is very safe here". Staff said people were kept safe because the service provided sufficient staff to help keep people safe. One staff member said; "Absolutely safe- because we have the training, enough staff and a safe environment. Our knowledge of people is second to none!"

People's medicines were managed safely. All medicines were locked away. There were medicines policies and procedures in place. Not all medicines administration records (MAR) had been signed and updated with the correct information. However this was addressed on the day of inspection and procedures were put in place to prevent a reoccurrence.

One as needed medicine was not in stock and its absence had not impacted on the person's care. However procedures were reviewed on the day so that should the person's needs change medication would be available.

Another person had their MAR signed to say they had received a liquid medicine when the home only had this in tablet form. The dose received was correct and action was taken on the day to update the MAR chart.

Tablets had also been given in an incorrect order from blister packs but the correct dose received. The registered managers explained that this occurred when the person was at home and medicines were given by family members. Action was taken on the day to record this practice.

Staff confirmed they had been trained in the management of medicines. The services PIR states; "Audits are undertaken in-house monthly and quarterly by the quality assurance manager." The monthly medicines audit completed had not picked up these issues.

People were supported by suitable staff who were recruited safely. This included appropriate checks undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. For example, disclosure and barring service (DBS) checks had been made to help ensure staff were safe to work with vulnerable adults.

There was sufficient skilled and competent staff to help ensure the safety of people. The registered managers confirmed they had adequate staff to meet people's current needs. Rotas showed this was achieved. When additional staff were needed to cover in unforeseen events, they used relief staff that had

supported people before. The registered managers stated this was so people received consistent support from staff that knew them well, which was important. Staff were not rushed during our inspection and acted quickly to support people when needed. A relative said; "There is always plenty of staff and plenty of support offered."

People were protected by staff who understood what abuse was and how to report it. The service had safeguarding policies and procedures in place. Staff were up to date with their safeguarding training. Staff said; "I recently reported something and it was dealt with straight away." Another said; "I know all concerns would be dealt with." Staff said they were aware of who to contact externally should they feel their concerns had not been dealt with appropriately. Staff were confident that any reported concerns would be taken seriously and referred to the appropriate agency, for example the local safeguarding team.

People lived in a secure and safe environment. Staff checked the identity of visitors before letting them in. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of a fire. People had up to date personal emergency evacuation procedure plans (PEEPs) in place and risk assessments which detailed how staff and emergency services would need to support individuals in the event of a fire to keep people safe.

People could be at risk when going out with or without staff support. Therefore people had risk assessments in place. Staff spoke confidently about how they supported people when they went out. Staff confirmed they were provided with information and training on how to manage risks for individuals, to help ensure people were protected. People received additional support when required. For example one to one when accessing the community. Staff managed each person's behaviour differently and this was recorded into individual care plans. The service liaised with learning disability specialists to support people's individual needs for example Learning Disability Nurses.

People had documentation in place that helped ensure risks associated with people's care and support were managed appropriately. Arrangements were in place to continually review and monitor accidents and incidents. The information was used to help reduce the likelihood of incidents occurring in the future. This showed us that learning from such incidents took place and appropriate changes were made to help keep people safe. The registered managers kept relevant agencies informed of incidents and significant events as they occurred. Staff received training and information on how to help ensure people were safe and protected.

People's finances were kept safely. People had appointees to manage their money, for example family members. Keys to access people's money were kept safe and staff signed money in and out. Staff confirmed they obtained receipts where possible to enable a clear audit trail of incoming and outgoing expenditure, and people's money was audited.

People were kept safe by a clean environment. Staff followed safe infection control procedures and current guidance. All areas we visited were clean and hygienic. Protective equipment such as gloves and aprons were readily available to reduce the risk of cross infection. Staff had completed infection control training and were able to explain the action they would take to protect people in the event of an infection control outbreak such as a sickness bug.

Good

# Is the service effective?

## Our findings

People were supported by a staff team that were skilled and knowledgeable and effectively met people's needs. Staff confirmed they received training to support people in the service for example, epilepsy awareness training. A relative said; "Best place she (her daughter) has ever lived." Another said; "Never any issues." The services PIR detailed; "All new staff are assigned a mentor who they shadow to learn the residents' routines." A relative recorded, after their relative was admitted to hospital; "The home ensured that […] had a strong team of carers who were able to meet his needs whilst in hospital and advocate on his behalf when confronted with doctors, nurses and other hospital staff who did not know [him]."

Staff said they received a good induction programme and on-going training was provided to develop their knowledge and skills. They told us this gave them confidence in their role and helped enable them to follow best practice and effectively meet people's needs. Staff confirmed they had sufficient time to read records and worked alongside experienced staff to fully understand people's medical, care and physical needs.

Training records showed staff had completed training to effectively meet the needs of people. For example, learning disability training, gastrostomy and stoma care. Staff had participated in specialist nurse workshops on specific health conditions, for example sclerosis and epilepsy. The provider had a training manager for all of its care homes and they arranged additional training for staff. Discussions with staff showed they had the right skills and knowledge to meet people's needs. The registered managers confirmed staff completed the Care Certificate (a nationally recognised induction training course for staff new to care) as part of their training. Ongoing training was planned to support staff member's continued learning and was updated when required. The service's social media site showed some of the training undertaken by the staff. Staff said; "I'm happy with the training offered."

The service worked with Torbay's Intensive Assessment and Treatment Team (IAAT) to analyse behaviours and help to prevent behaviours that could be perceived as challenging. This had been completed through extensive observations and detailed care planning designed to ensure people were cared for in a way that they preferred. The IAAT had conducted observations of the staff engaging with people. They analysed staff's recording of challenging behaviours, trained staff how to do personal recording, analysed behaviours and provided five workshops on best practice in relation to particular individual people. The IAAT team had also taught the staff how to devise "a guide to a good day" for people. This was a detailed document, which described how to achieve good care outcomes for people. For example, the detail helped ensure staff provided a consistent way of providing care to people, and provided care, in a way that met people's preferred routine and explained people's likes and dislikes.

Staff confirmed they received appraisals and supervision, and told us there was always opportunities to discuss any issues. Team meetings were held to provide staff the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve. Records showed staff discussed topics including how best to meet people's needs effectively. The service works in partnership with other organisations to make sure they are training staff to follow best practice and contribute to the development of best practice.

The service had (staff) champions within the service who actively support staff to make sure people experience good healthcare outcomes leading to an outstanding quality of life. For example in areas including communication, mental capacity, person centred planning, and assistive technology. The champions helped other staff to develop their understanding in such areas. People experience a level of care and support that promotes their wellbeing and means they have a meaningful life. The home held champion's weeks to promote the champions and develop their knowledge and awareness.

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 application procedures for this in care home are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People's mental capacity had been assessed as required. People's care had been discussed with relevant professionals and family, which meant care being provided by staff was in line with people's best interests. We spoke to the registered managers and staff about their understanding of the MCA and associated DoLS. The registered managers and staff had undertaken MCA and DoLS training and were aware of the assessment process to follow if it was assessed people may need to be deprived of their liberty and freedom. The PIR stated the service had "Completed work on the new MCA and best interest's assessments. DoLS and MCA flashcards are used in supervision (with staff) to test their knowledge. DoLS referrals have been made for all residents. Some have been granted and some are pending."

The registered managers confirmed they continually reviewed individuals to determine if a DoLS application was required. They confirmed people had been subject to a DoLS application to help keep them safe. For example, people needed a high level of supervision and used specialist supportive equipment such as wheelchairs with safety belts, which could be seen as restricting a person's movement. However, the registered managers confirmed some applications made to the local authority had not yet been authorised by them.

We observed staff asked people's consent before providing care. Staff told us they always asked for people's consent before starting to carry out personal care. They would wait for a sign the person was happy to continue. Staff encouraged everyday choices if possible, such as what people wanted to drink. Staff were aware when to support people who lacked capacity to make every day decisions.

People were protected from the risk of poor nutrition and dehydration by staff who regularly monitored and reviewed people's needs. People who required it had their weight monitored and food and fluid charts were in place when needed. People had any special diets catered for and staff were familiar with people's individual nutritional needs. A relative said in a survey returned to the service; "Thank you for the copy of the dietician's report. I am very pleased that Rawlyn House are continuing to do such a good job, particularly with […] dietary needs, which is something I have always had great concerns about."

Staff offered people choice of food and drinks and their preferences were respected. We observed people being supported by staff when required, and nobody appeared rushed. Staff gave people time, made eye contact and spoke encouraging words to keep them engaged.

Staff received handovers when coming on shift and confirmed they had sufficient time to read people's

individual records to keep up to date. Care records recorded updated information to help ensure staff provided effective care and support to people. Everyone had an eating and drinking care plan in place. These had been devised with help from the Speech and Language Therapy (SLT) team and a dietician. For example for people who required particular consistency with their food. The service had their own in-house SLT and had regular consultations with the local SLT team to assist with issues like swallowing difficulties. The home had specialised adaptive eating equipment, for example non slip mats so plates would not move.

People had access to local healthcare services and specialists' epilepsy nurses. Staff told us, and care records evidenced, it was common practice to make referrals to relevant healthcare services quickly when changes to a person's health or wellbeing had been identified. For example, a specialist nurse provided PEG support and training for someone who now required a PEG in situ. The PEG is a procedure that allows a person to be fed directly into their stomach. The district nurse came out on a weekly basis to attend to the PEG site. Detailed notes evidenced when healthcare professionals' advice had been obtained regarding specific guidance about the delivery of specialised care. This helped to ensure people's health was effectively managed.

Care records documented information about people's physical health as well as details of health services currently being provided. Each person had a "Hospital Passport", which included information about their past and current health needs. This was developed for each person to be used in the event of an admission to hospital. This information had been developed in line with best practice to help ensure people's needs were understood and met within the hospital environment. A relative said; "We are always supported by staff for all her healthcare appointments." The service had held several meetings about one person needing a hospital admission. This included meeting with other professionals to arrange and discuss this person's individual needs on admission to hospital. For example, they had discussed how this person would need pain relief, how this person should have their personal care needs met and how the service staff would support this person while they remained in hospital. Also included, was the person's physiotherapy protocol to assist hospital staff in managing this person effectively.

We were informed that one person when first admitted to the service used a wheelchair. However, this person had made tremendous progress since admission to the service and now does not use a wheelchair anymore. The registered managers said this was due to the encouragement of the staff to get the person to stand on their own. This person now walks to areas of the home and stands upon their own.

People's individual needs were met by the adaptation, design and decoration of the service. The service was decorated to a high standard with colours accepted as providing a peaceful and calm atmosphere. Each person's bedroom was individual and reflected people's personal choice. Each had an en-suite bathroom and sensory sections. Some had decking areas outside for them to access. People living with disabilities were supported to move around the service by the use of clear signs. For example, clear notices with pictures were used to support people to move around as independently as possible. If people then needed support they had access to buttons to press to call for assistance, for example a bell to press when they needed assistance to enter a room. The garden area was accessible and designed in a way it could be used safely by people with minimal support by staff. The service had an improvement plan in place which included plans to add a sensory garden which would provide different textures and scents and would be fully wheelchair accessible, with raised boxes for people to participate in the planting and watering of flowers. The service website stated about the environment that; "The home is furnished to an extremely high standard and offers the opportunity of this separate group living with each unit having their own kitchen, lounges and dining rooms, this is combined with the ability for residents to join each other for activity, special events and socialising."

The service had an interactive sensory room, which allowed people with profound disabilities to interact with their environment. It contained a machine called a "magic carpet" which projected an image on the floor (for example pictures of leaves) and played music. It contained a motion sensor and as a person moved, the leaves moved. The images changed and programming could be personalised to the individual. For example, one person really liked the colour red and they used the "magic carpet" to make the room red.

Outstanding ☆

# Is the service caring?

## Our findings

People who lived in the service were supported by extremely kind and caring staff who spoke passionately about providing excellent care. Relatives and professionals were exceptionally positive about the quality of care and support people received. They all agreed the service was very caring and provided very good individualised care to people. A professional also said this was one of the best services they visited, while another told us how it was always a pleasure to visit Rawlyn House as everyone appeared to work so well together as a team. They also said how people are always busy doing something. One relative said; "We are very impressed with the care here and […] always looks well cared for." Another said; "staff always offer the best care to […]."

A relative commented on an email sent to the service; "A huge thank you to all the staff at Rawlyn House for all their support to […] and to us over the last month. They have all been exceptional. We thought of nominating someone for employee of the month, but felt it was not right as so many staff had been wonderful. We felt they should all be highlighted. We felt that we have had fantastic support. Please do know that we are truly thankful […] is with your fantastic home."

Another relative said that when they considered a placement for their relative they looked at other services and none of them matched Rawlyn House. The relative also said that they always turned up unannounced, and commented on how well looked after all of the residents were. A relative said in a survey; "It is great to see how dedicated the staff are to the people they look after." Another survey recorded; "There are not enough words to express how we feel about you for all have done for our dear […]."

People's end of life wishes were documented with input from relatives when needed. The registered managers spoke passionately about providing the best care they could to people coming to the end of their life. They gave an example of how they cared for one person in particular who they fought hard to get discharged from hospital when there was no further hospital treatment available. They wanted to ensure the person was cared for in an environment they were used to with people around them they knew and cared for. They talked proudly of how they achieved this. As their condition deteriorated, the home obtained hospice support. They also enabled the person's relatives and friends to stay with them in the home to ensure they were with them when the passed away. Staff went to great lengths to make the person comfortable, and even made sure that the person still had activities on their final day. The person died with their mum by their side.

The relative for this person recently wrote to the service and said; "Put simply, I want to express to you my thanks and let you know what a truly wonderful, outstanding team you have down at Rawlyn House. I will not single out anyone in particular, as they were all outstanding in their attitude, care, vigilance, diligence and respect for […]. Many of them showed great initiative and organisation. Words are inadequate to express how very grateful and appreciative I am." The managers told us this is now their benchmark for caring for people at the end of their life. They have discussed the experience as a team and within the organisation to ensure everyone aspires to this standard.

Another relative, whose relative had been in hospital commented that; "Clearly, the prognosis for […] is a difficult one, and I really appreciate the support of you and Cream II Limited (The company that own Rawlyn House) as an organisation for pulling out the stops to ensure that their changing needs are fully met even though they may not have been in your original remit. It is really important for myself, for […] and for their family to know that they are in such a brilliant and caring place, a place where we can feel that they are at home and that their carers really do care about them!"

Staff undertook training in order to learn about caring with a person centred approach, focusing on individualised care and treatment. The impact of this was demonstrated in the home by how they helped people to express their views so they could be understood and be involved in all aspects about their care, treatment and support. For example when the service held care reviews meetings the staff used a format to enable the individual to joint in as much as possible. One person liked textured toys with light and sounds. When they were involved in these meetings the staff provide a padded book as an object of reference. This person also liked a particular TV programme and the staff knowing that they loved this theme tune and came "alive" on hearing it, played this theme tune in their bedroom when interacting with them. This helped engage this person better. People where possible, were supported to make informed decisions about their care with staff taking time to explain things at people's own pace. For example one person got up late and staff sat and discussed with them about having breakfast and then getting washed and dressed. Even though this was now nearly lunchtime it was evident there was no rush for this person.

People were given as much control as possible in all aspects of their life. For example if they wished to partake in activities. Staff knew the people they cared for well, for example who liked to lie in bed late at the weekend and how people liked their drinks. A relative for one person expressed that one member of staff was an exceptional key worker for their relative. They recorded, in a nomination form for employee of the month; "[…] (staff member) thinks 'outside the box' about […] likes and dislikes and often goes the extra mile in researching new apps/sensory items/clothes for them. The staff member doesn't hesitate to help out in her own time too." The relative went onto say; "I know that on one occasion when […] leg plaster got wet, the staff member took […] straight back to hospital when she was hoping to leave on time. It is such a comfort to us that through her (and other staff members too) that we feel […] (their relative) needs are being met." These relatives also commented that staff were always; "proactive in promoting [...] needs and informing us of all her news. It is a great comfort to us that […] is in such good hands."

We observed staff were friendly, patient and discreet when offering or providing support to people. For example, one person liked to walk around the service most of the day and staff offered one to one support to assist this person. Staff were observed being patient and understanding, showing they fully understood this person's routine. We observed and heard positive interactions between staff and people when they were being supported. Staff asked people if it was ok for them to assist them before providing care.

We observed staff chatting and interacting with people throughout our visit. Staff were aware of people's anxiety and provided reassurance when needed. We heard staff ask people if they were "OK" or required support. These interactions clearly pleased people as they smiled, and we observed it helped them feel more relaxed and happy.

People had support from staff who had the knowledge to care for them. People had their care records updated by the staff regularly. Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and helped promote their independence. For example one person with very complex needs went away to London and attended a show. Staff at the home researched local medical facilities and found suitable accommodation with tracking hoists to enable this person to go. Staff involved people and knew what people liked and disliked and what they enjoyed doing. Staff knew

people's particular ways of communicating and supported us when we talked with people. For example introducing us to people and remaining with them to help reduce any anxieties.

People were supported to express their views and encouraged to be actively involved in making decisions about their care, for example attending care review meetings. Advocacy services were used when needed to support people who were unable to do this independently. The PIR stated; "IMCA (Independent Mental Capacity Advocate) services have been used to help make decisions around a hospital procedure." This helped to ensure this person received the appropriate care and treatment to make them well.

People's needs in relation to any behaviour issues were clearly understood by the staff team and met in a caring positive way. For example, if people became anxious the staff were observed to interact and provided reassurance to people promptly to help reduce any distress. People soon settled and interacted with staff in a positive way.

People were treated with respect and relatives and professionals said staff were caring and compassionate. Each person had individual information to help maintain their dignity. For example, one person had a section on "How you can support me to have a bath" care plan. This was written by staff who knew this person well. This provided staff with information about how to effectively support people with their privacy and dignity. Staff understood what privacy and dignity meant in relation to supporting people. For example, some people liked to spend time on their own in their own room and this was respected. We observed staff respecting people's privacy and dignity by knocking on bedroom doors and closing bedroom doors when carrying out personal care.

Respecting people's dignity, choice and privacy was part of the home's philosophy of care. People were dressed to their liking, for example one person liked to wear particular clothes. Staff told us they always made sure people dressed smartly particularly if they were going out. Staff spoke to people respectfully and in ways they would like to be spoken to.

Staff respected people's confidentiality. Staff treated personal information in confidence and did not discuss people's personal matters in front of others. Confidential information was kept securely in the office.

People's relatives and friends were able to visit at any time. Staff recognised the importance of people's relationships with their family and promoted and supported these contacts when appropriate. A relative said; "We come unannounced and are always made to feel welcome."

Outstanding ☆

# Is the service responsive?

## Our findings

People who lived at Rawlyn House had communication and language difficulties associated with their learning disability. Therefore people were not able to express their views with planning and reviewing their own care and making decisions about how they liked their needs met, however staff involved people as much as possible. The home used a key worker system to continually assess, discuss and meet people's needs, goals and preferences. People had guidelines in place to help ensure any specific needs were met in a way they wanted and needed. This enabled staff to respond to people's needs in situations where they may require additional support. For example when people have trips out extra staff are provided when needed to help ensure each person has the staff to respond to them if they become anxious or upset. The service, with input from the SLT team had developed communication passports. These explained a person's preferred methods of communication, how they showed they were happy or felt distressed. One relative said; "The service had responded to […] needs and things are so much better all round."

People had person-centred annual reviews with families. Reviews were carried out on care plans and guidelines were in place to help ensure staff had the most recent updated information to respond to people. The reviews dealt with what had gone well and what could be improved in the future. The service went the extra mile to enable people to be involved in their own care reviews. For example, the service completed a person centred review for one person who liked magazines. The paperwork for the review was made into a magazine for them to enable them to interact in the meeting. Another person liked textured toys with light and sounds. When they were involved in a review meeting they were given a padded book as an object of reference. Staff were provided with person-centred approaches training to enable them to assist people and respond appropriately to plan people's reviews.

The service created life books for people. These provided background information on individuals and also charted people's on-going progress. They were regularly updated with key events for people. These very detailed books allowed staff to get to know the person very well.

People with limited or no communication were supported to make as many choices as possible. For example, the service had a button at the bottom of the stairs that people could press to call for assistance to go upstairs if they required additional support. Assistive technology was used to help empower people to have control and make choices. Some people had computer tablets with communication apps on them to enable them to make choices which they were not able to verbalise. For example, one person could make simple choices and staff used the app to ask them questions such as, whether they wanted to use the toilet and whether they wanted tea or coffee to drink. This person was able to make choices about activities, places to go, staff they wanted to see, and areas of the home to which they wanted to go. This person was able to point to a picture to express what they wanted.

The service website stated; "Support is tailored to meet personal needs and preferences with full opportunity for diverse and stimulating activity, ensuring a nurturing and sensitive approach to any structure and routine. The intention, always, is to be able to honour promises to individuals, their families and advocates, with the care that Cream II Limited provides being proactive, sensitive and promoting the

fulfilment of people's lives and dreams." For example people going on holidays, music festivals and travelling overseas.

People had information that informed staff about each person's life history and what interests they had. Information was recorded on how each person chose and preferred to be supported. Staff confirmed records had been put together over a period of time by the staff who worked with people, and often family members, who knew them well.

People led active social lives and participated in regular activities that were individual to their needs. People had designated either one to one or two to one support to partake in activities inside the service or out in the community. We saw people going out for a drive and out for a swim during our visit. People were able to participate in a variety of activities, tailored to their needs. The PIR stated; "Switches are placed around the home to aid communication and choice." Staff informed people of the choices on offer to assist people. People had pictures of activities they had taken part in and staff showed people these to enable them to choose. The service had their own social media site which showed a wide range of activities and events taking place. People's choices were respected. Relatives said they were happy with the variety and number of activities that where provided. We observed a music session taking place that involved people as well as staff joining in. It was clear people and staff really enjoyed this session.

People were encouraged and supported to maintain links within the local area to help ensure they were not socially isolated or restricted due to their individual needs. Staff were knowledgeable on how they supported people to access a wide range of activities. Staff said they were always on the lookout for new activities for people to try. This was evident when we spoke to staff who told us about new activities they looked for that may be of interest to people. People participate fully and actively in community life. Three people were part of church community groups which they attended weekly. People took part in and attended events such as, trampolining, horse riding, football matches, wrestling matches, concerts, the theatre, Glastonbury Festival, fireworks, weekend pampering sessions and West End shows in London. People also went out with key workers and family for shopping, and to eat in restaurants. People took holidays abroad, for example to Spain, as well as more locally in Cornwall and North Devon. A relative had commented in an email sent to the service about a trip to London to see a musical; "Just a note to say thank you to everyone who helped plan our trip to London with […]. She loved Mama Mia and had a dance at the end! Big smiles. Our special thanks to […] (Staff member) for coming up with the idea and making it work for […] and us so wonderfully well."

People were supported to develop and maintain relationships with people that mattered to them. For example, documents recorded that family and friends visited regularly. The PIR stated "The service maintains family involvement through email, phone calls, skype and […] Social Media site." People's social history was recorded. This provided staff with guidance as to what interested people.

The complaints procedure was available in a picture format so people could understand it. Relatives said any concerns raised were always dealt with. The registered managers confirmed they had not received any complaints. However, they discussed the process and fully understood how to respond promptly and thoroughly to investigate complaints in line with the service's own policy. The registered managers confirmed that appropriate action would be taken and the outcome recorded and fed back to complainants. Staff told us that due to some people's limited communication the staff worked closely with people and monitored any changes in behaviour. Staff confirmed any concerns they had would be communicated to the registered managers or registered provider and were confident they would be dealt with. Families spoken to said they had never needed to raise any concerns. The service had a system where concerns could be raised anonymously with head office using pre-addressed "issues and suggestion cards".

These were available at the front of the service. The PIR recorded; "Staff and visitors are encouraged to use "issues and concern cards."

Good

# Is the service well-led?

## Our findings

Rawlyn House was very well led and managed effectively. There was a positive culture within the service, the management team provided excellent strong leadership and led by example. There were two registered managers in place to manage the service. There was a nominated individual in place who is a person appointed by the provider to be responsible for supervising the management of the service. There was a senior management team to oversee the governance and leadership of the service.

The management of the service continually worked to improve the service. The quality assurance manager for the company conducted regular audits and provided the registered managers with an on-going improvement plan. However, medicines audits completed had not picked up some minor issues. Action was taken immediately to update records and procedures put in place to prevent reoccurrence. The registered managers also completed regular audits of people's individual finances and care records.

There was a quality assurance system in place to drive continuous improvement within the service. It was clear from records held within the service that members of the senior management team took an active role in auditing and assessing the service to ensure Rawlyn House was maintaining the expected quality of the service. The registered managers also held a workshop for staff in understanding the CQC inspection process.

Family members were encouraged to make suggestions and to express their views and opinions through meetings with the service. The registered managers confirmed they actively sought feedback from relatives, staff and other agencies. They also undertook a range of audits and safety checks to assess and maintain the quality of the environment safety. A health and safety checklist was in place, which included regular checks of equipment, vehicles, and cleanliness of the environment. The registered managers had developed an on-going improvement plan which highlighted areas for the future. For example, the purchase of new equipment.

The service and company had clear values which included: "Cream II is an organisation established and designed around a group of people who have specific needs and require a tremendous amount of care and attention. The individuals for whom we are providing support have a severe learning disability and complex care needs. This entails that the whole 'package of care' must be tailor made and person centred, to ensure that each persons' individual interests and demands, can be met successfully and seamlessly."

The vision statement helped to provide a service that ensured the needs and values of people were respected. These values were incorporated into staff training and people received a copy of the service's core values.

Staff spoke highly of the support they received from both registered managers. Staff said both registered managers made themselves available and all agreed they were approachable and very good at leading and working alongside them when needed. Staff confirmed they were able to raise concerns and agreed that they would be dealt with immediately. Staff agreed there was good communication within the team and

they worked well together. Staff said; "The managers are calm, approachable, listen and will act on things" and "best managers I have ever worked for." A relative said; "[…] and […] (both the registered managers) are both caring and always keep me informed. A professional also commented about the good support they received from the managers when they visited to discuss people's care.

The registered managers had signed Rawlyn House up to "The Social Care Commitment." This is the service's commitment to promise to provide people who need care and support with; "High quality services." Staff were encouraged to sign up to the core set of values promoted by Skills for Care. (This is a training organisation that provides practical tools and support to help adult social care organisations). The management reinforced the underlying work in the Social Care Commitment by tracking it through supervision and giving staff small incentives to work on it. The registered managers had found that the process raised some very useful topics of conversation and discussions, for example on confidentiality and best practice.

The registered managers attended the company's managers meeting to obtain support and advice and kept updated with their own professional development. Both registered managers took part in the Outstanding Manager's Network and Skills for Care forums. This enabled them to keep up to date with latest best practice and innovation. They had been asked to speak at a manager's network meeting on the topic of assistive technology.

The registered managers took part in the Torbay and South Devon Care Managers Network run by Skills for Care. They meet with other managers to discuss best practice for the care certificate. At the time of the inspection, the registered managers were working to obtain a gold standard for the home's induction and care certificate work.

People were provided with information and were involved in the running of the home as much as possible. The registered managers both took an active role within the running of the home and had good knowledge of the people and the staff. There were clear lines of responsibility and accountability within the management structure of the company. We were supported by both registered managers throughout the inspection. They demonstrated they knew the details of the care provided to people, which showed they had regular contact with the people and the staff.

Resident meetings were not held due to people's needs. However, the registered managers said they encouraged the staff to talk to, listen and observe if people had concerns. These would then be reported to the appropriate people, for example GP's or placing authorities.

We discussed the duty of candour with the registered managers. They were aware of the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise when things go wrong. The PIR recorded; "Open and honest culture is promoted in meetings and supervisions, we try to promote a no blame culture where we can learn from mistakes."

The company, Cream II Limited, motivated staff by arranging "Employee of the month" awards. They also held an annual awards event and a champion's week in recognition of staff's hard work and participation. The registered managers motivated staff through informal training. For example, they held a communication week. A week dedicated to highlighting the importance of communication with people who used the service through means, such as signing and assistive technology.

Staff were motivated, hardworking and enthusiastic. They shared the philosophy of the management team to put people first. Staff demonstrated they were motivated and dedicated to provide a good service. Incentives to motivate staff to provide a good quality service included naming an employee of month, nominated by other staff, managers and visitors. Other rewards included, staff being able to nominate their teammates, which the registered managers stated built a feeling of teamwork and camaraderie. Some staff had worked for the provider for a long time.

Regular staff meetings were held to enable staff to comment on how the service was run. This allowed open and transparent discussions about the service and updated staff on any new issues, and gave them the opportunity to discuss any areas of concern, and look at current practice. Meetings were used to support learning and improve the quality of the service. All staff agreed they were able to contribute to all discussions.

Shift handovers, supervision and appraisals were seen as an opportunity to look at improvements and current practice. The service's Twitter account showed the training and events the registered managers arranged to help ensure the people and the staff were involved in running the service. The service helped with training in the NHS, for example a student epilepsy nurse came into the service to gain work experience. This was done at the request of one of the specialist epilepsy nurses who worked regularly in the service. The service had a whistle-blowers policy so staff could raise concerns about practice.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered managers. This helped to ensure appropriate action had been taken and learning considered for future practice.

The registered managers both knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered managers kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.