Family Mosaic Housing

Rowan House

Inspection report

33 Sheepen Road
Colchester
Essex
CO3 3WG

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25 October 2016
27 October 2016
28 October 2016
31 October 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place over four days between the 25 and the 31 October 2016.

Rowan House provides a supported living service and provides personal care for people who are unable to provide it for themselves, because of old age, illness or disability. Where people live in their own home and receive care and support in order to promote their independence. As there is a separation between the care and accommodation, the care they receive is regulated by the CQC but the accommodation is not. On the day of our inspection, 175 people were using the service. Some of the people using the service had complex needs and the frequency of the care and support depended on people's individual requirements.

There was a registered manager in post. 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.

There were sufficient staff to meet people's needs and to manage risk safely. Systems were in place so people could take their prescribed medicines safely. The provider had a robust recruitment process, which helped protect people from the risk of avoidable harm. Staff were supported to develop their skills and knowledge.

People's consent was obtained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. Staff asked people's permission before carrying out any care tasks. People were supported to consume food and drink of their choice and if the person was able, staff supported and encouraged them to assist with meal preparation. Staff worked well with health care professionals, to ensure people maximised their health and wellbeing.

Staff had spent time developing positive relationships with people and knew them well. Support was given to people in a personalised way that responded to the changes in people's lives. Guidance was in place to enable staff to provide a consistent and safe level of support. People and their relatives told us they were aware of how to make a complaint and felt they were listened to by the registered manager.

Staff were enthusiastic about working for the service and worked well as a team. The service had a robust approach to monitoring and improving the quality of the service and put continuous improvement at the heart of this approach.

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.

Staff supported people to minimise risk and stay safe.

There were enough staff to safely meet people's needs.

Staff supported people to take their medicines safely.

Is the service effective?

Good

The service was effective.

Staff were skilled, and had been given training to meet the needs of people.

People were supported to make their own choices about the care they received.

Staff enabled people to eat and drink in line with their preferences.

Is the service caring?

Good

The service was caring.

Staff knew people well and treated them with compassion.

Staff respected people's privacy and promoted their dignity.

Is the service responsive?

Good

The service was responsive.

Support was flexible and responded to individual needs.

Staff received detailed guidance about how to meet people's needs.

People's concerns and complaints were dealt with effectively.

Is the service well-led?

Good

The service was well led.

The service was run efficiently and staff knew their roles and responsibilities.

A range of audits were carried out and people were asked to feedback about the quality of the service offered to them.

The service continually looked to improve and implemented changes that improved people's wellbeing.

Rowan 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. We checked to see 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 inspection took place over four days between 25 and 31 October 2016. The inspection was announced which meant the provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to respond to our queries.

Rowan House provides a supported living service. This service provides personal care and support to people who want to live independent lives in their own homes. Some of the people using the service had complex needs and the frequency of visits depended on people's individual requirements. Visits ranged from shorter visits to 24 hour care. On the day of our inspection 175 people were using the service. Rowan House supports people to undertake other activities, which could be anything from helping people to budget their finances or going out for day trips or holidays. This element of the service although provided by Rowan House would not need to be registered with the Commission if this was their sole purpose. Because of this we have focussed our inspection on the people in receipt of personal care only.

The inspection team consisted of two inspectors and one expert by experience, who carried out phone calls after the visit to the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make, a PIR was returned to us. We looked at previous inspection records and intelligence we had received about the service and notifications.

We reviewed all the information we had available about the service including notifications sent to us by the manager. Notifications are information about important events, which the provider is required to send us by law. We also looked at information sent to us from others, including family members and the local authority.

Whilst some people could to talk to us, others could not. We observed how staff worked with people to help us understand the experiences of people who could not talk with us. We spent time looking at the ways support and care was provided in order to understand the experiences of people.

We looked at the care records of thirteen people and looked at information relating to how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents and incidents reports, complaints, quality audits and policies and procedures. Reviewing this information helped us understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

During the inspection, we visited the agency's office and spoke with the registered manager and two members of staff. We visited 14 people at three separate locations and spoke with 12 staff supporting them on that day. We also spoke on the phone to an additional ten people and six family members.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. One person said, "It is very safe and I am very much at ease with the staff. They do not get nasty." Another person explained, "They chat to see I'm safe and help me to stay safe."

Staff had been trained and could describe how they supported people to keep safe. People were protected from the risk of abuse by staff that understood how to identify and report concerns. Staff knew who to speak to within the organisation if they had concerns and which relevant external professionals to contact. If required staff were encouraged to whistle blow if they had concerns about the safety of people and the quality of the service they received. Staff comments included, "I would speak to the manager, and we have a whistleblowing email to use. If I was still concerned I would contact a social worker or the CQC."

The provider had systems in place for assessing and managing risks. We looked at thirteen people's care records and saw the service had completed a wide range of risk assessments that met people's specific needs. Management plans were in place, which provided staff with guidance so they knew how to support people safely and what actions needed to be taken to minimise risk. Staff could tell us how risks should be correctly managed. They gave us examples of specific areas of risk and explained how they had worked with the individuals to help them understand these risks. For example, one person threw themselves on the floor, the care record was very detailed about how staff should respond and staff were aware of what to do. This happened during our visit and we saw the staff behaving supportively. They checked the person was not hurt and asked them to stand up independently, which the person did.

Risks management plans were personalised depending on the person's needs, ability, and behaviour. For example, there was information that explained how a person might express their emotions with suggestions for staff to consider how to help them manage these behaviours. The plans described what the person could be feeling, gave an example of how the person might express these feelings and detailed how to respond in the most appropriate way.

Staff had an enabling attitude around risk management and encouraged people to challenge themselves whilst recognising and respecting their lifestyle choices. For instance, one person's records said that they would gorge themselves on biscuits in secret and may choke if they did this. This was recorded in a risk enabling way and did not restrict the person from making this choice. It did alert staff to be aware that there was a potential choking hazard if this person became very upset and explained how to provide emotional support.

Senior staff had carried out risk assessments of the environment. One staff member explained, "I make sure I plan ahead when taking people out, that way we are aware of any potential risks to people, one person has poor eyesight, so we make sure the environment is clear so they can walk without any hazards."

Staff had the ability to recognise when people felt unsafe. For instance, one person needed help to mobilise. Their records described not only what the physical problem was but used visual prompts to make sure that

staff used the equipment in a safe way. There was guidance in place for staff about how to make that person feel and safe and secure in their home.

Everyone we spoke to without exception told us there were enough staff available. One person said, "The staff are nice people, they are here on time and I usually have the same people." We observed there were sufficient staff on duty to respond to people's needs and staff were available and accessible. We saw that staff had time to sit and talk to people. One member of staff said, "We are rarely short staffed, absence is well covered here." Managers were visible so if staff needed to go and get something people were still supervised. Staff were available to take people to their pre-arranged appointments or activities.

Trained staff managed people's medicines safely and managers regularly checked how staff administered people's medicines to make sure they were still competent. Detailed information for each person was kept with the medicine administration record (MAR) sheets to make sure staff were aware of the guidelines and what action they should take. Staff used MAR sheets to record when they had supported people to take their medicines and they knew what to do if people refused to take their medicines. We found the records were completed correctly, and audits were in place that checked for any potential errors.

Safe recruitment processes were in place when employing staff. The recruitment procedure included asking potential employees to complete a detailed application form, checking references, and having a comprehensive employment interview. Office staff checked that applicants had the right to work in the UK and carried out disclosure and barring checks (DBS) for new staff to ensure they were safe to work with vulnerable adults. Staff told us they had only started working once all the necessary checks had been carried out.

In one of the places we visited recruitment remained a challenge due to the rural aspect of the location but various and innovative methods were used. For example, the registered manager gave out 'I think you are amazing' cards to people they meet who they would like to talk to about working with people with a learning disability and they held recruitment drives at local colleges and market stalls.

Good

Is the service effective?

Our findings

We received overwhelmingly positive feedback about this service. People told us that staff delivered good support and were conscientious. One family member explained, "[Name] is really well looked after and the staff keep us involved and informed." A person said, "I would recommend it, they are very good."

All staff received an induction when they first started working for the service. If staff were brought in to cover someone's absence an induction which looked at peoples individual needs was provided. The registered manager said, "Everyone has an induction, it's really important they are confident. Confident staff are more likely to support people in the correct way and that begins with the quality of the induction they receive." After staff completed the company induction, they completed the care certificate. The Care Certificate is a set of standards that health and social care workers complete to make sure that all staff has the same introductory skills, knowledge, and behaviours to provide care and support.

People told us the staff who supported them were trained and had developed effective skills as a result. One person said, "Yes, I think the staff are very well trained. They are good at their job." We saw training certificates within staff files that showed us staff received training in both mandatory and specialist topics. The registered manager monitored training to make sure that people's knowledge remained up to date. Staff told us they received training that was specific to their needs and the people they were supporting. One staff member gave us an example, "More recently we had someone who has started a relationship with another person in the house. This was new to me so and I was unsure how to support both of them. I spoke to my manager and they were so good, they arranged for me to have some additional training. This has helped me develop my understanding of people needs and rights." We noted, care records also contained guidance relating to the person's sexual orientation and relationships.

Staff felt their skills were valued and they were listened to when decisions were made about people's care. Staff told us they had supervision meetings with their line manager and had an annual appraisal. Typical comments included statements like, "Rowan House is a really good company to work for," and "they are really supportive and encourage to get the best from you as an employee."

Staff received training in the Mental Capacity Act 2005 (MCA) and all of the staff we spoke with had a good understanding of how to apply the principles to support people to make decisions. 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 only 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. Staff had a good awareness of issues around capacity and consent. Staff could describe a person's capacity and their ability to make some decisions, such as how the person may react to our visit, and how their memory may fluctuate, or how their health condition affected the way a person my behave or communicate.

We checked whether the service was working within the principles of the MCA and found it was. Staff understood the importance of assessing whether a person could make a decision and the steps they should

take to support the decision making process. When a person lacked the capacity to make a certain decision an Independent Mental Capacity Advocate (IMCA) was instructed to represent the person wishes. For instance, one person decided they no longer liked where they lived so the service got an IMCA involved to make sure the person had their views heard.

Staff understood the importance of asking people for consent before providing any care and support. For example, we saw staff offering visual choices, one person was shown the tea and coffee caddies, and was able to choose a cup of tea. Another person offered to make us a cup of tea and did so with the support of the staff member. We observed throughout our inspection staff asking people's permission before helping them. For example, all of the people were asked if we could enter their rooms. Staff were also reluctant to grant us access to people's files without the person first giving us their permission, so they asked everyone's permission before they allowed us to view this information which was highly detailed and personal.

Staff supported people to be involved in preparing a shopping list, and they went out with staff to get their shopping. We observed various people going shopping with staff and one person helped to put the shopping away.

Lunch was relaxed and people ate when the chose to. Encouragement was offered to people and those who needed support received it. If someone needed help to eat, staff sat alongside the person and helped them with this. Staff members took people into the kitchen so that they could choose what they wanted to eat and help prepare the meal if they wanted to. One person told us that they enjoyed lunch, they said, "I had sweet potato with tuna, it was really nice."

The service worked with health care professionals to support people with special nutritional needs. Those with swallowing difficulties had detailed information so that staff could be clear about how to help someone eat safely. For example, records included guidance about the correct texture the food should be and how the person should be sat. Staff monitored how much food the person had consumed and what action to take in an emergency. When health professionals were not involved to help people eat and drink safely, consideration was still given around this area and potential choking hazards were identified. When we visited people we observed that some of them needed their food pureed in order to eat safely; we saw they were supported by staff correctly.

People were supported to access health and social care professionals, and staff had the correct information to make sure the individual needs of the people were met. We saw evidence staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when their needs had changed. For example, GP's, occupational therapists, the local mental health team, and social workers. One family member told us, "They can get [Name] to the doctors. They phone me and keep me involved."

Staff described how they monitored people to look for any signs that their health was deteriorating to ensure they remained safe and records reflected what they had told us. For example, one staff member explained how they would look for patterns in someone's behaviour, such as someone becoming more confused and becoming more agitated than usual which might indicate that the person was becoming unwell.

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. They described the staff to us as being, easy to talk to. One person said the staff were, "Pleasant and nice."

Staff spoke with affection about the people they cared for and we saw that good relationships had been developed between them. When staff spoke with people, they bent down to eye level and spoke in a way which the person could understand. People told us staff were caring when they supported them. One person commented, "The staff are lovely, they look after me and give me a bath." Care plans contained a information about people's life, their likes, dislikes, and personal preferences. One person told us, "The staff respect my room, my things and my privacy."

When people could become anxious, staff had guidance on how to minimise anxiety. For example, one staff member explained how a person may react to our presence and could tell exactly how they would divert the person's behaviour if it were displayed. People benefitted from having staff that had an in-depth understanding of their individual needs and preferences.

Staff supported people to talk to us, so that they were not anxious or uncomfortable. One member of staff put on some music for a person, when we checked the person's file this song was recorded as a favourite and they sang along. Another person saw that we were making notes so staff helped them to get a clipboard so they could help us look at different areas of the service. The staff supported the person to this and it was clear this made the person more accepting of our presence.

People were involved in decorating their bedroom, and picked colours and wallpaper and helped to decorate their home. One person had recently chosen a certain design of wallpaper and it was clear they really like this.

Staff were aware of people's personal preferences. Within the care records, we saw that personal interests, hobbies, likes, and dislikes, religious and cultural needs, sexual orientation, and relationship choices were all documented. This meant that staff could be well informed about the people they were supporting and help them develop and maintain positive relationships.

We inspected how staff supported people to maintain their independence and found they did this well. People told us that staff assisted them to do the things they wanted to. For example, one person said, "They help me to get out and we go where I choose."

One staff member told us their role entailed supporting people to attend appointments, accessing the community, and undertaking activities whilst encouraging them to be as independent as possible. We saw that care plans were written sensitively and emphasised the importance of promoting people's independence by recognising their strengths and what they were able to do for themselves. For example, one care plan stated, "If you put shampoo on my head, I can wash my hair."

When staff spoke with us they were respectful in the way they referred to people. Staff spoke compassionately about the people they supported and wanted to promote people's welfare and well-being. A team of staff worked with individuals and the approach they had was person centred. One staff member told us, "We are a small team and communicate well, the other day a staff member off duty text me to let me know about an event they knew a person would enjoy that was happening locally. I asked the person and they wanted to go." Another staff member told us, "There are not many jobs when you can say, 'Let's have a party today'; I enjoy putting smiles on people's faces."

People were supported to maintain relationships with their families and relatives told us they could visit their family member without restriction. If needed, people were supported to visit their families and people's relatives were encouraged to visit them. For example, a staff member told us that a person regularly used Skype to communicate with their family who lived abroad.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs and supported people to lead meaningful and fulfilling lives. One person said, "They provide support for me to go places and it's my choice, what we do and where we go." A family member told us, "We count ourselves as very fortunate. The service is wonderful and the staff are good humoured."

People told us how they were supported to pursue activities of their choice. One person said, "I play a lot of tennis and I have their help to sort that."
We sat with one person and looked at their care plan with them, they told us they enjoyed doing the things that had been written down. In another care record it stated that the person liked gardening and that they cleared the leaves every day. We spoke with this person and they explained that they, "Liked gardening, I clear the leaves here every day." Later we saw the person gathering the leaves outside, a member of staff swept the leaves down a bank so the person could access the leaves more easily. They proudly showed us the leaves they had gathered into piles. A staff member told us that they were currently looking to purchase a greenhouse, so people could start to grow vegetables.

We observed several people going out throughout the day, one person went to a day centre, and others went shopping to buy the weekly shop and their own personal items. All of the locations we inspected had arranged a Halloween party and some people had chosen to dress up. One person was very excited and showed us their costume. People had sent their friends in the community invitations to the party. One of the managers had accessed funding for this party and had purchased a number of decorations.

People's friends were invited to birthdays and seasonal events. One staff member explained, "The people who live here meet up with people we care for in the community at various events so they are friends. They are welcome to visit anytime but they must ring first so we can check that everyone living at the house is happy for them to visit." People were supported to have visitors when they wanted and staff were welcoming to them when they did. One person said, "The staff really make my visitors welcome."

People's care and support was planned proactively and in partnership with them. Staff used inclusive communication techniques to communicate with people in different ways. One family member explained, "[Name] has little speech but they can let me know what they feel. The staff have really caught onto things like what his signals mean. They have good communication techniques and they use a speech board."

Staff prepared activity planners with people for the week ahead, people could choose what they wanted to do and where they wanted to go. The service was focused on providing person centred care and was achieving some exceptional results. For instance, we were shown examples of where staff had supported a person to discover what had happened to their parent and had arranged for a headstone to be placed, in order to be able to allow that person to grieve for their relative. The staff member explained, "When [name] moved in we knew nothing about him, slowly we developed our relationship and I found out they used to attend a church down the road as a child. We agreed to go together. Some of the ladies remembered him and helped provide us with some information that helped us piece together where their parent had been

laid to rest. We even managed to get a photo of the person as a child. It has really helped [Name] to move on and has given them closure and has allowed them to grieve."

Some people needed full support with all their personal care needs whereas others were more independent and needed less. All of the care records we inspected were written in a person centred way, which means they were all about the person, and put them first. People's care needs had been assessed before receiving the service, which helped the service to make sure they could able to meet the person's needs before offering them a service. Care records were very detailed. For instance, they recorded a person's 'average week' that was specific to each person. People had been involved in the planning of their care through the assessment and care planning process and at on-going reviews of their care and support.

During the inspection we found peoples care had been reviewed. When we asked people and their family members about this aspect they told us that they had been involved in an annual review of their care and felt involved in this process. One family member explained, "They have kept us informed and we feel involved. We always have details of appointments and notes and we attend the meetings."

Daily records were well written by staff and contained a good level of detail about the care provided and any issues other members of staff needed to be aware of. Staff could outline the needs of the people they were supporting and explained how they would check the support plan to see if there had been any changes since their last visit. Handover meetings were held at the end and beginning of every shift. Staff told us that these meetings were used to find out if there had been any changes to people's needs.

When the service received a complaint, they viewed this as an opportunity to learn and develop. The registered manager explained, "When we receive a complaint or have any feedback I view this as an opportunity to improve the way things are done." People we spoke with told us. "I've had no complaints but would do so if it's needed."

People told us that they had information to enable them to make a complaint if this was needed and that this had been given to them when their service began. We looked at the way the service recorded complaints and noticed that these were dealt with appropriately.

Good

Is the service well-led?

Our findings

The positive feedback we received from people during our inspection demonstrated that the service was well run. Everyone we spoke said the service was well managed and people were positive about both the registered manager and care staff.

Staff told us the service was well organised and they enjoyed working at the service. They said the manager had a visible presence in the daily running of the service. One staff described the manager as being, "Very approachable and open to suggestions." They also told us that they were treated fairly and that they could approach their manager at any time if they had a problem.

The service had a clear management structure in place and had a number of senior staff who supported the registered manager with the day to day running of the service. They were able to demonstrate a good understanding and knowledge of the people who received a service from the agency as well as the staff team.

All of the staff described the team as having high levels of morale, and were pleased they worked for the service. One staff member said, "This is such a good company. It's a good team, and we all get on really well." The service had staff recognition schemes in place to help motivate staff to do better. These were called the 'Wow awards'. If a member of the team had impressed anyone, they could nominate them for a 'Wow' award. This reward scheme recognised and rewarded staff who went beyond their normal duties. The registered manager has also been given a reward chequebook, which they used to purchase gift vouchers, spot bonuses, and duvet days for staff that went the extra mile.

The registered manager used a range of creative ways to seek the views of people who used the service. As well as talking to them on a regular basis, they sent surveys to relatives and professionals to seek their views and opinions. We reviewed the latest annual questionnaire these showed that the majority of the people were satisfied with the service they received. The manager actively sought input from staff into the running of the service and had sent out an anonymous survey to obtain their views. We saw that the manager had answered every comment made by staff and as a result of this survey the manager was trialling senior support workers in one area.

Staff described the vision and values of the service as being courageous, confident, dedicated and smart. One staff member explained, "The values runs through everything we do, they are like the 'veins' of the company."

A number of audits were in place that checked the quality of the service. The registered manager looked at ways to continuously monitor and improve the quality of care people received. We found evidence that the registered manager had put continuous improvement at the heart of their quality assurance approach. For example, we saw an action plan that said [Name] has requested a pet to be responsible for. During our inspection we spoke with [Name] who introduced us to their three pets, two rabbits and a cat. We could see that this person took great comfort and pride in caring for their animals. Other areas for improvement were

[Name] had put in their satisfaction survey that they wanted to do more dancing. We found staff had linked with other services in the area and had arranged extra parties so that this person could have the opportunity to dance more.

Staff meetings took place and they told us they had team meetings which enabled them to get together to discuss any issues or concerns and this was confirmed by the records we looked at. Care files and other confidential information about people were stored securely. This ensured people's private information was only accessible to the necessary people.