M & C Care Limited

Rowan House Residential Home

Inspection report

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Date of inspection visit:
29 August 2017
30 August 2017
31 August 2017
01 September 2017

Date of publication:
29 September 2017

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

The inspection took place on the 29, 30, 31 August and 1 September 2017 and was unannounced to the care home and announced to the domiciliary care part of the service. Rowan House Residential Home provides care and accommodation for up to 26 people who may be living with dementia. On the day of the inspection 23 people were living at the care home. Rowan House also provides a personal care service to people living in their own home. On the day of the inspection 30 people were supported by the agency with their personal care needs in their own home.

We carried out an unannounced comprehensive inspection of this service on 14 and 15 July 2016 on the care home only. Breaches of legal requirements were found and enforcement action was taken. This was because the provider did not ensure that risks relating to people's nutrition, skin care, medicines, the environment and the recruitment of staff, were effectively managed. We also found concerns in relation to staff training and to how the quality of the service was monitored. After the comprehensive inspection the provider submitted an action plan to tell us what they would do to meet the legal requirements in relation to the breaches.

We undertook a focused inspection on 17 November 2016 to check that they had followed their action plan and to confirm that they now met legal requirements. We found that action had been taken to improve the service. However we could not improve the rating from Requires Improvement because to do so requires consistent good practice over time.

At this inspection we found these improvements had been maintained.

The residential service and the domically service each had a manager in place. Though neither manager was currently registered with the Commission there were exceptional circumstance which we are aware of and except. We have now received an application to register a manager.

A registered manager is a person who has registered with the 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.

One person living in the service said when asked; "The care in here is fantastic." Another said; "We are like one big happy family." While another commented; "It just reminds me of living at home." A relative said; "Couldn't ask for better for her." A professional spoken with felt people were well cared for and safe living in the service.

People from the domiciliary service said; "The care I receive is excellent, I'm very happy" and "Everybody is so helpful." A relative said: "Their care is first class."
People's medicines were managed safely. Medicines were stored, and disposed of safely. Senior staff

administered medicines. They confirmed they had received training and understood the importance of the safe administration and management of medicines.

People were protected from harm as staff had completed safeguarding training. Staff understood how to report any concerns and what action they would take to protect people. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were protected by safe recruitment procedures. Staff were supported with an induction and ongoing training programme to develop their skills, and staff competency was assessed. People, staff and relatives said there were sufficient staff to care for people.

People who did not have capacity to make decisions for themselves were supported by staff to make sure their legal rights were protected. Staff worked with other professionals in people's best interests. The managers worked in the service most days and had taken action where they thought people's freedom was being restricted. Applications were made and advice sought to help safeguard people and their human rights.

People were satisfied with the care the staff provided. They agreed staff had the right skills and knowledge to meet their needs. People were encouraged and supported to make decisions and choices whenever possible in their day to day lives. People had their privacy and dignity maintained. Staff were observed supporting people with patience and kindness.

People had visits from healthcare professionals. For example, district nurse, to ensure they received appropriate care and treatment to meet their healthcare needs. Professionals confirmed staff followed the guidance they provided. People received the care they needed to remain safe and well. For example, people who received regular visits from the district nurses had their dressing attend to. People's end of life wishes were documented and respected.

People were supported to maintain a healthy balanced diet. People told us they enjoyed their meals and there was plenty of food available. We observed people, who required it, being supported at mealtimes. One person said; "The food is very good."

People's risks were assessed, well-managed and regularly reviewed to help keep people safe and well. Whenever possible, people had choice and control over their lives and were supported to engage in activities. Records were updated to reflect people's changing needs. People and their families were involved in the planning of their care. People's care records were of a good standard, were detailed and recorded people's preferences. People said they were happy living at the service. There was a calm and relaxed atmosphere within the service.

People said both managers were very approachable. A visiting professional and staff confirmed the manager made themselves available and were very good at supporting them. Staff talked enthusiastically about their roles and took pride in their work.

The managers and registered provider had an ethos of honesty and transparency. 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.

People's opinions were sought formally and informally. There were quality assurance systems in place. Feedback was sought from people and their relatives to assess the quality of the service provided. Audits

were conducted to ensure the quality of care and environmental issues were identified promptly. Accidents and safeguarding concerns were investigated and where there were areas for improvement, these were shared for learning. Audits on infection control had taken place. Staff had received training in infection control.

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 told us they felt safe living at the service and receiving care from the agency.

People were supported by sufficient numbers of suitable, experienced and skilled staff.

People were kept safe by staff who had a good understanding of how to recognise and report signs of abuse.

People's risks had been identified and managed appropriately. Risk assessments had been completed to help protect people.

People received their medicines as prescribed. Medicines were managed safely and staff were aware of good practice.

People lived in a clean and hygienic environment.

Is the service effective?

Good

The service was effective.

People were supported to maintain a healthy balanced diet.

People were cared for by skilled and experienced staff who received regular training.

People had access to healthcare services in order to meet their health care needs.

People's human rights were respected. Staff understood the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

People were involved in decisions about their care.

People were treated with kindness and respect and were happy with the support they received.

People's privacy and dignity was promoted by the staff.

Staff knew about the people they cared for, what people required and what was important to them.

People's end of life wishes were documented and respected.

Is the service responsive?

Good

The service was responsive.

People's care records were personalised reflecting their individual needs.

People were supported to participate in activities and interests they enjoyed.

The service had a formal complaints procedure and people and their families knew how to use it, if they needed to.

Is the service well-led?

Good

The service was not fully well led.

People receiving care at home and residential care did not benefit from having a manager who was registered with the commission.

Staff confirmed they felt supported by managers of the residential service and the domically service as well as the registered provider. There was open communication within the service and staff felt comfortable discussing any concerns with both.

There were systems in place to monitor the safety and quality of the service.

Audits were completed to ensure the quality and safety of the service was maintained.

Rowan House Residential Home

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.

This was a comprehensive inspection and took place over four consecutive days. The inspection of the care home was unannounced and took place on the 29 and 30 August 2017.The inspection at the care home was completed by an inspector from the adult social care directorate and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspection of the domiciliary care service took place on 31 August and 1 September 2017 and was announced. The provider was given 48 hours' notice because we needed to be sure the manager would be present. The inspection team consisted of one inspector and an expert by experience.

Prior to the inspection we reviewed information we held about the service, and notifications we had received, the previous inspection report and Provider information return (PIR). A notification is information about specific events, which the service is required to send us by law. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection of the care home we met or spoke with all 23 people who used the service and the manager of the residential service. We also spoke to seven staff member and five relatives within the residential service. We also spoke with a health care professional who had supported people within the service.

We looked around the premises and observed and heard how staff interacted with people. We looked at four records which related to people's individual care needs. We looked at 10 records which related to administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

During our inspection of the domiciliary care service, we spoke with six people who used the service and four relatives. We also spoke with four members of care staff, and the manager. We looked at four records which related to people's individual care needs and records associated with the management of the service.

Good

Is the service safe?

Our findings

At our last comprehensive inspection completed on the care home only and carried out on 14 and 15 July 2016 we found people's medicines were not always managed and monitored effectively. People were not always protected by the provider's recruitment practices. People's environment was not always assessed and monitored to ensure it was safe. People's care plans did not always have risk assessments in place to provide guidance and direction to staff about how to minimise risks associated with their care. Risk's relating to people's nutrition was not always effectively managed to ensure their needs were being met.

After the comprehensive inspection the provider submitted an action plan to tell us what they would do to meet the legal requirements in relation to the breaches.

We undertook a focused inspection on 17 November 2016 to check that they had followed their action plan and to confirm that they now met legal requirements. We found that action had been taken to improve the service. However we could not improve the rating from Requires Improvement because to do so requires consistent and sustained good practice over time.

At this inspection we found these improvements had been maintained.

Rowan House Residential Home

People told us they felt safe. One person said; ""It's the kindness of the staff that makes me feel safe." One relative said; ""It's the way my mum is looked after and cared for (that makes her safe)." A visiting professional said they had no concerns over people's safety. People who lived at Rowan House were safe because the registered manager had arrangements in place to help make sure people were protected from abuse and avoidable harm.

People were protected from discrimination, abuse and avoidable harm by staff who had the skills and knowledge to help ensure they kept people safe. Staff had completed safeguarding training. Policies and procedures about safeguarding and whistleblowing were available for staff. Staff understood what to look for and could identify abuse. They said they would have no hesitation in reporting abuse and were confident the manager would act on issues or concerns raised. Staff said they would take things further, for example they would contact the local authority's safeguarding teams, if this was required.

People were protected from financial abuse. The manager told us they did not hold money or savings on behalf of any people living there. If items were purchased on behalf of people they sent an invoice for the items to their relatives or financial representatives. People told us the staff sometimes purchased items on their behalf when requested and when they did so they always gave them a receipt for the items.

People identified as being at risk had up to date risk assessments in place and people, or their relatives, had been involved in writing them. Risk assessments identified those at risk of falls or at risk of skin damage.

They showed staff how they could support people to move around the service safely and protect people's skin. There was clear information on the level of risk and any action needed to keep people safe. Staff were knowledgeable about the care needs of people including their risks and when people required extra support, for example if people became confused due to their dementia. This helped to ensure people were safe.

People's risks to their health and safety had been assessed and staff knew how to support people to keep them safe. Care files contained full risk assessments. For example, if people were at risk of choking this was documented. The manager had sought advice from the speech and language therapy team (SALT) to put in place measures to reduce the risks. Where people suffered from allergies, these were highlighted in red at the front of the person's care plan.

Staff followed safe procedures when using equipment to help people move safely. We observed staff members using a standing hoist to assist a person to transfer from a chair to a wheelchair. They were confident in how to use the equipment safely and the person appeared relaxed and comfortable during the procedure.

People's medicines were managed and given to people as prescribed, to help ensure they received them safely. Staff received regular medicine training and they confirmed they understood the importance of the safe administration and management of medicines. We observed a medicines round and saw the staff made sure people received their medicines at the correct times and records confirmed this.

People medicines administration records (MARs) were completed correctly. People had body maps in place showing staff where cream applications needed to be applied. Other storage and recording of medicines followed correct procedures. Medicines were locked away and appropriate temperatures had been logged, which fell within the guidelines that ensured the quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs which related to medicines.

One person had been prescribed a medicine which required close monitoring and frequent changes of dosage to ensure the person's health remained stable. There were systems of communication between the doctor and the staff, and safe monitoring systems were in place to ensure the person received the right dose at the right time. However there had been one occasion when this medicine had run out and the person had missed a dose. The manager immediately discussed this with staff member and put a new process in place to help ensure this was not repeated.

People lived in an environment that was safe, secure, clean, hygienic and regular updates to maintain the premises were carried out. Protective clothing such as gloves and aprons were made available to staff around the service to help reduce the risk of cross infection. Staff had completed infection control training. This meant staff had the knowledge and skills in place to maintain safe infection control practices. Evacuation drills and fire audits had been carried out. This helped ensure staff knew what to do in the event of a fire. Smoke alarms and emergency lighting were tested weekly. People had individual emergency evacuation plans in place, these, along with people's care records, detailed how staff needed to support them in the event of a fire to keep people safe.

People, relatives and a visiting professional felt there was sufficient staff to help keep people safe. Rotas and staff confirmed the home had enough staff on duty each day. Staff were observed supporting people appropriately at all times, for example, at mealtimes and with regular drinks. The manager said staffing numbers were reviewed and calculated to help ensure sufficient staff were available at all times to meet people's care needs and keep people safe. In addition to care staff there was a cook, two cleaner, a laundry

staff and an activities organisers employed.

People's risk of abuse was reduced because there were suitable recruitment and selection processes for new staff. Required checks had been conducted prior to staff starting work at the home. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults. Staff were only allowed to start work when satisfactory checks and employment references had been obtained.

Accidents were recorded and analysed to identify what had happened, and noted any actions staff could take in the future, to reduce the risk of reoccurrence.

Rowan House Domiciliary Care Agency

People told us they felt safe. A survey returned to the agency from a relative recorded; "They (the carers) were always so kind and gentle with her and for us it was reassuring to know she was in safe hands." People said; "I tend to see the same faces and I feel safe by knowing them" and "I feel safe because they know what I am about." A relative said; "All the staff wear name badges so we know who they are."

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. Policies and procedures were available for staff to advise them of what they must do if they witnessed or suspected any incident of abuse or discriminatory practice. Records showed staff had received safeguarding adults training and updates. Staff knew how to recognise signs of potential abuse and said they would have no hesitation in discussing safeguarding issues and reporting them. Staff confirmed they were aware of the whistle blowing policy and the lone working policy.

People were supported by sufficient numbers of staff to keep them safe. Staff confirmed there were sufficient staff employed with the right skills, knowledge and experience to meet people's needs. People had varied visiting times across the week. The manager informed us staffing levels were dependent upon people's needs. People said they had always been able to rely on the agency to turn up and on time. One person said; "They always make sure I have two carers, because they have to use a hoist on me."

People said staff mainly arrived on time. If staff were going to be late the agency's policy was that staff needed to notify the office staff to enable them to contact the person concerned. A 24 hour on call service was available to support any staffing difficulties in the event of sickness or unplanned absence. The on call team had the essential information they needed to ensure replacement staff had the necessary skills to meet people's care safely. The manager confirmed one staff member was a "floater". This staff member was on standby and would be available to cover any visits other staff were not able to make for example to cover sickness. Staff confirmed the on call system always worked and there was always someone available to contact.

People were protected by safe recruitment practices. Required checks had been completed. For example, personnel files held a history of previous employment details. Disclosure and barring service checks had been sought. Staff confirmed these checks had been applied for and obtained prior to them commencing their employment with the service.

People were visited by the manager before support was provided. People had an assessment completed, alongside an initial care plan and risk assessments. This also helped to ensure the service would be able to safely meet the needs of the person concerned and took account of risks associated with lone working and environmental risk. This, helped to ensured staff would be protected. Assessments included checking the

equipment in people's homes had been serviced and was in good working order and the correct equipment was in place for people, for example hoists. Risk assessments included detail around whether people required two staff to safely move them. Information about how to access people's home was known and stored safely.

People's personal risks associated with their care were known and recorded, for example those at risk of skin damage or who required a special diet. People all agreed that the staff provided safe care and took account of these risks ensuring skin creams were applied.

People's care records held information on how to help keep people safe. For example how to protect people from falling and reduce the impact on people's physical wellbeing. People's files held clear information how to move them safely. This helped to keep people safe. People told us staff knew the risks associated with their health needs and looked out for possible signs they were not well.

People's medicines were well managed by staff. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. The staff confirmed, if they were delayed, they had systems in place to ensure people received their medicines on time. Medication administration records we reviewed at the company's office were completed. Each person had a record on how the staff supported them with their medicines to help keep them safe.

Staff received personal protective equipment such as gloves, aprons and hand gels to support good infection control practices. Staff confirmed they had received training and wore protective clothing as they carried out personal care. People confirmed the staff always had gloves and aprons with them.

Good

Is the service effective?

Our findings

At our last comprehensive inspection completed on the care home only and carried out on 14 and 15 July 2016 we were informed by some external health care professionals that staff lacked competence because of a lack of training and confidence. Also people's food and drink records did not demonstrate that people's nutrition was effectively monitored.

After the comprehensive inspection the provider submitted an action plan to tell us what they would do to meet the legal requirements in relation to the breaches.

We undertook a focused inspection on 17 November 2016 to check that they had followed their action plan and to confirm that they now met legal requirements. We found that action had been taken to improve the service. However we could not improve the rating from Requires Improvement because to do so requires consistent and sustained good practice over time.

At this inspection we found these improvements had been maintained.

Rowan House Residential Home

People received effective care and support from staff who were well trained and well supported. Staff had the skills and knowledge to perform their roles and responsibilities effectively. Staff knew the people they supported well, and this helped ensure their needs were met. People said; "The care in here is fantastic" and "The staff are so loving." One staff member said; "It doesn't feel like its work here as it's so good." A visiting professional said that the staff were knowledgeable about the people they cared for and had seen great improvements in communication between them and the service.

New staff completed an induction and confirmed they had sufficient time to read records. These staff worked alongside experienced staff to fully understand people's care needs. Training records showed staff had completed training to effectively meet the needs of people, for example, dementia training. The manager confirmed new staff completed a care qualification. Ongoing training was arranged to support staff members continued learning and was updated when required. Staff completed additional training in health and safety issues. For example further training had been booked for the week after the inspection in infection control and fire safety.

Staff received appraisals and regular supervision. Team meetings were held to provide staff with the opportunity to discuss areas where support was needed. Ideas were encouraged on how the service could improve, and records showed staff discussed topics including how to meet people's needs effectively and any additional training required. For example further training booked included Dementia Care and Catheter Care.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The 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 a care home are called the Deprivation of Liberty Safeguards (DoLS)

We spoke to the manager and the staff about their understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). They had completed MCA training and were aware of the process to follow if it was assessed people needed to be deprived of their liberty and freedom.

People's care plans recorded their mental capacity had been assessed when required, and that DoLS applications to the supervisory body had been made when necessary. People's records confirmed that best interests meetings were held when necessary.

The manager and records confirmed the service continually reviewed whether individuals were being deprived of their liberty in order to receive care and treatment, in order to determine if a DoLS application was required. The staff supported and encouraged people who lacked capacity to make decisions and everyday choices whenever possible. For example, if they wished to join in the activities arranged and get up when they wanted. People's care plans showed people were involved in their care and where able, consented to the care taking place.

People's individual nutritional and hydration needs were met. People had a varied choice of what they wanted to eat and drink. People had any specific dietary needs catered for and a menu was displayed. Care records provided guidance and information to staff about how to meet individual dietary needs. Records identified what people enjoyed or disliked. The chef confirmed they had regular updated information on people's dietary needs.

A nutritional screening tool was used when needed to identify if a person was at risk of malnutrition. People identified at risk of malnutrition had their weight monitored and if required food and fluid charts were completed. People were able to access drinks and snacks at any time. People all said the food was very good or excellent. They told us there was plenty of it and that there were choices available. We observed two lunch times, and people were relaxed, not rushed, and people and staff were engaged in conversation. People who required additional support were given the assistance they needed and able to eat at their own pace.

People saw healthcare professionals when necessary. Local GP's and district nurses visited and carried out health checks. The service held weekly GP surgery's at the service. This enabled people to see a GP regularly and keep GP's up to date and monitor people's needs. People whose health had deteriorated were referred to relevant health services for additional support. Staff consulted with external healthcare professionals when completing risk assessments for people. People identified as being at risk of pressure ulcers had guidelines produced to assist staff. Records and visiting professionals confirmed the manager and staff kept them up to date with changes to people's medical needs and had contacted them for advice. This helped to ensure people's health was effectively managed.

People's care records held information on people's individual health care needs. This included information about their past and current health needs. This information was updated by staff and could be used in the event of an admission to hospital. This information had been developed in line with best practice to ensure people's needs were understood and met within the hospital environment.

People told us the staff always involved them in their care and asked for their consent before providing support. Records showed consent had been obtained and people had signed to confirm this before care was provided.

Staff received an induction when they first started working at the agency and the manager confirmed new staff completed a care qualification. Staff had a six month probation period and their progress was monitored. The manager carried out competency checks on staff, for example on their time keeping and to help ensure they were up to date with their training. These observations were carried out to help ensure staff were providing effective care.

People were supported by knowledgeable, skilled staff who effectively met their needs. People were supported by staff that had received training. Ongoing training was planned to support staffs' continued learning and was updated when required. Training was also arranged to meet the individual, specific needs of people the service agreed to support, for example, moving and handling training. Staff confirmed they had received training in using equipment, for example hoists. When asked if they received training to meet people's needs, choices and preferences, comments included; "We get excellent training, online and courses." Staff felt this enabled them to consistently provide effective support. The manager monitored the training skills required to meet each person's package of care and ensured staff competency was regularly checked.

Staff received yearly appraisals and regular supervision. Team meetings were held to provide the staff the opportunity to discuss areas where support was needed and encourage ideas on how the service could improve. Staff confirmed they had opportunities to discuss any issues about how best to meet people's needs during their one to one supervision, appraisals and at team meetings.

The manager understood the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting and making decisions, on behalf of the individuals who lacked mental capacity to make particular decisions for themselves. No one currently using the agency had any restrictions or lacked capacity to make decisions. Some staff had not yet completed training in the Mental Capacity Act, however training was planned.

People who required support with food and drink were supported and encouraged to maintain a healthy balanced diet. Staff provided some people with meals and snacks during their visit. Other people just needed their food to be heated. Staff knew which food people could have, which was in line with guidance from professionals, and which foods to avoid and could pose a risk. Clear records detailed people's dietary needs.

People, who were able to make their own healthcare appointments, managed this by themselves or with assistance from their relatives. The manager confirmed referrals to relevant healthcare services were made as required when staff noted any changes to the health or wellbeing of people. Staff knew people well and monitored people's health on a daily basis. If staff noted a change they would discuss this with the individual and, with consent, seek appropriate professional advice and support. People's records gave specific guidance on their health needs and how to respond in an emergency. For example people might require additional visits to have dressing changed from the district nurse. Essential contact numbers specific to people's care were recorded. Staff said they would follow emergency procedures, call the paramedics if needed and ensure essential information went with the person to hospital.

Good

Is the service caring?

Our findings

People were supported by staff who were both caring and kind. People said they were well cared for and spoke highly of the manager, staff and the good quality of care they received. One person said; "You can't ask for better care." A relative said; "I have peace of mind about my mums care when I'm not here." Feedback from a quality survey stated, "They (the staff) are all very kind, thoughtful and professional in the way they help […]." While another said; "Thank you all for the great care and kindness."

People were involved as much as they were able to be, with the care and treatment they received. Staff asked people for their consent before they provided any support and asked if they were comfortable with the support being offered. For example, when staff assisted people moving from a chair to a wheelchair. Staff were observed treating people with compassion and kindness. Staff were observed telling people what they were doing and completed tasks at people's own pace. All staff knew what was important to people, such as how they liked to have their care needs met.

People were supported by staff who knew them well, as some staff had worked at the service for a number of years. Staff were attentive and prompt to respond to people's emotional needs. For example if people became confused or upset, staff responded promptly to assist and reassure them. Staff interacted with people in a caring and supportive way and responded to people's needs in a dignified manner. For example, when people were assisted with their personal care, staff went over to them and supported them discreetly. This showed staff were able to recognise people's needs and respond to them in a caring manner.

People told us their privacy and dignity was respected by all the staff. Staff maintained people's privacy and dignity in particular when assisting people with personal care. For example, we saw staff knock on bedroom doors and calling out their names before entering. Staff took time to introduce us to people on our visits. Staff said how important it was that people were supported to retain their dignity and independence. A visiting professional confirmed when asked that they had never seen staff being anything other than caring and respectful towards the people at all times. One survey recorded; "You provide a cosy friendly caring atmosphere."

People's care files held information on people's wishes for end of life care. Files also held a "treatment escalation plan." This documented people's wishes regarding resuscitation. People who had been assessed as lacking capacity had the involvement of family and professionals to help ensure decisions were made in the person's best interests. This helped ensure people's wishes on their deteriorating health were made known and documented.

Rowan House Domiciliary Care Agency

People were well cared for and treated with kindness and compassion. A survey returned to the service said; "I pray that I will never be a sufferer of that dreadful illness (Dementia) but if I do then I hope I will be fortunate to be placed in your care!" One person said; "Nothing is too much trouble for them." A relative

said; "They always make sure we have everything we need."

People's needs regardless of their disabilities were met by staff in a caring and compassionate way. People told us they felt as though they mattered. People and their family confirmed they were involved in their care planning.

People received care, as much as possible, from the same staff member or group of staff members. People said they only had a small team of staff caring for them. This ensured continuity of care.

People confirmed their privacy and dignity were respected. People told us the staff respected them and made sure they were comfortable and had everything they needed before they left.

People confirmed they were supported to stay as independent as possible, for example staff would support them to wash areas of their body they were able to independently, but assist them with areas they could not reach. One person said; "They get me dressed, help me shower and prepare my meals." Staff worked at people's own pace to enable them to remain independent and care as much for themselves as possible.

People told us how the service had helped to improve their lives by promoting their independence and well-being. People told us how much the staff had helped them. They said; "Everybody is so helpful" and another said "All staff do exactly as they should."

Staff told us, "I treat everybody with respect and dignity" and another said "I'm always looking out for them." Staff had genuine concern for people's wellbeing. Staff commented they felt passionate about the support they gave and explained the importance of adopting a caring approach and making people feel they mattered. Staff were clearly compassionate about making a difference to people's lives.

Good

Is the service responsive?

Our findings

People were well cared for and supported by staff who were responsive to their individual needs. People had their needs assessed before moving into the service. The manager said this enabled them to determine if they were able to meet and respond to people's individual needs. A survey returned to the service recorded from a professional stated; "The service is responsive to client's needs."

People, where possible, were involved with planning their care. When people's needs changed, care plans were reviewed and altered to reflect this change. For example, when people's health deteriorated, staff responded by contacting other professionals for advice and support. A professional in the service on the day of our visit confirmed the manager and staff contacted them if they had any concerns about peoples care and that the service responded promptly to people's changing needs. They also said the service was responsive to people's needs when they became unwell.

People's care records contained the information staff needed to help people mobilise and safely use any specialist equipment they required. The involvement of other health professionals was documented, for example the speech and language therapist. The guidance in care records meant people had pressure relieving equipment where required, for example special mattresses to protect their skin integrity.

People's care plans included a person's lifetime history, medical history and relationships important to that person. This provided staff with information so they could understand a person's past and how it could impact on who they were today. This helped to ensure care was consistent and delivered in a way which met people's individual needs.

Records showed information had been recorded about people's health and social care needs. This provided staff with up to date information. Records recorded any behavioural needs and how staff were to respond to people if they became upset or anxious. People had clear guidance in place to support staff in managing people. One person had become very agitated during our visit. The manager and staff had responded appropriately and called for additional support to help ensure this person received the correct treatment and assistance.

People had access to call bells. This enabled people to call for assistance from staff when required. People able to told us that staff responded to these promptly.

People were provided with choices on a day to day basis, for example people had a choice of snacks and drinks throughout our visit. Activities were provided and people who wished to participate were encouraged to. The service employed a designated activities co-ordinator. They confirmed they worked with people either on a one to one basis or in small groups. During our visit people were seen enjoying the singer who attended the service. People, told us how much they enjoyed the sing along. Staff understood people's individual likes when arranging activities and ensured people had a variety to choose from. People said they were happy with the activities provided. One person said; "I enjoy all the activities" and another said; "I like the singers coming in, it cheers everybody up." A relative said; "My mum enjoys joining in with the singer."

The service had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The procedure was clearly displayed for people to access. The manager fully understood the complaints process. People and visiting professionals knew who to contact if they needed to raise a concern or make a complaint. They went on to say they felt the manager or registered provider would take appropriate action to address any issues or concerns raised. People able to, stated they would talk to the manager or one of the senior staff if they had any concerns. Visitors/relatives also stated that they would speak to the manager if they had any concerns.

Rowan House Domiciliary Care Agency

One person recorded in a survey returned to the agency; "We have nothing but praise for the care and support offered to mum and dad." Another said; "I got good recommendations about the service, you can't get better than that."

People's views and wishes were taken into account when planning care. One person said; "We are involved in making decisions about everything." Thorough assessments of people's needs took place prior to people being supported by Rowan House DCA. The manager visited people at home or in hospital to gain an understanding of their needs, expectations and wishes. People confirmed they received visits from the management team on regular occasions.

Support plans had been written from the person's perspective and included information about how the person needed or wanted to be supported. For example, care records held detailed information that if people's health deteriorated at any time a named person would be contacted to update them. A relative said; "I go through my relatives care plan once a month." Staff confirmed they would report any changes in people's needs to the agency's office, they would then contact the next of kin if required. This showed us the service responded to people's needs. Staff members ensured they communicated important messages about each person with other staff. Staff said; "I like to get to know a little bit about the people I visit" and "I know peoples likes and dislikes."

People and relatives spoke highly of the way the agency responded to people's needs. For example one relative said; "They are making more visits due to my relative getting worse with their dementia." The agency took appropriate steps to raise concerns with any other professional agencies involved with people when needed.

People's health needs, communication skills, abilities and preferences were known. Care plans held detailed information on what support was required and what people could do for themselves to help maintain their independence. The manager confirmed that people and, if appropriate, their family were regularly consulted to help ensure care records reflected a person's current needs. A relative and people confirmed they had been involved in their care plans.

People had their individual needs regularly assessed and updated to help ensure personalised care was provided. People confirmed they were aware of their care plans and could contribute and express their views on the care provided. Arrangements were in place to help ensure care records were reviewed and documented when people's changes in needs had been identified.

People and their relatives knew who to contact if they needed to raise a concern or make a complaint. The service had a policy and procedure in place for dealing with any complaints. This was made available to people, their friends and their families. No one we spoke with had any complaints about the service. People felt confident they could call the office if they had any issues. People and family felt confident and

comfortable sharing their views and experiences of the care they received. One person said; "I would know how to raise a complaint, but I haven't had any reason to do so." The manager confirmed any concerns or complaints received would be recorded and analysed to look for themes. Reflection and learning would then take place to reduce the likelihood of a similar complaint occurring.

Good

Is the service well-led?

Our findings

The residential service and the domically service each had a manager in place. Though neither manager was currently registered with the Commission there were exceptional circumstance which we have been made aware of and recognise they had taken reasonable steps to register the manager. We have now received an application to register the manager.

A registered manager is a person who has registered with the 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.

One person said; "From the bottom to the top, everybody is easy to get on with." One staff member said; "The provider has really upgraded the service." The providers recorded their visions and values in the information provided to people. This included; "Respecting each client's right to independence, privacy, dignity, fulfilment and the right to make informed choices and to take risks." These values were incorporated into staff training and helped to provide a service that ensured the needs and values of people were respected.

People, staff and visiting professionals all spoke highly of the manager. People when asked said they saw the manager regularly around the service which showed they took a very active role within the running of the service and had a good knowledge of staff and people. Professionals and visitors surveys recorded that the service was professionally run and a lovely place. They went on to say how closely the manager worked with them, and that they ran a very good service. One survey recorded; "You are well organised-Lots of brownie points to […] the manager." Staff said; "The things […] (the manager) has put in place had made it over a 100 times better" and "I'm happy in my role and happy how things are run!"

The manager and registered provider promoted the ethos of honesty, learning 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.

People were involved in the day to day running of the service. Residents' meetings and surveys were completed. If there had been issues highlighted, the manager confirmed they were addressed and that they fed back to people. This showed the service listened and acted upon people's comments. The manager, registered provider and staff made themselves available to meet and talk with people and visitors.

There was a clear management structure in the service. Staff were aware of the roles of the registered provider, manager and duty managers. The manager made themselves available to us during our inspection. They demonstrated they knew the details of the care provided to people, which showed they had regular contact with the people and staff.

There was an effective quality assurance system in place to drive improvements within the service. Audits

were carried out in line with policies and procedures. For example, there was a programme of in-house audits, including audits on medicines and people's care records. Relatives, staff and professionals received the results of regular audits so they could see what improvements had been made or were planned. They covered all aspects of the service provided. Surveys were sent to people who were able to complete them.

Staff spoke highly of the support they received. They described the management team as very supportive and told us they were; "Approachable on any issues" and "I can go to them with anything." They said they were happy in their work, the manager motivated them to provide a good quality service and they understood what was expected of them.

Staff felt able to speak to the manager if they had any issues, or were unsure about any aspect of their role. Staff confirmed the manager had an open door policy and often worked alongside them providing care to people. Staff said they felt their concerns were listened to and acted upon. The home had a whistle-blowing policy to protect staff.

The service held regular staff meetings to enable open and transparent discussions about the service and people's individual needs. These meetings updated staff about any new issues and gave them the opportunity to discuss any areas of concern they had about the way the service was run. Staff told us they were encouraged and supported to raise issues to improve the service.

Staff told us how learning from accidents and incidents had taken place. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.

Rowan House Domiciliary Care Agency

The manager of Rowan House Domiciliary Care supported us throughout our inspection.

The company's values recorded into information given to people when they use the service included; "We strive to offer a flexible, efficient and professional service which is tailored to meet each person's individual needs. We will treat each client with respect and remain sensitive to his/her individual needs and abilities, and aim to promote the clients independence and personal dignity." Staff we spoke with understood these values. One person said; "There's always somebody from the office calling round to make sure everything is ok."

There was a management structure in the service which provided clear lines of responsibility and accountability. A manager was in post who had overall responsibility for the service. They were supported by an administrator. People told us they knew who to speak to in the office and had confidence in the manager and administrator. Staff all agreed it was a good company to work for and all had worked for the company for a long time.

The provider had policies in place that showed regard to the duty of candour process. This demonstrated they supported a culture of openness and transparency. The manager promoted the ethos of honesty, learning 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.

The manager was involved in all aspects of the day to day running of the service. There was an open culture, people felt included and strong links had formed between people, their families and health and social care professionals.

The manager sought feedback from relatives, friends and health and social care professionals to enhance the service. The results of a recent questionnaire sent to people evidenced people were very satisfied with all aspects of the care and support they received. Comments recorded on surveys returned included; "They are all very kind, thoughtful and professional."

The manager understood they needed to notify the CQC of all significant events which occurred in line with their legal obligations. The provider had an up to date whistle-blowers policy which supported staff to question practice and defined how staff who raised concerns would be protected. They said they felt protected and confirmed the agency had a lone working policy. Staff said they would not hesitate to raise concerns with the provider and were confident they would act on them appropriately.

The manager, who had worked for the DCA for a number of years, inspired staff to provide a quality service and to be actively involved in developing the service. Staff understood what was expected of them and shared the provider's and manager's vision and values. Staff supervision and appraisals evidenced there were processes in place for staff to discuss and enhance their practice. Staff said supervision was beneficial. Staff received regular support and advice from the manager and administrator via phone calls and face to face meetings. Staff told us the management were very supportive and readily available if they had any concerns.

Staff confirmed they were happy in their work, were motivated by the manager and understood what was expected of them. Comments included from staff; "This is one of the best companies I've worked for." While another said; "The manager is available on the phone 24 hours a day."

There was an effective quality assurance system in place to drive continuous improvement of the service. The manager carried out regular audits which assessed the quality of the care provided to people. The manager and administrator undertook spot checks covering punctuality, care, the person's home environment and ensuring dignity and respect were provided by staff.