

## Innova House Health Care Limited

# Rowan - Innova House CLD

### Inspection report

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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

What life is like for people using this service:

The service was previously rated as 'Good'. This inspection found that the service retained its rating of 'Good' in all areas. This means that people using the service received an effective service which was responsive to any changing needs. We found the service was managed safely and people were treated with care and respect. The good quality of care had positive outcomes for people using the service. More information is the full report.

Rating at last inspection:

Good (report published 28 January 2016)

About the service:

Rowan- Innova House Ltd has been registered since January 2011. The service provides accommodation, personal care and support for up to five people in Mansfield, Nottinghamshire. The service is focused on supporting people with a diagnosis of a learning disability. The premises comprise of three separate bungalows and separate outbuilding for staff. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Why we inspected:

We previously published our inspection in January 2016. It is CQC methodology to re-inspect 'Good' providers within a 30 month timescale. This inspection was completed as planned.

Follow up:

No concerns were raised within this inspection. We will therefore aim to re-inspect this service within 30 months. We will continue to monitor the service through the information we receive.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below

Good ●

# Rowan - Innova House CLD

## Detailed findings

### Background to this inspection

#### The Inspection:

'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

#### Inspection team:

Two inspectors carried out this inspection.

#### Service and service type:

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

#### Notice of inspection

The inspection was unannounced. This meant the service was not aware we were coming to inspect. The inspection site visit activity was completed on 29 November 2018.

#### What we did:

Before the inspection we requested the provider submits a Provider Information Return (PIR). The PIR asks the provider to give key information about their service, how they are meeting the five questions and what improvements they plan to make. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection took place, we gathered information known about the service. We considered notifications the provider had sent to us. A notification is information about important events which the

provider is required to send us by law. We also considered any information received from the public and professionals

During our inspection, we carried out general observations of care and support and looked at the interactions between staff and people who used the service. We spoke with four people who used the service, four care staff and the registered manager. We looked at the relevant parts of the care records of four people who used the service. We also looked at three staff recruitment files and other records relating to the management of the home. These included audits, policies and incident records.

# Is the service safe?

## Our findings

Our findings: People were safe and protected from avoidable harm. Legal requirements were met in order to protect people from harm

### Systems and processes

- Systems and processes were in place to keep people safe from abuse.
- People told us that they felt safe living at the service.
- We spoke to staff who had good knowledge of safeguarding and how to report concerns. Staff felt confident that the registered manager would respond appropriately to any concerns.

### Assessing risk, safety monitoring and management

- Detailed risk assessments were in place to ensure people's physical, emotional and mental health needs were met safely. These assessments clearly guided staff on how to respond to any incidents and records showed staff had responded as required.
- Where incidents had occurred, these had been reviewed by management to ensure care plans remained effective and continued to reduce the risk to people's safety.

### Staffing levels

- There were safe staffing levels across the service. People's needs had been clearly assessed, to identify the level of staff support they needed.
- The service also promoted independence and we saw that despite some people having regular one to one support, their own independence was still promoted.
- Recruitment was managed safely, and pre-employment checks were completed as required to ensure that appropriate people were employed to work at the service.

### Using medicines safely

- Medicines were given to people as prescribed.
- Those people that required 'as needed' medicine were supported to take this if needed. We saw there were protocols in place, to offer alternative support before 'as needed' medicine was used. This helped to prevent 'as needed' medicine being used as a first option to changes in health.
- One person spoke positively about being supported to manage their own medicine. We saw clear processes were in place to ensure this was safe for them. This included a large scale medication administration record for them to record on.

### Preventing and controlling infection

- Staff told us that they had access to personal protective equipment to ensure effective infection control.

- We saw that people's individual bungalows were clean. People told us that staff would complete some cleaning tasks, and support them to complete other cleaning themselves. People spoke highly of the independence this provided them with.
- Audits had been completed to spot check for cleanliness. Any issues that had been identified had been addressed promptly.

#### Learning lessons when things go wrong

- People using the service could display behaviour that challenged staff and others, and presented a risk to themselves. Staff were clearly guided on how to respond to this behaviour in order to keep themselves and people safe.
- We saw that daily logs reflected changes in people's needs and risk assessments were promptly altered to guide staff. If incidents did occur, we saw that a thorough management review occurred and lessons were learnt.
- Staff reported that they felt listened to if they made suggestions on how to improve the service.

# Is the service effective?

## Our findings

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

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

- People's needs were supported in line with current standards, guidance and the law. We saw that people who had specific health conditions, had care plans created with the use of National Institute of Clinical Excellence (NICE) guidance. This guided staff on how to respond to changes in health needs effectively.
- People that used the service could require support with their behaviour. We saw staff were trained on how to restrain people safely. Records showed that staff had responded appropriately in line with restraint guidance to challenging behavioural needs.

Staff skills, knowledge and experience

- A person told us "I think [staff] are well trained and good at what they do. They are very competent." We saw that staff had received appropriate training for the type of needs they supported.
- Staff had good knowledge of people's needs and clearly retained the information they had been taught. Staff spoke highly of the training provided to them and felt management were approachable if they required further training.

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

- People were supported to create a weekly meal plan, or to identify meals on a daily basis as they desired. One person had been supported by staff to create their own accessible documentation so they could easily understand meal planning and shopping lists.
- People spoke highly of the variety and choice of food available. We saw people were provided with a nutritious balanced diet. People were supported to cook meals and develop independence in this area.

Staff providing consistent, effective, timely care

- We saw that staff responded promptly to changing needs. Records showed staff had engaged well with health and social care professionals to ensure that people's needs were met as effectively as possible.
- People spoke positively about the amount of effective multi-agency support they received. People using the service had previously lived in institutionalised environments. However, the engagement with professionals and advocates had increased their independence.

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

- People were involved in designing and decorating the service. We saw people's bedrooms had been clearly decorated to their own preferences and there was constant review and change according to people's desires.



- There was signage and documents around the home to guide people using the service. These were in an accessible format to meet people's individual needs. The documents had been created with people's involvement to fully ensure accessibility. The registered manager clearly understood the Accessible Information Standard and had worked to ensure documentation was accessible for people using the service.

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

- The Mental Capacity Act (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. We saw people were encouraged to make their own choices. Where people could not make a decision, this was clearly assessed and support was provided in their best interest
- 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 homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the provider had correctly identified when someone needed a DoLS referral. There was clear information about people who were subjected to a DoLS and conditions related to this authorisation had been met. Providers had a legal obligation to alert us if someone was subjected to a DoL's authorisation. We found the registered manager had notified us when a DoL was initially authorised, but they had not notified us of renewals once this initial authorisation had expired. The registered manager has informed us that they were unaware that renewals required a notification and said they will do this in future. The lack of notifications had not affected the quality of care people received.

# Is the service caring?

## Our findings

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

### Ensuring people are well treated and supported

- A person told us that they like the staff and said "we have a good laugh." During our inspection, people were engaged positively with staff while completing activities that interested them.
- Staff had a very good knowledge of people they supported and there was a lot of laughter and care shown during interactions. If people became upset or anxious, staff responded effectively with compassion and care.

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

- People were supported to express their views and were involved in regular reviews of their care.
- We saw people who expressed upset were encouraged to sit with staff and reflect on why they felt that way. This feedback was included in care plan reviews to ensure the person was supported to avoid feelings of unease.
- People who required additional support to engage with decisions, were referred to an advocate. Staff were aware of the advocate involvement and encouraged the person to speak to them as needed.

### Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain independence in a dignified and private way.
- One person preferred to wash at night and did not want staff to check on them. They agreed to a motion sensor being put in place. This alerted staff if the person did not return to their bedroom after bathing. This plan allowed independence and privacy to be respected as staff would only become involved if an issue was identified.
- One person needed to complete exercises given by a health professional. Staff supported the person to go to their room for privacy. A photograph guide was created to guide the person to complete these exercises independently

## Is the service responsive?

### Our findings

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

#### Personalised care

- People's care was personalised to their own needs and preferences.
- A pre-assessment document was completed to assess people's health and social care needs before they arrived at the service. People were encouraged to identify goals that they wanted to work towards. Staff told us that a new person may arrive at the service, staff were all going to meet them before they arrived. This meant staff had a good understanding of who they were supporting, and the person was able to arrive feeling more reassured.
- Staff had good knowledge of people's goals and records showed they worked towards these goals regularly. Staff explained that one person wanted to engage in volunteering, a suitable voluntary activity was identified and gradually time involved with this was increased.
- People spoke highly of the activities offered to them, and we saw that these activities were flexible according to the person's preferences.

#### Improving care quality in response to complaints or concerns

- People using the service were able to tell us who to complain to. All people felt that complaints would be listened to and effectively responded to.
- We saw there was an accessible complaints process in place. Records showed this had been used effectively to listen to people. People were always responded to with an appropriate letter informing them of the complaint investigation outcome.

#### End of life care and support

- No one using the service was receiving end of life support. However due to the good quality of care plans and caring staff response, we are assured that end of life care would be responded to following clinical guidance and in a person centred way.

# Is the service well-led?

## Our findings

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

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Staff told us that they felt listened to by the registered manager and that the registered manager was always approachable.
- Staff recognised the registered manager's vision of a high quality service and the need to improve and learn from incidents. We saw that this ethos was reflected in the quality of support. This provided good outcomes for people.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager told us "I think we work well as a team. If anything happens we work on it together." We saw that staff had been consulted to improve the quality of the care.
- Staff and the management team were clear on their responsibilities and recognised their own roles.
- The registered manager recognised the requirement for good quality audits and performance monitoring to ensure the quality of the service provided. Audits were completed effectively and allowed for consistent high-quality care.

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

- We saw that regular engagement occurred with people using the service. Meetings encouraged people to feedback their ideas and these were acted on. For example, one person wanted to do a cake sale but was unable to do this due to food hygiene restrictions. The registered manager was therefore arranging for them to complete a food hygiene training course.
- Relatives were also given surveys to complete, and again their feedback had been responded to promptly and appropriately.
- Staff were involved with team meetings. They had an opportunity to feedback suggestions for improvements and discuss concerns about people they worked with.

Continuous learning and improving care

- The people that used the service could have complex needs and behaviour that challenged staff. Staff had a good approach to always improving care by learning from incidents and managing these risks. This team wide approach allowed people to live high quality and independent lives.
- The registered manager's policy and care plan documentation supported staff to work effectively, and the openness to feedback allowed changes to be made effectively.

#### Working in partnership with others

- The service engaged with multiple different health and social care professionals. A person told us, "They always remind me of my appointment and they always take me."
- The feedback from professionals was clearly documented in an accessible way so people could access this without support.
- We saw a professional had fed back positively to the service about the high level of engagement from staff. Records showed multi-agency support had positively impacted on people's lives.