

# Community Homes of Intensive Care and Education Limited

## Rowan Cottage

### 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Rowan Cottage is a residential care home without nursing situated in Burghfield, Berkshire, providing care and accommodation for up to nine people with a learning disability, autistic spectrum disorder or mental health needs. It is a bungalow with an annexe and an enclosed garden. At the time of the inspection there were nine people living at the service, eight in the main house and one in the self-contained ground floor annexe.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service

Support and care provided by staff was extremely personalised. Keyworkers went the extra mile to find out about people's life histories, to ensure they had as much information as possible to inform the care planning process. Excellent consistency and continuity of care provided by a stable staff team has had a major impact on people's quality of life. Visiting professionals consistently told us that the service was focused on providing person-centred care and support, which achieved exceptional outcomes for people. Staff were particularly skilful in supporting people to maintain relationships which were important to them and their emotional wellbeing.

Arrangements for social activities, education and work, were innovative, varied, highly individualised and followed best practice guidance so people can live as full a life as possible. Staff were exceptional at developing bonds between people living in the home and supporting them to be mutually supportive of people in achieving their goals. Staff tenaciously supported people to achieve their ambitions and aspirations.

People and their relatives knew how to complain and were confident the registered manager and staff would listen and take appropriate action if they raised concerns. People's mental health needs had been sensitively considered when exploring their end of life wishes.

People consistently told us they felt safe living in the home. Staff had completed required training and understood their responsibilities to safeguard people from discrimination, harm and abuse. Staff had identified risks to people and effectively implemented measures to ensure these were reduced and managed safely. People were supported by enough staff who knew them well and how to meet their changing needs. The provider completed thorough selection procedures to ensure staff were of suitable character to support people with mental health needs. People received their prescribed medicines safely,

from staff who had completed the required training and had their competency to do so regularly assessed. People lived in a home which was clean, hygienic and well maintained.

People's needs were met by staff who had the necessary skills and knowledge to carry out their duties effectively. The manager operated a system of training, supervision, appraisal and competency assessments, which enabled staff to provide good quality care. Staff promoted people's health by supporting people to access health care services when required and by encouraging people to eat a healthy diet.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff consistently treated people with kindness and compassion. People were supported to express their views and wishes about their needs, which were respected by staff. People's privacy and dignity were promoted by staff during the delivery of their care.

The registered manager effectively operated quality assurance and governance systems to drive continuous improvement in the service. Staff worked well in collaboration with key organisations to ensure the safe and effective delivery of people's care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was outstanding (report published 13 July 2017).

Why we inspected

This was a planned comprehensive inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Rowan Cottage

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Rowan Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided. It is a requirement of the provider's registration that they have a registered manager. The previous registered manager left the service in November 2019 and a new manager was appointed on 3 February 2020. The new manager who will be referred to as the manager throughout this report, had previously been the deputy manager at the service for three years. The manager had commenced the CQC process to become the registered manager of Rowan Cottage.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We sought feedback from the local authority and professionals who work with the service. We reviewed the provider's website. The provider was not asked to complete a

provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with 14 members of staff, including the registered manager, deputy manager, assistant manager, assistant regional director, two senior support workers, three support workers, the activities coordinator, an apprentice support worker, two night time support workers and a member of bank staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision and a variety of records regarding the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and documents which detailed successful outcomes achieved by people. We spoke with six health and social care professionals who visit the home and seven relatives of people who use the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported to stay safe at Rowan Cottage, protected from avoidable harm and discrimination by staff who had completed safeguarding training. People had completed 'Keeping me safe' training, which had improved their own risk awareness and identified who they could speak to if they were worried. People consistently told us they felt safe and trusted the staff who supported them. One person told, "They [staff] are great. They help me to do what I want and we talk about what I need to do to stay safe."
- The manager effectively operated procedures to protect people from the risk of abuse and poor care. The provider followed their processes if concerns were raised about people's safety. Staff knew how to recognise different types of abuse and how to report concerns, both internally and externally.
- Staff managed safeguarding concerns promptly, in accordance with local authority guidance and government legislation. The manager had completed thorough investigations in response to any allegation of abuse and had implemented required learning to keep people safe from harm.

Assessing risk, safety monitoring and management

- People experienced safe care from staff who were aware of people's individual risks. Staff effectively identified and assessed risks to people, which they managed safely. People had completed training, which enabled them to develop life skills to promote their own independence and safety. For example, people had been supported to use social media facilities safely and to recognise potentially dangerous situations when they may need support. Another person who was injured in a road accident, had their risk assessment reviewed. They were then supported to rebuild their confidence and improve their road safety awareness, which enabled them to safely access the community independently.
- Risks to people associated with their behaviours were managed safely. Restrictions were minimised and the least restrictive, to ensure people felt safe but also experienced the most freedom possible, regardless of any disability or other complex needs. Some people were at risk from behaviour which may challenge others and potentially self-injurious behaviour. Guidance for staff included what may cause a person to experience such behaviours, how they presented at times of distress and what action staff should take to keep them safe. Staff described how they provided reassurance and used distraction techniques to reduce people's anxieties and reassure them, in accordance with their positive behaviour support plans, which we observed in practice.
- Risks within the home were assessed and monitored regularly, such as risks related to fire, maintenance of the building and any equipment used. There were clear, delegated responsibilities to staff within the home so that any issues were quickly identified, escalated and acted upon. People had completed fire safety training with staff and were able to tell us what they needed to do in the event of a fire. All relevant safety information, such as the evacuation plan and fire safety plans were readily accessible.

## Staffing and recruitment

- People were protected as far as practicable from the risks of avoidable harm and abuse by the provider's safe recruitment processes. The provider had completed relevant pre-employment checks to ensure staff were suitable and had the necessary skills and character to work with people living with a learning disability. These checks included prospective staff's conduct in previous care roles and their right to work in the UK.
- There were enough staff, with the right mix of skills, to support people safely, in accordance with their support plans. Staff told us their workload was manageable and well organised to enable them to spend quality time with people. People experienced good continuity and consistency of care from regular staff who knew them well. The provider had effectively recruited and retained staff, who were able to develop meaningful relationships and nurture trust in people. Staffing levels during our visit matched the service rota and enabled people's needs to be met and for them to pursue their chosen activities safely.

## Using medicines safely

- People were supported to take their medicines safely and in their preferred way. For example, we observed people choose which member of staff they wished to support them with each administration.
- People received their medicines from staff who had completed the provider's mandatory training. The management team completed competency checks to make sure staff training had been effective and was implemented in practice. The provider completed regular audits to check staff administered medicines in line with the provider's policies and procedures. Staff were aware of the action to take if a mistake was found, to ensure any potential harm to a person and any future recurrence was minimised.
- Where people had medicines 'as required', for example for pain or for anxiety, there were clear protocols for their use. This included signs and indications for use, maximum doses, when to seek professional support and advice and about how to record their use. The assistant manager consistently checked that the reason for administration of PRN medicines was valid and recorded.

## Preventing and controlling infection

- People and relatives told us the home was always visibly clean. One person told us, "We [people and staff] keep it very clean and tidy. It's spotless." People and staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection, in accordance with the provider's policies and procedures. Cleaning schedules demonstrated that daily, weekly and monthly tasks had been completed. Staff consistently wore personal protective equipment, such as aprons or gloves to prevent cross contamination. We saw that colour coded cleaning products and equipment were used to assure infection control.
- Staff supported people to recognise and manage risks within the home relating to infection and hygiene and promoted people's awareness in doing so. For example, staff promoted people's independence by encouraging them to follow good food hygiene practice.
- Staff had completed food hygiene training and we observed staff followed correct procedures whenever food was prepared or stored. The service had achieved a good rating during their last inspection by the Food Standards Agency. This meant that food was prepared safely, and the kitchen was kept appropriately clean to prevent the risk of cross contamination and infection.

## Learning lessons when things go wrong

- Accidents, incidents and near misses were recorded and investigated thoroughly, to ensure that staff promptly took the required action to keep people safe and reduce the risk of re-occurrence. Staff consistently told us there was an open and supportive culture within the home, which encouraged learning from mistakes.
- The manager effectively monitored records to check for any patterns to ensure people were referred to health care professionals if required. Necessary learning or changes to risk assessments were discussed at

staff handovers and staff meetings.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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 assessments and care plans considered relevant standards and guidance. Staff understood and delivered care in line with standards from National Institute for Health and Care Excellence, other professional bodies or organisations and advice from specialist healthcare professionals. The service achieved good outcomes for people by delivering support based on effective assessments and care plans. Care plans considered all aspects of people's lives, clearly detailing their needs, individual preferences and choices, how they wished to be supported and expected outcomes.
- Staff worked effectively with the provider's positive behaviour support team, to enable people who experienced behaviour which may challenge others, to achieve positive outcomes. The positive behaviour support team shared learning and enabled staff to implement best practice. For example, by effectively identifying triggers and other factors which affected people and adapting their care and support to minimise them. Staff consistently supported people in a way which reduced the frequency and length of episodes when they were anxious or distressed, which enabled them to participate in more activities, develop new skills and promote their independence.

Staff support: induction, training, skills and experience

- Staff had been supported to develop and maintain the required knowledge, skills and experience to support people effectively and safely. Supervision and appraisal were used to develop and motivate staff, review their practice and focus on professional development. Staff told us they received effective supervision, appraisal, training and support which enabled them to carry out their roles and responsibilities effectively.
- Induction for new staff was based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector. New staff spent time working with experienced colleagues to learn people's specific care needs and how to support them. This ensured they had the appropriate knowledge and skills to support people effectively.
- Staff also underwent further training specific to the complex needs of the people they supported, including autism, learning disability, diabetes, epilepsy and positive behaviour support management. This ensured staff understood how to meet people's support and care needs.

Supporting people to eat and drink enough to maintain a balanced diet

- The manager placed strong emphasis on the importance of eating and drinking well to maintain people's health and well-being. People were supported to have enough to eat and drink to remain healthy. Staff knew about people's specific diets and personal preferences but also explored different food options with people to give them a wider choice and encourage them to try new things. People chose where and when

they wished to eat, which was arranged flexibly around the times of their daily activities. People had snacks and drinks throughout the day, which were readily available and enjoyed offering to make and prepare drinks for visitors and friends. Staff supported people to develop cooking skills and undertook cooking activities with people, which promoted their independence and knowledge about healthy eating.

- Care plans contained appropriate guidance for staff, who provided appropriate support to enable people to eat and drink at their own pace. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks.
- Where people had a high or low body mass index, staff sensitively informed them about healthier options and to understand the impact of nutrition and hydration on their health, in a way they understood. People were supported to choose healthy meals and snacks and to balance food and drinks with exercise and activity.

Staff working with other agencies to provide consistent, effective, timely care

- The manager engaged in successful partnership working with other professionals. This joint approach involved all relevant parties in decisions and care planning, with regular reviews of people's needs and the effectiveness of their current care plans.
- The provider was committed to stop the over medication of people with a learning disability or mental health needs. There was a co-ordinated approach with other professionals to manage any medication changes and to monitor the impact on people. This had resulted in positive outcomes for people in the home. For example, following a medication change, one person had become less agitated and anxious. This person was now more thoughtful towards others and aware of the impact of their behaviour on them. This had significantly improved their personal relationships with others and enabled them to become more socially involved and integrated into the close-knit family environment at the Rowan Cottage.

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

- The design of the service was adapted suit people's individual needs. Each person living in the main bungalow had an en-suite bedroom, which enabled people to have privacy and a quiet space of their own.
- One person was being supported to develop further life skills and lived in the adjacent, self-contained bedroom annexe within the grounds, while still having access to all the facilities of the main house. The person was very proud of their annexe and told us how living there was a big step towards achieving their ambition to live more independently.
- People's rooms were completely individualised, and their preferences were reflected in the decoration of their personal space and safe haven. People had pictures and mementoes displayed, which celebrated their recent activities and achievements.

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

- Staff were aware of people's individual goals and aims related to their health, such as managing their weight and fitness, monitoring key health indicators related to their conditions or medication. People were supported to understand the link between physical activity, a healthy diet and mental wellbeing. The manager had reflected guidance and advice from community professionals in people's care plans. This enabled staff to support people effectively to maintain their physical health and improve their mental wellbeing.
- The manager and staff had developed good links with local and national healthcare providers to ensure people had access to services which could support their complex health needs. Staff were proactive in seeking support and regularly engaging with other healthcare professionals, which ensured people had regular check-up and reviews with their GP, dentist and optician.
- People had hospital passports and health care plans which supported them when accessing other healthcare services to ensure people were supported to express their views and had information about their

needs available. Staff accompanied people to reduce their anxieties, should they need to visit other services and to support other healthcare professionals to communicate with them more easily.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Most relatives and visiting professionals told us that staff understood their responsibilities under the MCA. However, two community professionals and one family member were concerned that staff had not always applied the principles consistently. Staff we spoke with had a sound understanding of mental capacity and how to promote choice. People had freedom in their everyday lives because staff understood how to support people to make choices. Staff understood how to balance upholding people's rights to refuse, with their duty of care to protect people's safety and respect their dignity.
- People's capacity to consent was assessed for particular decisions and was reviewed regularly. People were supported to gain knowledge and understanding so that they developed capacity to consent for themselves, such as decisions about relationships, money or their medicines. People had been enrolled on a variety of courses to develop their knowledge and understanding, which was reviewed with them regularly.
- Staff understood that people's capacity to consent could fluctuate from moment-to-moment. Their support plans reflected where the person was able to make decisions and where they were not, and what decisions had been made in their best interest.
- The service constantly reviewed any restrictions placed on people, such as the number of staff needed to support them or whether people were able to go into the community independently, based on their current risk. Any restrictions were minimised wherever possible and were time-limited to have minimal impact on people's freedom.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and respect, whilst promoting their happiness and well-being. People were relaxed and comfortable around staff, who consistently interacted with people in a calm and sensitive manner, in accordance with their communication plans. We observed the positive impact of staff relationships with people and how these contributed towards their wellbeing. Staff were intuitive in relation to the approach needed to support each individual at any given time, according to their mood. For example, staff were quiet, gentle, and patient when required and conversely bright and cheerful at other times. There was a person-centred culture and staff demonstrated a genuine empathy for people and passion for their job.
- Staff anticipated people's needs and quickly recognised if they were in distress or discomfort. We observed staff consistently show concern for people's wellbeing in a caring and meaningful way, whilst responding promptly to their needs. People were treated compassionately given emotional support when needed.
- Staff understood the importance of promoting respectful and empathetic behaviour between people living in the home and within the staff team. People consistently told us how they had worked with staff to be more understanding of other people's point of view, which meant people were now less anxious and did not experience behaviours which may challenge others. We observed a house meeting where people were encouraged to share what they had achieved since the last inspection, which was greeted with cheering and clapping from their friends and staff. When one person was struggling to think of an achievement, two other people reminded them of different things which made them smile and had a positive impact on their mood. Staff and people then expressed their own individual thanks for the 'exceptional' kindness and support provided by the experienced assistant manager who was leaving the service the following week.
- People's care records included an assessment of their needs in relation to equality and diversity. Staff underwent training and understood their role to ensure people's diverse needs and right to equality were met. Staff supervisions and competency assessments ensured that people experienced care which respected their privacy and dignity, whilst protecting their human rights.

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

- People, their relatives and representatives were supported to be as involved as possible in making decisions about their care. Care plans and risk assessments were reviewed regularly, which ensured they were accurate and reflected people's current needs and preferences. Staff knew people's interests and preferences and supported them to access community activities of their choice, which enriched the quality of their lives. Staff were skilled at supporting people to express their views and make choices around their

care, which were explored as part of people's daily routines.

- Staff were skilled at exploring and resolving conflict and managing differing views to ensure people's best interests were followed and their opinions and views were respected. Staff knew people's communication abilities well and how they expressed their preference and choices. During our inspection, we observed people consistently making choices about how they wanted to spend their time. Staff consistently encouraged people to manage their own behaviour and follow their individual support plans. For example, people were enabled to understand and prepare for forthcoming events and activities, which reduced their anxieties and reassured them.
- The service was mindful of people moving from younger people's services and from living with their family and how the role of their family members changed as the person became more independent. The service worked to involve families with people's care reviews and adapted their approach to make families feel more comfortable while respecting people's rights to make decisions for themselves.

Respecting and promoting people's privacy, dignity and independence

- Staff consistently promoted people's dignity and independence whilst delivering people's day to day support. People were valued as individuals and their qualities and abilities were celebrated.
- People were supported to access college and other courses to develop their skills and independence. For example, one person was being supported to continue in full time education to obtain relevant qualifications, to pursue their career goal of becoming a chef. Another person had successfully completed an equine and animal care course.
- Staff were able to encourage people to experience new things to increase their independence and enrich the quality of their lives. For example, pursuing their interests and going on holidays. Staff spoke about people with passion and fondness, positively recognising people's talents and achievements, which demonstrated how they valued them as individuals.
- People chose where and how they spent their time, for example; one person often chose to spend time in their annexe alone. Staff had developed a risk management plan with the person, which enabled them to be in their annexe alone, whilst ensuring their safety. Being supported to have their own privacy had significantly reduced this person's anxieties, reduced their level of behaviours which may challenge others and had a positive effect on their mental wellbeing.
- Staff tactfully intervened in accordance with people's positive behaviour support plans, when people displayed behaviours that may challenge others. We observed staff preserve people's dignity and privacy, while supporting them to positively manage their behaviour. New members of staff told us they had been supported by other staff to develop their relationships with people. People experienced positive relationships with staff who worked as a team to develop people's trust and confidence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation

- Staff were particularly skilful and determined to support people to maintain relationships which were important to them and their emotional wellbeing. People within the home had been sensitively supported to develop romantic relationships. For example, one person wished to live independently in the community, together with his fiancé, whom he wished to marry. The person had developed a comprehensive strategy with staff to achieve this goal, which included support to manage their interaction with other people, to concentrate on other people's positive qualities. Staff were also supporting the person daily to develop their life skills and promote their independence. Their social skills had also been improved through working for a local charity. The person was living in the service annexe and was also developing skills which enabled people to visit him there. The person had agreed an incremental plan with staff to maintain and develop his relationship with his fiancé, which included support plans for his fiancé to stay with him in the annexe. This plan did not only detail support required for the person but the potential impact of the relationship on other individuals.
- People were given appropriate levels of privacy, were supported to keep in touch with their loved ones and were supported to understand boundaries.

Support to follow interests and to take part in activities that are socially and culturally relevant to people

- Arrangements for social activities, education and work, were innovative, varied, highly individualised and followed best practice guidance so people can live as full a life as possible. One person's favourite hobby was swimming and preparing for 'Swimathons' where he raised money for his two chosen cancer charities.
- Staff were exceptional at developing bonds between people living in the home and supporting them to be mutually supportive of people in achieving their goals. Some people were supported to develop and maintain skills in the performing arts, which they showcased at the provider's annual talent contest. For example, one person played the piano well, whilst another played the drums, and another was an accomplished tap-dancer. People and staff demonstrated the family spirit at the home by creating large banners and printing t-shirts showing their support for their friends from Rowan Cottage. People and relatives consistently told us how proud they were of their achievements and how it had improved their confidence and reduced their anxieties, which inspired them to do new things.
- People were actively supported to apply for and obtain work, which formed part of other comprehensive plans to develop social skills and promote independence. People told us that working away from the home had improved their self-esteem and self-worth. Staff and relatives told us that working in a different environment with other people had a positive impact on people's anxieties and the level of behaviour which may challenge others they experienced. One person told us, "I love going to work and the ladies love it when I'm there because I make them laugh and smile all the time." They also told us that working elsewhere

inspired them with confidence that they were capable of living independently in the future.

- People and relatives consistently told us staff went the extra mile and praised the energy and enthusiasm of staff, who tenaciously supported people to achieve their ambitions and aspirations. For example, one person who lived with autism and other associated conditions spoke fondly about the staff team and said, "Can you tell where I'm from. America. I love it there and they [staff] helped me to get there. That's why they [staff] are the best." This person had a fascination about their heritage and their dream was to visit the country of their ancestors. The person's complex diagnosis provided multiple challenges for staff to overcome, including fear of flying, supporting the person with their anxieties relating to terrorism, media coverage of disasters, busy places like airports, theme parks and confined spaces like airplanes. The person and staff created an incremental plan which included desensitisation to busy places and air travel, for example; An initial shorter flight to Scotland. Staff effectively engaged with an airline to support the person on short flights abroad, to prepare them to cope with a transatlantic flight. This included dealing with the person's support requirements and potential medical needs. A social story was created for the person which showed the procedure at the airport, as well as explanations of what he could take with him on the plane and where he would be sitting. It was also explained that he could use ear defenders whenever he felt overstimulated by noise. The risk assessment and management plan for the person's visit to America required comprehensive details to ensure their safety, whilst on this visit. The person excitedly told us they were now looking forward to visiting Canada with another friend from the home. As a result of this experience this person's confidence had flourished to such an extent that he now delivers training in relation to autism with the provider's positive behaviour support specialists. In addition to training staff they had also spoken to external groups to educate and promote understanding of autism within the community.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and those with authority to act on their behalf, were fully involved in the planning of their care and support. They consistently told us the manager was passionate about enabling people to have as much choice and control of their lives as possible.
- Support and care provided by staff was extremely personalised. Staff were skilled in identifying changes in people's needs and adapting their approach accordingly. The service referred to the latest research and best practice in supporting people with complex behavioural needs to successfully support them to live as full a life as possible and to reflect their wishes and preferences. Staff were supported through reflective practice to review how their approach had impacted on the people they supported, and support plans were updated based on successful interventions and support. Staff were especially skilled in identifying changes in people's needs and adapted their approach as required. Staff used different approaches with each person, based on their cultural background and previous experiences.
- Staff had training in equality and diversity, which enabled a comprehensive understanding of people's diverse needs and how to support them. For example, people's different individual abilities were not seen as a barrier to achieving their goals. Each person had clear goals and aims based on their wishes, which staff consistently supported them to achieve. Care plans consistently identified incremental short-term and medium-term goals, which culminated in people achieving lifelong ambitions and fulfilling their dreams.
- Keyworkers had gone the extra mile to find out about people's life histories, to ensure they had as much information as possible to inform the care planning process. For example, people had consistently experienced significantly improved mental wellbeing because staff had successfully identified the root causes of their low moods, anxieties and behaviour which may challenge others. One person had become very depressed and experienced low self-esteem, which had a negative effect on their relationships with others. Sensitive engagement by staff supported the person to identify why they were so unhappy, which related to poor self-image, preventing them from engaging in intimate relationships. The person decided they wished to be referred to healthcare professionals to develop support plans to encourage healthy eating

and physical exercise. The person was steadfastly encouraged and supported by staff to lose weight. The person told us, "I feel great. I lost over 3 stone and can do a lot more activities." The person then told us about the health benefits from their successful weight loss in relation to diabetes and pressure areas, before proudly showing us some of their new clothes. People, relatives and staff told us the person now experienced good self-esteem, which had led to a significant improvement in their mental wellbeing and their social interaction with others. The person told us they had not been interested in healthy eating and physical exercise activity until they were supported to understand their own "special reason for losing weight." The person told us they were now more confident to meet people and had completed a course which explored appropriate behaviour and boundaries, within sexual and intimate relationships.

- Excellent consistency and continuity of care provided by a stable staff team has had a major impact on people's quality of life. Visiting professionals consistently told us that the service was focused on providing person-centred care and support, which achieved exceptional outcomes for people. For example, staff worked closely with the provider's Positive Behaviour Support Team to provide highly individualised support. People consistently experienced individualised care, which had significantly reduced the level of their behaviours that may challenge others, incidence of self-injurious behaviour and the level of medicine prescribed to manage such behaviour. This has enabled people to access the community more freely and take part in stimulating activities, which have enriched their lives. For example, one person was enabled, as a season ticket holder, to regularly watch their local football team. This person's experience had been further enhanced with a tour around their favourite football club in London. Staff told us how watching football had a positive impact on the person's emotional wellbeing and social engagement with other people.

- People, relatives and professionals consistently described the responsive care provided by the service to be outstanding. One person told us, "I love it here because me and my friends are always happy. They [staff] have given me confidence to do anything I want...because they believed in me, I believe in myself." A relative told us, "We were very concerned about how he would cope, but Rowan Cottage has exceeded our expectations and [loved one] is always very positive about living there and he has really flourished." A professional told us, about a person they support, "[Named managers] have been brilliant. Especially the way they have worked to reduce his anxieties."

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff provided care in accordance with the AIS. People's communication needs had been assessed and people had a communication support plan which detailed what support they required to communicate effectively.
- People were provided with information in a way they could understand which helped them make decisions about their care. Staff took time to re-visit information with people and gave them time to process information before applying it in their life. Staff supported people to access education and specialist courses to gain a more detailed understanding of different topics and have information relayed to them from professionals in an accessible environment and using language and scenarios which were appropriate to them.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred open, inclusive and empowering, which achieves good outcomes for people

- At the time of our inspection the service was going through an unsettling period of change, due to important members of the management team leaving, for reasons relating to their own professional development. For example, the previous registered manager had left the service in November 2019 and the assistant manager was leaving the week after our inspection. The provider had sought to maintain continuity and consistency by appointing the new manager, new deputy manager and new assistant manager from within the existing management team at the home. Without exception, people and staff told us that they missed the previous registered manager and would miss the assistant manager, who had been at the service for many years. However, they consistently told us that this difficult period of transition had been well managed by the manager and staff.
- The provider had established effective management systems to promote person-centred care. We observed the manager and staff consistently placed people at the heart of the service and clearly demonstrated the caring values and ethos of the provider. People, most relatives and professionals described the manager to be conscientious and committed to the people living in their home, who led by example and provided a good role model for staff. Staff consistently told us they were inspired and motivated by the manager to provide the best care possible to people. The manager and provider had developed a strong team spirit amongst the staff who were supportive and appreciative of one another. The collective responsibility of the manager, assistant regional director and staff ensured people experienced high quality care which achieved their desired outcomes.
- However, some relatives and professionals had raised concerns regarding the ability of the management team to sustain high quality care, in response to people's changing complex needs over time. We were told that there were cycles of inconsistent care, when periods of intense interaction from the management team and provider, improved the quality of care, followed by a period of decline. At the time of our inspection the relatives and professionals raising these concerns told us the service was in a period of recognised improvement, led by the manager and assistant regional director, and were hopeful this would be sustained.
- The manager had cultivated an open and inclusive culture, where people and staff felt valued. Staff consistently praised the manager for supporting them compassionately and sensitively when they were experiencing personal difficulties. For example, rearranging duties so staff members could provide appropriate support to their family members. The registered manager and some staff members had worked at the home for over ten years, which highlighted the stability and culture within the service.
- People experienced high quality personalised care from a stable staff team who were committed to

ensuring they received care which was individual to them. Staff recognised the importance of knowing people well and could share comprehensive details about the people they supported.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their obligations to remain open and honest when things went wrong. Staff informed and apologised to people and their relatives, where appropriate, following any incidents that occurred and were open with the findings of any investigation or learning identified. People and most relatives told us they were kept informed and up to date following any issues and the service responded appropriately. One relative felt the manager could improve communication with in relation to action taken, when they had raised concerns.
- The manager had developed good relationships between people, most family members and staff and actively encouraged critical feedback from people to help improve the service.

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

- The manager had established and operated an effective governance system within the service. The manager was supported by the provider by assistant regional director by means of regular meetings and visits to the home. This ensured there was continuity of management and that standards were maintained. There was a good understanding of quality performance throughout the organisation. There was a system of internal quality audits completed by staff. The manager reviewed those audits where other staff were responsible and kept an overview of the quality of service provided.
- The provider had embedded robust measures into the service to oversee the quality and safety. There was a clearly defined management structure within the service. The manager and staff understood their individual roles and responsibilities, and the importance of working together to achieve the best outcomes for people. The manager was often rostered to work alongside staff. This allowed them to carry out informal competency observations to monitor quality and individual staff practice. This ensured people experienced a consistent level of support.
- Staff communicated effectively with each other in relation to people's changing needs and moods, to ensure they always received appropriate care and support. The manager completed quality assurance checks to ensure all relevant information was shared accurately during handovers and that necessary action was taken by staff to meet people's changing needs.
- The manager understood regulatory requirements and was expeditiously completing the CQC process to become the service's registered manager. The manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications from the service had been received in a timely manner, which meant that the CQC could check that appropriate action had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, most relatives and professionals told us their views were listened to and were acted upon. Staff were enthusiastic about their role in supporting people and spoke positively about the home, the manager and the provider. The manager recognised good work by individuals in supervisions and team meetings.
- Staff consistently told us that the manager encouraged them to share their ideas to improve the quality of care people received, particularly in relation to the provision of stimulating activities to enrich the quality of their lives.
- The manager and staff encouraged people who used the service and others to engage with and be involved with the service. There were regular staff and residents' meetings. Minutes of meetings showed action had been taken to address any issues raised. There was widespread involvement with the wider community. The provider used community contacts to enhance people's wellbeing in the home, and to

enable people to take part in events outside the home. These included church services, performances and productions by local organisations and groups.

- The manager and staff worked in collaboration with external agencies to help ensure people received high quality care. Professionals consistently told us they were impressed by the person-centred approach of the registered manager and had confidence in the staff's willingness and ability to follow their guidance to meet people's needs.
- There were effective risk management measures in place reflecting all aspects of people's lives and the running of the service. New initiatives or changes were risk assessed and planned for so that the impact, positive or negative, was measured to ensure decisions were made based on detailed evidence. Staff were supported to take a positive risk management approach, which promoted people's independence and enabled them to try new things in a safe way.

#### Continuous learning and improving care

- The service was focussed on continuous learning and improvement. Staff felt able to suggest ideas and were supported to try and test them, getting people's feedback, for example; new activities and approaches to support.
- The manager reviewed accidents and incident records daily to identify areas for improvement. This ensured they fulfilled their responsibility and accountability to identify trends and took required action to keep people and staff safe. The management team effectively assessed and monitored action plans, to ensure identified improvements to people's care had been implemented effectively.
- Staff received constructive feedback from the registered manager, which motivated them to improve, enabled them to develop and understand what action they need to take.
- The service had developed inclusive training resources, which included people, such as safeguarding and autism training. Staff had supported people to access different courses which promoted their independence by enhancing their social and life skills.

#### Working in partnership with others

- The manager had developed good links with local community resources that reflected the needs and preferences of the people who used the service, including GPs, learning disability and mental health teams and neurologists. The service maintained good communication with professionals through regular reviews of care, with relevant actions from these meetings communicated to all involved.
- The manager and people's key workers ensured there was prompt and proactive communication of any changes which people's network would need to know about. Professionals told us the staff kept them informed and sought their advice appropriately.
- We saw evidence of effective, collaborative working with a broad cross section of health and social care professionals throughout the inspection, which consistently achieved good outcomes for people.