

MacIntyre Care Rowan Close

Inspection report

10-11 Rowan Close
Bursledon
Southampton
Hampshire
SO31 8LF

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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

About the service

Rowan Close is a residential care home providing accommodation and personal and care to older and younger adults with a learning disability, physical disability and / or autism. At the time of the inspection there were six people living at Rowan Close. The service can support up to six people.

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 and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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 living at Rowan Close were very much at the heart of the service. We received positive feedback from relatives, staff and a health professional about the care provided.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills.

Medicines administration records (MAR) confirmed people had received their medicines as prescribed.

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

Staff working at the service understood people's needs and supported people in a personalised way. Care was provided respectfully and sensitively, considering people's different needs.

Staff received frequent support and one to one sessions or supervision to discuss areas of development. They completed training and felt it supported them in their job role.

People were supported with their nutritional needs when required. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes

Staff had developed positive and caring relationships with people and their families. Staff were highly motivated and demonstrated a commitment to providing the best quality care to people in a compassionate way. People's privacy and dignity was always maintained.

Regular audits of the service were carried out to assess and monitor the quality of the service. There were appropriate management arrangements in place and staff felt supported in their role.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 21 December 2018).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for <location name> on our website at www.cqc.org.uk.

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?

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 Close

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 undertaken by one inspector.

Service and service type

Rowan Close 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 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

People who lived at Rowan Close were verbally unable to tell us their views about their care, so we observed how staff engaged and interacted with people and how they responded throughout the inspection. We spoke with three relatives of people who used the service about their experience of the care provided. We

spoke with eight members of staff including the registered manager, deputy manager and care staff.

We reviewed a range of records. These included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one health professional who regularly visits 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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with felt their family members were safe living at the service.
- Staff had the knowledge and confidence to identify and act on safeguarding concerns. A safeguarding policy was in place and staff were required to read this and complete safeguarding training as part of their induction.
- Staff we spoke with told us if they had any concerns they would report them to their manager, and if no action was taken would take it higher up.
- People benefitted from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Assessing risk, safety monitoring and management

- People had individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm.
- Staff showed that they understood people's risks and we saw that risk assessments were monitored and reviewed with people. These included environmental risks and any risks due to health and the support needs of the person.
- A business continuity plan was in place and described how people would continue to receive a service despite events such as the weather conditions.
- Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out.
- Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. One staff member told us, "Fire drills once a month. We meet out the front and recently got all the people out. We had to time it and be pretty thorough."

Staffing and recruitment

- Relatives and staff told us there were sufficient numbers of care staff available to keep people safe. One staff member told us, "I think it's good, I do. Before it was working on low levels but since the new management, they make sure there are enough staff on and that people can go out and about, It's so great."
- There were enough staff deployed to meet the needs of people. During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support.
- Staffing levels were determined by the number of people receiving care and support. Staff told us the number of staff was sufficient to look after people's routine needs and support people individually to access

community activities. The allocation of staff working in the community was based on each person's needs.

- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- There were appropriate arrangements in place for the recording and administering of prescribed medicines and medicine administration records (MARs) confirmed people had received their medicines as prescribed. There were also effective processes for ordering stock and checking stock into the home to ensure that medicines provided for people were correct.
- The home administered medicines that required stricter controls called controlled drugs. In line with current legislation, two staff had signed when medicines had been given. Homely remedies were available for people if required.
- Staff had received training for the safe handling of medicines. Records showed that staff had received an assessment of their competency to administer medicines in line with best practice guidance.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

Preventing and controlling infection

- Staff demonstrated a good understanding of infection control procedures. Staff had completed infection control training.
- Staff had ready access to personal protective equipment (PPE), such as disposable gloves and aprons.

Learning lessons when things go wrong

- There were processes in place to enable the manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

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

- When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- The care plans seen were holistic, detailed and described people's needs in a range of areas including personal care, and daily living activities.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a wide range of training to develop the skills and knowledge they needed to meet people's needs and to understand their roles and responsibilities. Staff praised the training provided. One staff member told us, "I've worked for a lot of companies, the training here is one of the best."
- Records showed staff had completed additional specific training to ensure they had the skills necessary to meet people's needs. For example, epilepsy and dysphagia.
- New staff confirmed they completed a comprehensive induction programme before working on their own.
- Arrangements were in place for staff who were new to care to complete the Care Certificate. The Care Certificate is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate support to people.
- Staff were offered the opportunity to complete national vocational qualifications in health and social care.
- Staff told us they received effective supervision. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop.

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

- We observed people being supported with their meals. Staff made mealtimes a positive and sociable experience for people. There was a relaxed atmosphere in the dining room, the meal was unhurried.
- Staff were aware of people's dietary needs and preferences and supported them to eat and drink and maintain a balanced diet. Care plans provided staff with information on people's food likes and dislikes. Care plans detailed the support people required from staff at mealtimes and we observed staff assisting people to eat appropriately.
- Staff made mealtimes a positive and sociable experience for people. There was a relaxed atmosphere in

the dining room, the meal was unhurried, and people chatted with staff. Staff had introduced a different theme each week to add variety into people's diet. During our inspection staff had prepared polish dumplings which people enjoyed.

- People were given choice, for example, by showing different choices of drink for them to choose. One of the kitchens had been adapted to be accessible so wheelchair users could be supported with daily living skills.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professional. People were also referred to specialist services such as occupational therapists, physiotherapists and speech and language therapists when required.

- Information about people's health needs was included within their care files and health plans, including information as to what support people may need in relation to these. People had a 'Hospital passport' in their care files. A hospital passport is a document providing information about a person's health, medication, care and communication needs. It is taken to hospital if a person is admitted, helping medical staff understand more about the person.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were clear about the need to seek verbal consent before providing care and staff had a good understanding about people's ability to consent and what to do if they could no longer give consent.
- Staff worked within the principles of the MCA. Appropriate assessments had been completed and best interest decisions, involving relevant people, had been made when required.
- Some DoLS authorisations had been made and others were awaiting assessment by the local authority. The registered manager had a system to ensure that DoLS were reapplied for when required and that any conditions on DoLS were complied with.

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

- The environment was appropriate for the care of people living there. There was a communal lounge with TV, sensory, arts and crafts room and separate kitchens. Specialist baths were installed with bath chairs for ease and safety.

- People's bedrooms were highly personalised to their own tastes and preferences. People's likes, and hobbies were reflected in the pictures and ornaments they had in their rooms.

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

- Relatives we spoke with told us they were happy with the care provided and people were treated by caring and compassionate staff. One relative told us, "I'm very happy with the care and perfectly happy with staff."
- We spent time in the communal areas during the inspection. We observed staff providing support in a caring manner. The staff demonstrated that they knew how people liked to be supported by interacting with them when invited.
- The staff we spoke with clearly knew the people they supported very well. It was clear that people were confident in the staff skills and abilities to care for staff. This was evident by the response of people whenever a member of staff came into the room and it was evident that people were at the heart of the service. One staff member told us, "I think it's a lovely house and the guys that live here have a really good life focussed on what is best for people."
- Staff showed respect for people by addressing them using their preferred name and maintaining eye contact. All the interactions we observed between people and staff were positive and friendly. Staff communication with people was warm and friendly, showing a caring attitude.

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

- People's care records included information about their personal circumstances and how they wished to be supported. Choices were offered in line with people's care plans and preferred communication style.
- People had keyworkers to assist them to make decisions about their care. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members.
- We spoke with one key worker who told us, "I'm keyworker for [person's name] I make sure their general day to day is how they want it, appointments, activities, supporting with shopping and making choices. Make sure their bedroom is as comfortable as they like it and keeping in contact with their family. I keep staff up to date of any changes, everyone is involved with everyone, but as a key worker I've got a bit more to do with that person."

Respecting and promoting people's privacy, dignity and independence

- We observed staff treating people with respect and dignity at all times during our inspection.
- Staff we spoke with explained how they respected people's privacy and dignity, particularly when supporting them with personal care by, for example, ensuring doors were closed and people were covered up.
- Staff understood the importance of promoting and maintaining people's independence. Staff knew the

level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely.

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People experienced care and support from staff who were knowledgeable about their needs and the things that were important to them in their lives. Staff's understanding of the care people required was enhanced through the use of their care plans, which detailed people's preferences, backgrounds, medical conditions and behaviours.
- People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff were able to describe the care and support required by individual people. Through talking with staff and through observation, it was evident that staff were aware of people's care needs and they acted accordingly.
- Care plans were reviewed, and we saw written feedback from a social care professional which stated, 'Reviewed care plan and risk assessments. Information is clear, the person is clearly well known, and the communication aspect is the best I have seen for the person and is very clear'.
- When we visited the service, nobody was receiving end of life care. Due to the type of service they don't normally deal with end of life care. However, the service was developing end of life care plans with people.

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.

- The registered manager was able to demonstrate how they ensured information was accessible for all people using the service. For example, the service used 'talking tiles'. 'Talking tiles' are where staff can record messages for people to press to hear. We saw these were used for staff to record their name, so people could press them and know which staff were on duty that day and could choose what staff they would like to support them.
- People also had communication care plans with their different styles of communication. The registered manager told us, "All of our staff have communication training and Makaton training." They told us how they are working to improve this and have more intensive interaction training in the future.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service recognised and responded to people's needs for social interaction and mental stimulation and many person-centred activities took place daily. One relative told us, "Activities, they do a fair bit. Likes the hydro pool and gets out and about frequently."

- Staff we spoke with were passionate about people having access to activities that they wished to do. One staff member told us, "Enough to do and constantly working on it. Have to use our imagination, even if 10-20 minutes. Arrange days out and shopping trips as like to get own clothes and toiletries."
- The service employed external activity staff to support people in the home. These included fitness classes, arts and crafts, animal science, musical entertainers and aromatherapy.
- During the first day of the inspection we observed staff making Christmas cards with people and playing board games. On the second day the service was hosting a Christmas party for people and their relatives and friends. This was the cause of much excitement and people were clearly enjoying themselves and staff had all come in to make it a success.
- Activities also took place in the community, and the service had its own mini bus. These included swimming, shopping, meals out and attending sporting matches.

Improving care quality in response to complaints or concerns

- Relatives knew how to make comments about the service, and the complaints procedure was prominently displayed.
- On an individual level, any concerns they raised or suggestions for improving care and support were used to improve the service

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 requires improvement. At this inspection this key question has now improved 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

- Relatives and health professionals thought the service was well led. One relative told us, "Very happy with the place, happy home, always relaxed."
- The registered manager and staff had created a very strong focus on person centred care which was understood by staff and implemented in practice.
- There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Relatives we spoke with were happy with the registered manager. One relative told us, "Manager fine, very happy. Noticed that staff are happy."
- Staff we spoke with felt supported by the management at the service and felt they were approachable and felt confident if they raised any concerns they would be acted on. One staff member told us, "Yes, great management, they are brilliant, and you can go to them about anything, it wouldn't be a problem, very easy to talk to and approachable." Another staff member said, "Think we are very lucky in this house now and have got a good management team who support us."
- There was a stable and consistent staff team who were skilled and motivated. They were clear about their own specific roles and how they contributed to the overall success of the service.
- The registered manager and the deputy manager used a system of audits to monitor and assess the quality of the service provided. These included care plans, medicines, infection control and health and safety. Where issues were identified, remedial action was taken.
- The registered manager told us they felt supported by the provider. They said, "My area manager is very supportive. I can ring him any time day or night. He visits the service and will ring up staff and pop in unannounced. His boss visits a lot as well and health experts who work for the provider as well."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Management and staff were positive role models and were actively involved in supporting people.
- The registered manager told us, "Staff are passionate about advocating for people with disabilities and letting them join in outside. So, if a restaurant wouldn't let them in, staff are to let us know so we can

complain behind the scenes, so the person doesn't get upset."

- Staff meetings were held regularly, and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the home and were asked for ideas. This helped staff to improve outcomes for people. One staff member told us, "When we meet up, nothing is off topic."
- The service worked in partnership with the local authority and the local doctor's surgeries and district nursing team.

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 notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.