

Dalesview Partnership Limited

Rowandale

Inspection report

Back Lane
Clayton Le Woods
Chorley
Lancashire
PR6 7EU

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Tel: 01772620739

Website: www.dalesviewpartnership.co.uk

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

We undertook this inspection on 5 August 2016. This was an unannounced inspection.

Rowandale is a residential care home registered to provide care for up to 11 young adults who have a learning disability. All facilities in the home were provided on one level. There was a large lounge and dining area and all of the bedrooms for people who used the service were of single occupancy. At the time of the inspection there were 11 people living in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 23 March 2014, we found the service was meeting the regulations that were applicable at the time.

During this inspection we found the service was meeting the requirements of the current legislation.

Staff and the registered manager were aware of the appropriate procedure to take if abuse was suspected. Staff demonstrated their understanding of the types and signs of abuse.

Relatives of people living in the home told us their family members were safe and they had no concerns. We saw positive meaningful relationships had been developed between people who used the service and the staff. People were seen reacting positively to staff, smiling and laughing in their presence.

Duty rotas demonstrated that there was enough staff on each shift to enable them to meet people's individual needs. During our inspection we observed sufficient numbers of suitably qualified staff delivering people's care in a timely and unrushed manner.

Medicines were safely administered, recorded and stored. We saw records had been completed in full and where gaps had been identified, notes confirmed the actions that the staff had taken as a result of these.

Staff files confirmed that staff were safely recruited to work in the home. We saw evidence of appropriate checks taking place. Staff had received regular up to date training that was relevant to their role. Staff confirmed they received all mandatory training along with a nationally recognised qualification. Supervision records had been completed. Staff confirmed regular supervision was taking place and felt supported by the registered manager.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager and staff were aware of

their responsibilities in relation to MCA and DoLS. Referrals had been submitted to the relevant assessing authority. This would prevent people from being deprived of their liberty unlawfully.

Staff delivered care to people ensuring their privacy and dignity was maintained at all times. Where it was clear people required support, staff communicated with them using appropriate methods of communication for their individual needs. It was apparent that there were positive respectful relationships between people who used the service and the staff.

Relatives and professionals told us people's experiences of care was exceptional. Staff demonstrated that they clearly understood people's individual needs and the care they delivered was person centred. Staff were observed providing excellent personalised care. It was evident staff understood people's needs thoroughly. People who used the service were seen laughing and smiling and reacting positively to all if the staff team.

There was an exceptional programme of activities in place for people. These were tailored around people's likes, choices and abilities. Relatives told us they were delighted with the full programme of stimulating and fulfilling activities on offer. There was a dedicated activity team who ensured all activities were regularly reviewed and monitored to ensure people were enjoying them.

Complaints were dealt with effectively in the home. Records demonstrated the investigation that had been completed along with any actions that had been taken as a result of the investigation. All people we spoke with told us they had no complaints and felt confident any concern they raised would be dealt with swiftly and appropriately.

Care files contained up to date care plans and detailed people's individual needs and the support they required. Relatives confirmed the home ensured they were involved in the development and reviews of care plans.

Leadership and oversight in the home was exceptional. All people we spoke with held the registered in high regard and demonstrated her passion for the work that she did. Evidence of innovation engaging people who used the service and staff in the running of the home were identified.

Regular audits were undertaken and included agreed actions as a result of these.

The provider had been awarded a gold award from Investors in People. This award recognises the quality of the service which is performing at a very high level.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff and the registered manager told us the appropriate actions they would take if there were any allegations of abuse. There was a policy in place to guide staff on the appropriate procedure to follow.

Risks assessments had been developed and records confirmed measures were in place to mitigate any risks.

Records confirmed staff had been safely recruited. Duty rotas demonstrated appropriate numbers of staff were in place to meet people's individual needs.

Medicines were administered safely and records were completed in full following their administration. Staff had access to relevant policies and procedures to support them in safe medicines administration.

Is the service effective?

Good ●

The service was effective.

People were protected from unlawful restrictions. Staff and the registered manager were aware of their responsibility in relation to the Mental Capacity Act 2005. Appropriate referrals were completed to prevent any unlawful restrictions.

Staff supported people with their meals according to their needs, choice and requirements.

Staff had the appropriate knowledge, skills and training to provide effective care delivery.

Is the service caring?

Good ●

The service was caring.

Relatives gave exceptional feedback about the care their family members received.

Care was delivered according to people's individual needs and wishes.

Staff clearly understood the importance of maintaining people's privacy and dignity. Staff were sensitive to people's individual needs and were observed knocking on bedrooms doors prior to entering them.

Is the service responsive?

The service was extremely responsive.

The activities programme offered to people was exceptional. People had access to excellent meaningful, individualised activities tailored around their likes and choices.

People's care records contained detailed information on how to meet their individual needs. Reviews of care were undertaken regularly to ensure the care records reflected up to date information.

The feedback we received about the service was exceptional. There was a robust complaints procedure in place. Complaints were dealt with appropriately.

Outstanding 

Is the service well-led?

The service was well-led.

The feedback about the registered manager was exceptional. It demonstrated her commitment to providing excellent quality care to people who used the service.

Audits and quality monitoring was completed regularly and detailed the actions taken as a result if any gaps were identified.

Team meetings took place for all staff on a regular basis. The registered manager told us innovative practice was recognised in the work her team did during these meetings.

Good 

Rowandale

Detailed findings

Background to this inspection

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

This inspection took place on 5 August 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to our inspection we contacted professionals who visited the service for feedback about their views of the care provided in the home. We also looked at the information we held about the service. This included notifications we had received from the provider. We checked if any information had been received about any concerns or compliments relating to the care and welfare of people who used the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform the planning of the inspection and as evidence for the report.

During our inspection we undertook a number of different methods to identify the experiences of people who used the service. We spent time observing the care and support that was being delivered in the public areas of the home. We also saw how staff interacted with people who used the service. As people who lived in the home had limited communication we spoke with six relatives to obtain feedback about their experience of the care people received. We spoke with six professionals who visited the home regularly, three staff members and the registered manager who was in day to day control of the service.

We looked at the care records for two people who used the service. We also checked three staff files, duty rotas, medication administration records and records relating to the operation and management of the service.

Is the service safe?

Our findings

People using the service had limited verbal communication. One person we spoke with told us they were "happy" in the home. People appeared relaxed and comfortable in the presence of all the staff. They were seen smiling and laughing and there were clear positive relationships between staff and people who used the service. All of the relatives we spoke with were extremely positive about the safety of their family members and said they were well looked after. One person told us, "It is an amazing home, brilliant. [My relative] is content and happy. I have no safeguarding concerns." Another relative said, "At the end of the day it is their home. It feels like home for [my relative]. If [my relative] was uncomfortable they would tell you. I can relax knowing [my relative] is in good hands" and, "It is wonderful. We pop in unannounced and there are no problems. It is always the same. We always find they are looking after [my relative] extremely well."

Visiting professionals to the home told us they had no safeguarding concerns about people who used the service. They said if they did have any concerns they were always acted upon.

One professional said, "On the rare occasion that there has been a safeguarding involving one of my clients (People who used the service), I have always been informed." Another told us, "If we raise any concerns or directions, we will explain the reasoning for them and they will implement any changes or queries they need to make. We have not had any negative responses from staff."

Staff we spoke with demonstrated their understanding of the signs and types of abuse. All were able to discuss the appropriate steps that they would take if any concerns were raised. One staff member said, "My first port of call would be to report to the management." Another said, "I would report it to either my senior or the manager." The registered manager demonstrated their understating of their responsibilities when dealing with allegations of abuse as well as knowing the relevant authorities they would involve. They said, "I would undertake an investigation and collect evidence."

Staff told us they had undertaken the relevant training in safeguarding people from abuse. Staff files and training records we looked at confirmed this. There was a relevant and easily accessible policy along with suitable guidance for staff to follow. The PIR submitted to us prior to our inspection stated, 'We have a safe guarding policy and flow chart on view for all staff to follow if needed.'

We asked relatives about the staffing levels in the home. All relatives we spoke with confirmed appropriate numbers of staff were in place and the staff turnover was low. One person said, "There is always enough staff at the home. It is wonderful, it feels like a big family." Another said, "There is always regular staff, they know [my relative]" and, "It is a good team, continually."

Professionals provided very positive feedback about the staffing levels when they visited. One professional said, "Upon visiting I always find there are enough staff available. I always find that there is a member of staff both with and around them (people who used the service) at all times." Another told us, "I have noticed that there is staff and management consistency at Rowandale which I consider to be a positive indicator."

We looked at how the home was being staffed to make sure there was enough staff on duty to support people. We checked the staff rotas and they identified appropriate numbers of suitably qualified staff on duty to meet people's individual needs. The registered manager told us the staffing ratios were very good. They told us, "If the staff reported there was not enough time to care for people I will do the shift and address staffing numbers with [a director] for an increase in them." We were told any gaps in the staffing numbers would be covered by regular bank staff. This ensured continuous and consistent care was delivered to people. Activities and outings for people were supported by a separate specialised staff team. This ensured activities were organised around people's choices, preferences and needs.

The PIR submitted to the Commission by the registered manager prior to our inspection demonstrated that safe recruitment processes were in place. This would make sure staff were suitable to work with vulnerable people. It said, 'Our recruitment process involves a selection of management interviewing and scoring system, during discussion we try to skill match the people to the service user's. We always contact those who have been successful and not successful ensuring we give feedback about the interview.'

We checked the recruitment process for three members of staff and saw the procedures that were undertaken were thorough. This would ensure staff were safe and suitable to work in the home. Records included completed application forms and evidence that interviews had taken place for all staff prior to commencing employment in the home. Written references had been obtained and proof of identity was recorded. There was also evidence of Disclosure and Barring Service (DBS) check taking place. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The registered manager had effective measures in place to ensure risks were regularly reviewed to protect people who used the service from potential harm. Records confirmed checks on the premises and equipment had been completed and were up to date. Completed risk assessments took into consideration how to minimise any risks in the home. For example there were details of relevant checks taking place on people's bedrooms, bathrooms, public areas of the home as well as the kitchen. Records included any identified risks as well as what actions and outcomes were taken to minimise the risks. Essential checks on the premises and equipment had taken place. Examples seen were portable appliance testing, gas safety and electrical checks.

The PIR submitted to the Commission prior to our inspection confirmed, 'The building has risk assessments in place to protect all from hazards. Monthly audits are carried out to ensure that all risks, equipment and medicines are managed well and safe. Senior management also do regular monthly checks which are recorded on appropriate paper work.'

There were appropriate fire risk assessments in place to protect people in the event of a fire. Records also identified and included individual escape plans, fire door checks and fire alarm logs that confirmed tests had been completed.

A visiting professional confirmed that the provider responded appropriately to maintain people's safety. They said, "The people in the home have extremely complex needs and are at risk from their physical, health and mental conditions. I would say staff work to minimise these risks as best as they are able." Risk assessments had been developed in people's care files. Records confirmed these had been reviewed to reflect people's current need. Documentation included the appropriate measures that would assist staff in mitigating and managing any identified risks. Examples of risk assessments seen were, moving and handling, meal times, night time and continence. Information in the PIR also demonstrated the provider understood the importance of ensuring people were protected from unnecessary risks and included, 'I have

individual risk assessments in place for all service users' (people who used the service) which are in each of their care plans.'

Systems were in place to ensure incidents and accidents in the home were reviewed and analysed. Records included, completed accident reports as well as the details that related to any investigations undertaken. The registered manager completed regular evaluation of accidents and incidents. Records identified measures to be taken to reduce the risk of further incidents.

We looked at how people's medicines were being managed. The training matrix and staff records confirmed that the staff responsible for medicines management had completed the relevant training and competency assessments. This would ensure staff had the knowledge and skills required to protect people who used the service from unsafe medicine administration. A visiting professional to the home told us, "We provide audits for the care home as well as training and general meetings to discuss medication and improving our services for them."

Appropriate arrangements were in place in relation to the recording, storage and administration of medicines. There were records relating to regular checks on the room temperatures where medicines were stored. We noted the fridge for medicines that required cold storage needed to be replaced. The registered manager told us a replacement fridge had been ordered and this was delivered on the day of our inspection.

We undertook observations of part of the medication round. We witnessed medicines were administered safely and were recorded promptly on the Medication Administration Records (MAR). In order for staff to have the relevant skills and knowledge in administering medication, there was evidence to confirm that staff had access to relevant information about all of the medicines in use at the home. This included the, doses, types and signs of any adverse reactions. These would provide staff with the knowledge of the medicines in use.

The MAR charts identified that staff had completed them in full. Where gaps had been identified appropriate records had been completed to confirm the reasons for this as well as any actions that had been taken by staff. MAR's included information to ensure staff could safely identify which person the record related to. For example, all records included the persons' photograph and personal information. There were up to date policies in place as well as information available to support staff in the safe administration of medicines. These included a pain management protocol, hospital information and epilepsy protocol.

The registered manager told us she completed regular auditing of the medication administration records. They said it was completed to ensure staff developed good practice and consistently delivered medicines safely.

Is the service effective?

Our findings

We received positive feedback about the skills of the staff responsible for meeting people's assessed needs and preferences. One relative told us, "They are good staff, they know [my relative]. They make sure routines are in place. It is a regular staff team who are good." Visiting professionals to the home told us they were confident about the skills of the staff. They said, "Staff are very knowledgeable and skilled at the home." Another said, "Generally the regular staff know the people's needs well and are encouraged to read guidelines and documentation" and, "The staff training programme and attendance at courses has greatly improved."

We spoke with staff about the training they received in the home. All confirmed the training they received supported them to deliver high quality care to people who used the service. Staff told us, "We discuss training needs during our supervision. I am up to date with training." Another said, "I am up to date with my training." Staff also told us the provider had supported them with a nationally recognised qualification. This would provide a more in depth knowledge to enable staff to deliver expert care to people who used the service. Systems to follow up where training had been missed by any staff member had been developed. This would enable the standards of the staff knowledge and skills to be maintained.

The registered manager told us about the robust training programme that was in place for all the staff. Systems to monitor the staff attendance at training sessions were in place. Records confirmed staff attendance was high and staff had signed to confirm they had received the training. They also told us a communication week was held by the home each year. The registered manager said staff were offered practical training session which focused on intensive interactions.

Staff files and the training matrix confirmed ongoing training had been completed. The provider had a dedicated team to ensure all staff received regular training that was relevant to their role. Subjects included health and safety, food hygiene, infection control, person centred working and drug administration. There was also evidence staff had completed specialised training according to people's individualised needs. Topics covered included, safe swallowing, makaton signing, epilepsy, and Percutaneous endoscopic gastrostomy (PEG). PEG is a tube which is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when their oral intake is not adequate.

The PIR submitted by the service prior to our inspection confirmed their commitment to ensuring all staff received appropriate and timely training. It stated, 'All staff are given a training matrix and offered three dates throughout the year which they can choose a first, second or third preference. This is then handed in to the training co-ordinator who carefully selects staff to attend these courses. All staff are given the matrix in advance so they know which course, time and date they need to attend. This is also transferred onto the rota and the shift is covered by other staff if they are on duty at the time of training.'

The PIR submitted to the Commission demonstrated the services commitment to provide a comprehensive induction programme for new staff. It said, 'Once we have received the DBS and checked it and we have at least two suitable references they will be asked to attend a six week induction which is set weekly for half a

day. This is to ensure we are not over loading them with information and they are understanding what service we provide and that we all work towards the same standards.' The PIR identified the homes plans to introduce changes in the induction procedures to support new staff members. It stated, 'New staff Induction changes are just being introduced which cover all aspects of the new Care Certificate. This will be set over six weeks for half a day and continue on a rolling rota until all staff have completed.'

There was evidence of comprehensive induction programmes taking place for newly recruited staff members. Staff files had copies of completed induction programmes. The registered manager discussed the support she offered to new staff. She told us, "I come into the home at night and undertake inductions with new night staff." There was evidence that the provider had introduced the Care certificate to supplement the training staff received. The Care certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Staff we spoke with told us about the support offered by the registered manager when undertaking new duties. They said, "[the registered manager] will show you how to do things. She will never just ask you to do something."

Records confirmed regular supervision was in place for all of the staff. These detailed any discussion that had taken place between the registered manager and the staff during the sessions. A recently completed staff survey documented that supervision was completed regularly. Staff we spoke with confirmed they received regular supervision. One staff member said, "I have supervision every month. I am able to discuss my appraisal also." Another told us, "I have supervision regularly. It is every four to six weeks."

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 had been assessed as lacking capacity to make specific decisions about their care. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met. The service had complied with the requirements of the MCA 2005. We saw that appropriate DoLS applications had been completed and submitted to the appropriate supervisory body. This would ensure people who used the service were not being deprived of their liberty unlawfully.

Staff we spoke with understood the principles of the MCA and DoLS. Staff demonstrated what actions they would take to protect people from unlawful restrictions. There was policy and guidance available to ensure DoLS applications were submitted to the assessing authority as required. The registered manager was aware of her responsibilities to protect people from unlawful restrictions. She told us, "All people are risk assessed and DoLS will be applied to ensure people are not deprived unlawfully." We saw guidance about DoLS on display for people to access professional advice if they desired. Staff and the registered manager confirmed they had received training on the requirements of the MCA. Staff files and the training records confirmed this.

We observed staff involved people who used the service in decisions about all aspects of their care. Staff demonstrated a clear understanding of how to communicate with people who had limited verbal communication. We saw they responded to visual prompts and people's behaviours appropriately. Where it

was clear people declined assistance or the choices they were offered, staff were observed respecting these. All of the relatives we spoke with confirmed they were happy with the care their family member received and had agreed to their care.

We saw in people's care files that a range of health professional had been involved in people's ongoing care, treatment and support. There was evidence of ongoing reviews from professionals such as the dietician, district nurse, general practitioner, physiotherapist and speech and language therapist. Speech and language therapy provides treatment, support and care for people who have difficulties with communication, or with eating, drinking and swallowing.

Records included details of regular health reviews taking place. This would help staff to maintain people's physical health and monitor for any deterioration. Staff also had access to a document that contained relevant information that may be required in the event of a hospital admission. This would help provide continuity of care when people were transferred between services.

People who used the service were supported to access healthcare services and to maintain good health. We observed one professional visiting the service on the day of our inspection who confirmed they visited the home regularly. They told us the staff were responsive and helpful in meeting people's needs. Staff were aware of their responsibility to ensure people received regular reviews to maintain people's health. A visiting professional to the home told us, "At Rowandale the needs of the service users (people who used the service) are understood. It is a unique service that understands and cares for the people they have residing there." Another said, "Every time I speak to staff they know about the service users and what their requirements and needs are."

Relatives confirmed professionals were involved in health reviews and the home provided them with updates about their family member's needs. One relative said, "Any changes in [my relatives] care is discussed with me. If there are any changes or concerns they always communicate with me, they will call straight away. If [my relative] requires a hospital admission the carers will stay with [my relative]."

We undertook observations of the lunchtime period. Staff were seen supporting people who used the service according to their specific requirements and demonstrated a clear understanding of people's likes and dislikes. Staff were provided a meal by the home to promote an integrated family atmosphere. There was a positive dining experience. Staff were seen engaging with people using appropriate quiet sensitive communication as well as non-verbal communication in a relaxed and unhurried manner. This would ensure people received meals of their choice. Meals provided to people were well presented and looked appetising. Appropriate specialised cutlery and crockery was used for people where it was required to help promote their independence.

The registered manager told us all unnecessary distractions were removed. There was guidance on one of the doors that advised staff or visitors that people were eating their meals and not to enter. She told us this had been introduced to follow a review of eating guidelines for people who used the service and to facilitate a positive relaxed dining experience for them. The registered manager told us any people who were unable to eat a meal were offered relaxation sessions by the staff during the lunchtime period.

We saw staff supported people individually and people who used the service were encouraged with independence where appropriate. Staff we spoke with demonstrated an understanding of the individual requirements likes and dislikes for people who used the service. Staff told us an alternative meal would be offered to people if the choices on offer were not wanted or liked. Staff encouraged people to eat their meals where it was appropriate to do so. We also noted visiting relatives to the home were offered meals. They

told us they were regularly offered meals when visiting and enjoyed the experience. Gestures like this promoted positive and meaningful relationships between people who used the service, relatives and the staff.

We spoke with the cook who was responsible for the preparation of meals in Rowandale as well as the home adjacent to it. They told us there was always enough supplies of fresh meat, fruit and vegetables and supplies in the kitchen confirmed this. The cook in the home was aware of all people's dietary needs, and their likes and dislikes. Records relating to people's individual needs were available in the kitchen and up to date for them to refer to. The cook told us staff used picture cards to involve people to make decisions about what they wanted to eat. There was evidence of appropriate checks on the fridge/freezer temperatures being carried out to ensure food was stored safely.

Care records had details of people's individual needs and choices to enable staff to offer suitable and nutritious meals. People's likes, dislikes and their specific needs were also recorded. This would enable the home to ensure people received their own choice of meal. Records confirmed that where people required supplementary drinks to maintain an adequate nutritional intake these had been given as prescribed.

Is the service caring?

Our findings

People who used the service had limited verbal communication. We saw all people in the home displayed positive facial gestures such as smiling and laughing when engaging with all of the staff team. It was clear staff had an understanding of how best to communicate with people and we saw the use of pictures and sign language to aid this. Where people had limited sight we saw extremely positive responses when staff spoke with them. Staff were observed reacting to people's behaviours, supporting them appropriately and sensitively in any given situation.

Relatives described the care that family members received in the home as exceptional. One relative told us, "I am happy the care is superb, we pinch ourselves about how lucky we are. There is nothing they can't cope with. I like the communal nature of the home it is wonderful. It feels like a big family. I can't think of anywhere better for [my relative] it must be one of the best in the country." Another relative said, "The care is excellent. It is important to keep routines for [my relative]. On a Sunday [my relatives'] key worker brought them home to keep their situation continuous. The staff pick up families regularly to visit people. I can't think of anywhere better for [my relative]. It must be one of the best in the country for their condition."

It was clear that relatives were happy with the care people received and that they were confident people were well cared for in the home. One relative said, "We know the care they provide would support [my relative] long term with no input at all from us." Feedback in a recent relative's survey also demonstrated how happy people were with the care people received.

Visiting professionals to the home confirmed the care people who used the service received was excellent and met their individual needs. One professional told us, "Care is person centred and people are treated as individuals." Another said, "People living in the home are always cared for. Staff attitude at the home is wonderful. I am always greeted warmly by anyone attending the doorbell. A member of staff is always around the service users", "It is difficult to know how such complex people's needs can be met within the funding limitations in a more satisfactory way. The service is always prepared to develop, listen to new ideas and work to be as person centred as possible" and "All placements has been very successful and the young people are all settled. All my residents have parents who remain very involved. They are all very happy with the care delivered by Rowandale."

There was an excited buzz in the home on the day of our inspection. This was because three people who used the service were going on holiday to Blackpool. The registered manager told us they were being accompanied by three staff members who knew them well and would be staying in appropriate accommodation that supported their needs. There was a planned programme of events for them. We saw the people going on holiday exhibited great excitement and enthusiasm for the planned trip. They were engaging positively with the staff involved and it was apparent that the relationships between them were positive and meaningful. The registered manager explained that a holiday had been booked for a further three people who used the service the following week.

We spoke with the registered manager and the staff about person centred care. All had an understanding of

the importance of a person centred approach to the delivery of care in the home. The PIR submitted to the Commission confirmed the provider's commitment to the delivery of person centred care. It said, 'I ensure that the service is safe by providing detailed person centred care plans for each individual. These are regularly updated and information changed as needed by staff and family.'

Records indicated and relatives told us that they were involved in the planning and reviews of people's individual needs to ensure their care was person centred. We observed people who used the service actively involved in making decisions about the care they received. When staff discussed options relating to individual care with people it was clear they knew their likes and dislikes. They responded appropriately to gestures or behaviours using body language, verbal communication or sign language. We saw staff offering a variety of activities to people such as sensory bath, interactive equipment and books and offered an alternative activity when required.

We received very positive feedback about the exceptional care that was offered by the home from visiting professionals. They told us people's needs were catered for fully and that they were encouraged to live positive meaningful lives. Feedback in relative surveys in the home also confirmed relatives were happy with the care their family members received.

There was evidence of the commitment by the provider to ensure people continued to receive excellent care. A self-assessment tool noted the importance of driving up quality, to support people to have an ordinary meaningful life, along with care and support that is focused on people being happy furthermore having a good quality of life.

Relatives and professionals who visited the home told us people's privacy and dignity were respected at all times. One person told us, "The staff treat them (people who used the service) with dignity and respect whenever I have been." Another said, "Each service user (people who used the service) has their own personal room available." The registered manager told us, "I undertake daily observation in the home. The service users are our number one priority. It is all about them." Staff confirmed advocates were regular visitors to the home. This would help people who used the service to have their voice heard on issues that were important to them within health and social care services.

We observed staff speaking to people respectfully especially when discussing care needs. We saw staff always asked permission from people before undertaking any activity involving them in decisions and choices. Staff were seen responding to verbal and non-verbal cues and respected people's wishes and choices. People's bedrooms were individualised and considered their own personal space. We saw all staff when entering people's bedrooms knocked on their doors before they entered. Where care activities were taking place staff respected their privacy and did not enter their room.

Is the service responsive?

Our findings

Relatives and visiting professionals were really keen to tell us about the exceptional activities offered to people who used the service. People said activities were tailored around people's individual likes, needs and choices and would be altered according to their responses. One relative said, "[My relative] loves swimming and trampolining, the staff have given [my relative] the confidence to do more activities. [My relative] is off to Blackpool this weekend. The home give us photos of [my relative] undertaking activities. The enjoyment is all over their face."

Another said, "When [my relative] is not going out the staff come and do things with them, for example interactive storytelling and playing music. They have a Jacuzzi bath every day. I can't fault it." They told us some of the outside activities which included trips to the theatre group, hydrotherapy pool and a soft play centre. A professional visitor to the home also offered exceptional feedback about the activities provided to people. They said, "Activities are always ongoing at the home for them (people who used the service)." Another told us, "The activities provided as part of the service are commendable. The manager is aware of the difficulty engaging individuals in interactions and reminds her staff when the need arises."

The registered manager discussed the homes commitment to ensuring people lived fulfilled and enriching lives according to their needs and wishes. They told us, "The clients (people who used the service) get as much as I can give them. We are so person centred even down to the activities." For example there was a hoist tracking system available for people in the lounge. She told us this could be used to assist people who were unable to stand for long periods to have the bodily sensation of standing. The registered manager provided visual evidence of one person undertaking this activity. We saw they interacted with staff playing soft ball and dancing. It was clear that this person was thoroughly engaged with this activity, smiling and laughing throughout.

The staff discussed the use of intensive interactions between staff and one person over a period of time. We saw a video that clearly demonstrated that the person's involvement in this activity had a positive impact on their physical abilities and their quality of life as a result of these positive interactions. Another example was the homes commitment to providing short holidays for people who used the service. We observed people were excited and positive about an upcoming holiday. This assisted people to retain and re-live happy memories of special times. This would encourage and promote a sense of well-being and involvement.

There was a relaxed and positive atmosphere in the home. Staff were seen encouraging people with activities of their choice. For example one person was seen interacting with small pieces of tactile equipment. We saw staff responded promptly and offered alternative objects when it was clear the person wanted an alternative. Another person was seen enjoying a bubble machine. They responded with smiles and laughter when we asked them if this was an activity they enjoyed.

The registered manager told us where pet days had been organised in the home offering an alternative experience for people who used the service. For example animals that had visited the home included dogs, a rabbit, a lamb, a terrapin and a donkey. The home also offered monthly events or theme days. These were

on different topics such as Christmas parties, valentines or Easter.

The provider employed a dedicated lifestyle (activities) team that coordinated and supervised activities for all of people in the home. Activities organised by the team included trampolining, swimming, hydrotherapy, arts and crafts, theatre, and the local library. Records confirmed a comprehensive programme of events was developed and reviewed to meet people's likes, interests and choices. Records for people confirmed where activities had taken place and who had supported them. We also saw evidence of completed activities on a notice board in the entrance to the home.

Staff were thoughtful and creative about the choice of activities for people. These were based on the individual's previous experiences and reactions to activities already undertaken. We observed a number of people going out on trips during our inspection. This would ensure their life was enriched, positive and meaningful for them. People had access to landscaped gardens which included wheelchair-friendly features such as raised beds and sensory walkways. There was a separate activity centre on the site where the lifestyle staff could support people outside of the home environment. The provider told us, 'We listen to what individuals want us to support them with. All activities are evaluated every time they happen and this is reviewed monthly and changed as required. To achieve this I ensure that care plans and lifestyle activities are person centred which are regularly reviewed.' This meant activities could also be delivered in an environment dedicated to supporting people with their choice of activities

People who used the service were seen actively involved in the local community. Regular trips to the local shops and supermarket were undertaken by staff and people. We saw a regular flow of people going out during the day.

Relatives and professionals raised no concerns or complaints about the home. All people told us they would feel confident to raise any concerns and that these would be acted on appropriately by the registered manager. One relative said, "I attend a learning disability forum and I have never heard anything bad about the home." Another said, "Any concerns, the home will call straight away." The PIR submitted to the Commission prior to our inspection demonstrated a commitment to ensure the views of people using the service were obtained and acted upon. They said, 'We have a complaints policy which if anyone did want to make a formal complaint we would act immediately and try to resolve the issue as smoothly as possible. We look at our complaints and compliments and learn from them. We are quick to respond to any changes in health needs. We are aware of people's rights and support them to achieve them. We have annual formal reviews as a minimum. We do not want to do anything that could be seen as tokenistic. We have employed a communication coordinator and looked at how effective our service user council is. We are looking at ways to engage people in a realistic and creative way.' A service user council is a group of people who use who are involved in decisions about how the service was run.

Feedback in relative surveys and thank you cards confirmed people were exceptionally happy with the care delivery by the service. Examples of comments were, "I have never had any concerns. I have an immediate response to any problems or queries I may have." Another said, "I am always made to feel welcome. I am very happy" and "The way you cared for [my relative] made it possible for them to return home and have a caring loving environment."

There was a complaints policy in place. This would guide people through the process of raising any concerns. We also saw people with limited verbal communication had access to appropriate materials to assist them to raise any concerns. For example pictures were used to enable staff to understand how people were feeling and to respond effectively to any concerns.

The registered manager and staff demonstrated a clear understanding of their responsibilities when dealing with any concerns or complaints. The registered manager told us any concerns would be discussed with the family immediately. There was evidence of completed investigations undertaken as a response to any complaint. Records identified that complaints were taken seriously and handled appropriately. Notes included outcomes of complaints and any actions recommended as a response. For example one complaint clearly demonstrated how the registered manager had responded to a particular concern in an appropriate and timely manner. The registered manager discussed the positive feedback from the complainant about the outcome.

All of the relatives told us the care their family members received at the service was exceptional. They said care was discussed with them and care plans had been agreed according to people's individual needs. One person said, "We are involved in their care planning. The home are keen for us to know everything. The staff always consult us in decision about [my relatives] care. There is nothing they can't cope with." Another told us, "[My relatives] care is discussed with me" and, "Any changes in care is always discussed with me."

Staff were proactive in their approach to the care they delivered. Where any changes in care were required staff responded quickly and appropriately. This would promote individualised care for people. Care delivery and planning was designed to fit around people, not people around the routine. This gave people a significant degree of flexibility to do what they needed in line with their individual choices. The registered manager discussed the importance of involving all relevant people in the development and reviews of care files. They said, "The care plans developed are person centred. We get information for reviews from staff, people families as well as outside agencies such as the general practitioner and speech and language therapy."

The PIR demonstrated the provider's commitment to ensure people received care that was designed around their individual needs, choices and preferences. They said, 'I always make time for everyone and listen to them, supporting people as individuals ensuring they receive the highest standard of care. Training is provided covering all areas to protect us all and help us to maintain high standards of care.'

Care files had been tailored around people's individual needs. Records were comprehensive and detailed. They included important information about people's health and social care needs. Care plans relating to how to support people's individual needs provided excellent guidance for staff to follow. Topics included personal care, behaviour, bathing, medication, moving and handling and mobility. This would ensure the care delivered by staff was excellent, up to date and individualised.

There was specific information to ensure staff had access to up to date information relating to specialised care needs. Examples of these were PEG tubes, suction and DoLS. Guidance for staff to follow included how people preferred their care to be delivered as well as the outcomes expected.

There were details of people's life history in a pen profile. This would ensure staff had knowledge of people who used the services likes, dislikes as well as people who were important to them.

Relatives, staff and the registered manager told us care plans were regularly reviewed. Records we looked at confirmed reviews had been completed. The registered manager discussed innovative ways in involving people who used the service in the reviews of their care. We were shown a review for one person that had been developed on a large format. Pictures had been included that reflected people's individual needs likes and wishes. The registered manager told us this enabled the person to make decisions about their own care and would ensure care plans reflected their choices.

The registered manager demonstrated commitment to ensure care was individualised and reviewed. They said, 'Each individual is different and I ensure that constant evaluation is ongoing. I have an open door policy and all staff, family and visitors are aware of this. I have formed excellent relationships over the years with these people and will continue to support them.'

Records confirmed a range of health professionals visited the home to ensure people's individual health care needs were met. There was a clear audit trail of visits undertaken by professionals. These included the general practitioner, dietician, pharmacist, speech and language therapist and physiotherapist. The registered manager told us in the PIR submitted to the Commission prior to the inspection stated, 'We have access to and good working relationships with relevant professionals, for example, speech and language, physiotherapist, wheelchair services.' Visiting professionals to the home confirmed their involvement in people's health reviews and they told us that the home appropriately contacted them for advice or assessment for people who used the service.

Is the service well-led?

Our findings

The feedback we received about the registered manager was exceptional. One relative told us, "She is so lovely and positive and always full of enthusiasm and ideas. [The registered manager] is hands on in the home. It is genuinely coming from the heart." Another said, "It is very obvious [the registered manager] knows all the needs of service users." Relatives told us about situations where the registered manager had gone above and beyond when supporting people to maintain family contacts. One relative told us of a situation when they were unwell. The registered manager had taken the person home to visit their relatives. They told us the registered manager had made them all a meal whilst visiting.

Visiting professionals were positive about the leadership and management in the home. One professional told us, "There are no issues from our end regarding the manager." Another said, "The current manager is good, she addresses concerns immediately." A staff member said, "Everything is fine I can go to [the registered manager] with work issues, her door is always open." Another told us, "It is amazing here, it is well run and friendly. I admire and respect [the registered manager]. She is fair and I have learnt a lot from her. She is somebody that wouldn't ask you to do something she would do herself" and, "[The registered manager] is absolutely fantastic. I can go and talk to her. It is a good staff team."

The registered manager told us about a system of communication with staff about non confidential updates when staff were not in work. It was used for example for dates of team meetings. The registered manager showed us a text message that had been received in a group text as a response to our inspection. Comments demonstrated that the staff held the registered manager in high regard. One said, "We have some caring staff, including you. You are the one that makes it this way because you look after all of them." Feedback in thank you cards and surveys confirmed how happy people were with the leadership in the home. One comment seen was, "Thank you to a wonderful manager."

The home had a registered manager in place at the time of our inspection. The registered manager was responsible for the day to day operation and management of the service.

The registered manager and staff had a clear understanding of the key principles and focus of the service, based on the organisational values and priorities of person centred care. The registered manager told us she was well supported by senior management. There were policies and procedure in place to support the management of the service. These were visible and accessible in the office for all of the staff team.

As part of their quality monitoring the company submitted copies of their audits to the Commission every three months. There was a system of checking the quality and effectiveness of the service. The registered manager completed robust audits that ensured the service was being safely monitored. Topics included, a visual walk around of the home, health and safety inspection, moving and handling, incidents, accidents and medications. Where gaps or issues had been identified actions had been noted to ensure the service continued to improve. Accidents and incidents were monitored, analysed and learning was taken forward as actions to minimise any future risks and ensure the care was consistent.

The PIR submitted by the registered manager prior to our inspection demonstrated their commitment to ensuring that quality improvement was fundamental in the management and leadership in the home. They said, 'I ensure that the service is well led by having regular supervisions with staff, ongoing training and manager meetings. The senior manager sets us targets with development plans and regular manager induction training. As a company we have driving up quality meetings which involves staff, families and outside agencies input.'

Services that provide health and social care to people are required to inform the Commission of important events that happen in the service. The registered manager understood their legal obligations including the conditions of their registration.

We found there was a strong emphasis to continually strive to improve and implement innovative systems in order to provide a high quality service. The service had recently received the gold award from Investors in People. This award recognises the quality of the service which is performing at a very high level. The registered manager demonstrated their commitment to innovation and development in the service. They said, "We bend over backwards to support people. The work that is done in the home is above and beyond. The staff are always positive, I feel so proud." The registered manager told us she regularly attended the Lancashire Care association meetings. This was an opportunity for registered managers to meet to discuss and share good practice.

The registered manager had worked for the provider for several years and demonstrated her passion and commitment to ensure the quality of care people received enriched and improved their quality of life. The registered manager demonstrated she understood all of the needs and support all people who used the service required. It was clear people who used the service and staff respected and saw her as a role model. The PIR submitted to the Commission demonstrated their commitment to recognise the excellent care delivered by staff in the home. It stated, 'We have an employee of the month award and a student of the year. This is given for outstanding contribution by staff to the work place.'

There were completed staff satisfaction surveys which demonstrated how staff felt supported in the home. Comments confirmed that comprehensive inductions and regular supervisions had been completed. Staff recorded that the service was a good employer.

Enabling people to say what was important to them and take an active part in the planning and organisation of the home was fundamental. Creative ways were sought to involve people had been developed. For example records for a, 'Service user council meeting' taking place were seen. These demonstrated the use of pictures and photographs to ensure people had a voice on the decisions made. The provider also published a newsletter that provided pictorial guidance to ensure people with limited communication were aware of the changes and upcoming events taking place. The PIR submitted prior to our inspection identified the improvements that were planned to ensure people's views were obtained and acted upon. It said, 'We plan to look at our surveys and try to improve the format and ways we can get better feedback from our service users. Ensuring that action plans are followed and planned throughout the year from the annual review.'

Staff confirmed and records clearly identified that regular staff meetings were taking place. This enabled team working to look at creative ways in which the service could develop. Documentation confirmed the names of attendees along with topics and actions taken as a result of the meeting. Topics discussed included, updates on the care for people who used the service, service user council, visits by the Commission and staffing. The registered manager discussed how she engaged and supported staff to feel valued as part of the team. She said, "I have staff incentives. We try and do fun things. I always start a team

meeting with an activity." She demonstrated her commitment to ensure staff were recognised for the hard work that they do. She said, "We have a raffle at the team meetings with flowers, meal vouchers and wine for prizes. At my last senior team meeting I gave all the staff pamper bags." It was evident that the registered manager valued the staff and respected their input, commitment and drive to move forward and strive for excellence.