

Dalesview Partnership Limited

Rowandale

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Rowandale is a care home providing personal care and accommodation for up to 11 people with a learning disability and/or physical disabilities. At the time of inspection there were 11 people living in the home.

People's experience of using this service and what we found:

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

The service was a large home, bigger than most domestic style properties. It was registered to support 11 people. 11 people were using the service. This is larger than current best practice guidance. There were two communal areas a sensory room situated just off the large lounge/dining room. This room was also a route through to other rooms. The service had tried to mitigate the impact of this on people. For one person who found it too busy, a separate lounge area had been created. People's bedrooms were spacious and reflected their taste and preferences. People had busy lives which reduced the amount of time they spent in the home.

People living at Rowandale continued to receive an exceptionally person-centred service. The provider went above and beyond to understand and respond to people's needs and preferences. Using total communication techniques, they had supported people's ability to express themselves and included their wishes in care planning and activities. People were engaged in a broad range of meaningful activities which improved their quality of life.

People continued to be safe and protected from the risk of abuse and avoidable harm. Comprehensive risk assessments followed best practice guidance and included positive risk taking to optimise people's opportunities to engage in activities.

The provider followed their robust recruitment procedure which ensured all staff had been safely employed. Induction training was thorough and the training for staff was up to date which meant they could provide effective care.

People's needs had been thoroughly assessed and their care plans included input from families and community-based professionals. People's health needs were identified, and they were supported to maintain regular appointments and screening.

People were supported to eat and drink, the service employed a speech and language therapist

(swallowing) who provided specialist advice for people needing modified diets. Dieticians were involved when required for people who were nutritionally at risk.

The provider were compliant with the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. People had been supported to make decisions in line with the best interest process in the Act.

Staff were observed to be kind and caring throughout the inspection. People were supported respectfully in ways that upheld their dignity. Excellent communication strategies ensured people had been supported to express their views.

The service was well led by a committed management team who continued to maintain high-quality, person-centred care, by leading by example and using effective checks and audits of care provided. Good communication at handovers, team meetings and one to one meetings ensured the team were well supported and informed.

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

Rating at last inspection:

At the last inspection the service was rated as outstanding in the Responsive domain and good in the other four domains. This meant the service was rated as Good overall.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received, 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 exceptionally responsive

Details are in our responsive findings below

Outstanding ☆

Is the service well-led?

The service was well-led

Details are in our well-led findings below

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 May 2019 and 4 June 2019 and was unannounced.

Inspection Team:

This inspection was completed by one inspector.

Service and service type:

Rowandale provides personal care and accommodation to adults with a learning disability and/or a physical disability.

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.

What we did before the inspection

Our inspection plan took into account information the provider sent us since they were last inspected in December 2016. We requested information from local authority commissioners and safeguarding to see if there were any areas of concern we needed to consider. We used all of this information to plan our inspection.

During the inspection

We spoke with; the registered manager, deputy manager, two care staff, the communication coordinator and the lifestyle facilitator. We spoke with the relatives of two people living in the home. We attended a music session and observed staff interactions throughout part of the day and a lunch service.

We reviewed; the policies and procedures, records relating to safeguarding, Deprivation of Liberty Safeguards, incidents and accidents, complaints and compliments, audits and governance, staff meetings,

training records for all staff, the recruitment records for three staff, the care records for four people and the medicines records for two people.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm by robust systems the service had in place. A relative told us, "I feel (name) is safe, I feel 100% confident in where they are placed." Staff we spoke with could identify what might be a safeguarding concern and were knowledgeable about how to raise their concerns. The service had a safeguarding champion, a champion is a member of staff who has a lead role in a particular area. They receive additional training and are a point of contact for the team. We reviewed the services safeguarding records and found they had followed the procedures fully. Information about how to raise a safeguarding concern was displayed in the office.

Assessing risk, safety monitoring and management

- People had been supported to understand and manage the risks in their daily lives. Positive risk taking strategies had supported people to consider their safety without restricting them unnecessarily. The service regularly reviewed risk assessments and amended them in response to any changes.

Staffing and recruitment

- The provider had robust recruitment procedures. Staff had been recruited safely, all necessary checks had been completed before staff started work. There was a probationary period for all staff which ensured they and the people they supported were well matched. We saw that when required the service had extended the probationary period for staff.

Using medicines safely; Preventing and controlling infection

- Medicines were managed safely. The provider had clear procedures and protocols in place to ensure people received their medicines as prescribed. Regular audits of records and competency checks of staff maintained the safe use of medicines.
- People were protected from the risk of infection and cross contamination. The home was clean and well maintained. Personal protective equipment, such as, gloves, aprons and hand washing facilities were available for staff to use. We observed staff using these when supporting people with personal care.

Learning lessons when things go wrong

- The provider had effective procedures in place to record and respond to incidents and accidents. We found all incidents and accidents had been recorded and investigated. Where there were lessons to be learned these had been shared with the team.

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 remained the same. 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; Staff working with other agencies to provide consistent, effective, timely care

- People's needs had been thoroughly assessed with input from a broad range of sources. People and their relatives had contributed their views. Other professionals, including specialist learning disability nurses and the providers own communication coordinator and lifestyle facilitator had also contributed to the development of holistic care plans. Care records we reviewed were clear and easy to follow. We observed staff providing support and noted they were following the care plans.
- Staff worked closely with other agencies to provide the most effective care possible. Hospital passports and communication plans ensured information was available to support people when accessing other services.

Staff support: induction, training, skills and experience

- People were supported by trained staff who had the appropriate skills, knowledge and experience to meet their needs. A relative told us, "Staff know what they are doing. They know what (name) likes and ensure (name) gets support." The provider ensured all staff received an induction and regular ongoing training to maintain and develop their skills. We reviewed training records and found these were up to date. In addition, the service had supported staff to develop their potential to undertake more senior roles.

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

- People were supported to maintain their nutrition. The service employed their own speech and language therapist who assessed the support people needed to eat and drink safely. Specific plans had been developed which supported people to maintain their intake and we saw these were followed by staff. People's intake and weights were recorded regularly, and referrals made for additional support when needed.

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

- People were supported to maintain their health. People's health needs had been thoroughly identified and plans of care agreed with other professionals to ensure optimum health. The provider had a positive focus on people's wellbeing and involvement in their health care. People had regular health screening. People who found health appointments distressing had been supported by skilled staff to tolerate these.

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

- The provider had completed all necessary adaptations to ensure people were able to access their home safely and easily. Communal areas were spacious, and doors were wide and easy to use. Bathrooms

contained appropriate equipment to facilitate bathing or showering, whichever the person preferred. Overhead tracking and a standing hoist provided people who used wheelchairs to stand upright which gave people the experience of being upright.

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.

- People's capacity to make decisions and the support they needed to do this had been included in people's care plans. The service went to great lengths to maximise people's ability to engage in decision making. Where people had been found not to be able to make the decision the service ensured what was important to the person had been included. All decisions made on behalf of the person had followed the best interest process described in the MCA and was the least restrictive option. The service had applied for all necessary authorisations from the local authority.
- Staff were skilled in understanding the importance of consent and we observed staff always asking before providing support. In addition, staff we spoke with were able to describe how they might try to persuade people and encourage them to accept support when they declined.

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 remained the same. 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

- People were supported by kind and caring staff who were committed to respecting people's individual experiences and identity. People's cultural identity and lifestyle needs had been recorded in their care records. People had been supported to celebrate important festivals and events.

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

- People were very well supported to express themselves and be involved in decisions about their support. The service employed a communication coordinator, qualified in learning disability studies who had also had training in assistive communication technology. People's ability to communicate was holistically assessed. Varied communication aids ensured people were listened to. These included; using tablets, pictorial timetables and signing which was specific to the individual person. We saw in care records how people's views had been established over time and the service had acted on them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were upheld by sensitive staff. Staff spoke respectfully about the people they supported. When supporting people with personal care staff were incredibly discreet, at no time was it apparent to us people were being supported.
- People's independence was promoted. Care records showed what people were able to do and how best to support them to do things. People had been supported to develop both short and long term goals and we could see from the records these had been pursued.

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People continued to receive exceptionally person-centred support which reflected their needs, preferences and interests.
- The service employed a full-time lifestyle manager to provide person-centred, quality experiences, based on people's preferences and interests. People continued to engage in an exceptional range of meaningful activities which enhanced the quality of their lives. A relative told us, "(name) does so many activities and they are very good, even though (name) condition is worsening they adapt the activities." Another relative told us, "They know what (name) likes and ensure they get support to do what they want, at least three activities a day including swimming, which (name) loves."
- Each person had an activity plan which included aims and objectives relating to activities. We saw these plans were very full and had been reviewed each month thoroughly to understand how the person had experienced the activity and if anything needed to be amended.
- The lifestyle manager continually reviewed activities available and worked in partnership with specialist colleges to keep up to date on the latest developments.
- For the majority of people who had come into the service from school or college, mirroring the way activities had been timetabled there had ensured a consistency of support as people transitioned into adult services. The service tried to maintain people's existing links with activities and people. People were able to decline activities and alternatives were offered.
- People regularly went to the cinema, theatre trips and swimming and cycling. Sessions were arranged at a hydrotherapy pool and soft play area and to cafes and pubs.
- Examples of activities available on site included; sensory choices which included using taste, smell, music and sounds to tell stories. Staff watched how people responded and used this to inform future planning. Story massage, computer games, a sensory room and sensory drama was provided. The service would hire individual specialists to facilitate some groups.
- We joined people in a singing and music session in a separate chalet on the site. People appeared very happy and engaged. Staff were enthusiastic, and we could see how they were using the session to encourage people to engage and communicate with each other. We saw other people enjoying a film in the lounge area, staff had made the most of the opportunity to create a cinema style atmosphere, dimming the lights and providing snacks and drinks.

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

- Groups and activities had been arranged for people to practice and improve their communication, this

included; Sign-along sessions, individual signing practice, conversation practice sessions underpinned with pictorial aids.

- People's communication was reviewed in detail each month and any additional information shared between the staff and communication coordinator included in the persons' plan. For a person whose communication needs were increasing as a result of a long term health condition this approach had maintained their involvement in decisions.
- A person who found the busy communal areas too stimulating and stressful, was supported to have their own living space. This improved their quality of life and encouraged them to engage in activities and communicate better.
- People who experienced distress had been sensitively supported to manage their feelings and responses to minimise the risks of harm to themselves and others.

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.

- People's choice and control was maximised by staff who had highly developed skills to engage with people. The communication co-ordinator ensured staff understood the wide range of ways people expressed themselves.
- We reviewed the communication guidance in people's care plans, each person had robust assessments and guides titled 'how to communicate with me', which gave the person the best opportunity to interact with staff and visitors.

Improving care quality in response to complaints or concerns

- People were supported to express their views and concerns in ways which considered their communication needs. The home continued to respond to complaints and concerns raised fully. We reviewed the service's records and saw they had been open and responsive to any concerns raised. Relatives we spoke with said they felt very happy with the way the service had listened to anything they raised.

End of life care and support

- At the time of inspection no one was identified as needing end of life care. Some people living in the home had life limiting conditions. People could be supported to remain at home if they wished. The service worked in partnership with a local hospice to develop their skills and knowledge and to support people to access the hospice.

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 good. At this inspection this key question has remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was supported by a deputy and worked closely with other managers on site to promote a highly person-centred service for people. They sought to embed the values of the service through working alongside the team, supporting them to develop their skills and knowledge. They were approachable and flexible in the support they provided to the team. We observed very positive interactions between the management team, the people in the service and their staff. Staff told us they felt valued and respected and were proud to work for the service.

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

Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology.

- We found the service had been open and transparent, complaints and incidents had been responded to and people had been informed of the outcome of their concerns in writing. The service had notified CQC of all the events they needed to. The CQC ratings from the last inspection were displayed.

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

- Roles and responsibilities had been clearly defined. Staff were aware of the service values and were committed to achieving the quality of care expected. People's needs were met in a timely way following their plans of care. Any changes were accommodated throughout the day.
- There were robust auditing systems in place to ensure care and support were provided as agreed. Regular competency tests ensured staff were aware of what was required, we saw these had been completed in relation to medicines and personal care including the dining experience. The service had their own internal quality audits which checked records and procedures had been maintained and followed. The service also audited the effectiveness of individuals' communication and activity plans to ensure these remained appropriate.
- The management team were supportive of staff who wished to develop further and provided mentoring

and training for aspiring managers.

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

- People were encouraged to give their views about the quality of care they received. The service used a variety of ways to engage with people to try to understand their views. There was a service user council and employee and family satisfaction surveys which invited people to comment on all aspects of the service. We saw a lot of very positive feedback.
- The service was very engaged with the local community, people were supported to access a broad range of resources.
- Regular team meetings ensured staff were consulted and informed about any changes. We saw how the service had changed practice in response to feedback received in a staff meeting.

Continuous learning and improving care

- The service ensured they looked into all incidents and feedback to ensure the service continued to develop and to avoid any reoccurrence. Effective working between the team promoted shared skills and knowledge.
 - The service had a system for reviewing each area of practice, recently they had questioned their induction programme and worked together to agree in what order things needed to happen to be the most effective.
- Working in partnership with others
- The service continued to work in partnership with organisations, commissioners, community-based health professionals and forums chaired by the local authority and local safeguarding team. This helped to ensure they were up to date with changes.