

Lifeways Rose Care and Support Limited

Rose Meadow

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?

Requires improvement 

Is the service well-led?

Good 

Overall summary

We carried out an unannounced inspection of this service on 17 December 2015. Rose Meadow is registered to provide accommodation and personal care for up to 10 people with a learning disability. The home is located in Misterton, Nottinghamshire. On the day of our inspection 7 people were using the service.

The service did not have a registered manager in place at the time of our inspection. The previous registered manager left the service in October 2015. A registered manager is a person who has registered with the Care

Quality Commission 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.

People felt safe in the service and the risk of abuse was minimised because the provider had effective systems in place to recognise and respond to any allegations or incidents.

Summary of findings

Medicines were managed safely and people received their medicines as prescribed. Staffing levels were sufficient to support people's needs and people received care and support when required.

People were supported to make decisions and where there was a lack of capacity to make certain decisions; people were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and the support of external healthcare professionals was sought when required. However, improvements were required to ensure that care plans contained up to date information to enable staff to respond in the most appropriate way to any changes in people's health.

People were treated in a caring and respectful way and staff delivered support in a relaxed and supportive manner.

Staff were knowledgeable about people's likes and dislikes and what support people required. People who used the service and their relations knew who to speak with if they had concerns and were confident that these would be responded to.

People were involved in giving their views on how the service was run and involved in decisions about the service. Regular audits were undertaken within the service and action was taken where required.

Summary of findings

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.

People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines as prescribed and these were managed safely.

There were enough staff to provide care and support when people needed it.

Good



Is the service effective?

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain their nutrition and staff sought guidance from external healthcare professionals if required.

Good



Is the service caring?

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Good



Is the service responsive?

The service was not consistently responsive.

Care plans did not always contain up to date information about the risks to people and how these should be managed.

Staff were knowledgeable about people's likes and dislikes and people were able to partake in a range of activities independently or with support when required.

People and their relatives felt comfortable to approach the manager with any issues and felt that complaints would be dealt with appropriately.

Requires improvement



Is the service well-led?

The service was well led.

People felt that management team were approachable and their opinions were taken into consideration.

Good



Summary of findings

Staff felt that they received a good level of support and could contribute to the running of the service.

Regular audits were undertaken within the service and action taken where required.

Rose Meadow

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.

We inspected the service on 17 December 2015. This was an unannounced inspection and was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection

reports, information received and statutory notifications. A Statutory notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with four people who lived at the service and one person's relation. We spoke with four members of care staff, the manager and a senior manager within the provider's organisation. We observed the care and support that was provided in communal areas. We looked at the care records of three people who used the service, as well as other records relating to the running of the service including health actions plans, audits, staff training records and staff meeting minutes.

Is the service safe?

Our findings

People felt safe in the service and said that if they had any concerns they would speak with a member of staff or the manager. We observed people appeared comfortable and relaxed with staff and other people who lived at the service. One person said, “Oh yes [feel safe]. If I didn’t I would talk to staff, any staff.” Another person told us, “I’m alright here. The staff look after me, if I didn’t feel safe I would talk to [manager].”

People could be assured that staff knew how to respond to incidents of abuse. We found that staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of the different types of abuse and how to respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating these to external agencies if needed. We found that the manager was aware of their responsibility to protect people from any harm or abuse and our records showed that an incident concerning the safety of a person at the service had been responded to appropriately.

The risks to people were recognised and assessed, and staff had access to information about how to manage risks. Records showed that people were involved in making decisions about what risks they took. There were risk assessments in place informing staff how to support people with their behaviour, to access the community and monitor their healthcare conditions, whilst still supporting their independence. People were empowered to take risks to enable them to have freedom without having unnecessary restrictions placed upon them.

We saw that some people at the service accessed the community without staff support when they chose. One person told us, “Sometimes I go out by myself; sometimes I go with staff or [another person using the service].” We spoke to another person who was supported by staff when they went into the community, they told us that they were happy to be supported by staff and did not feel restricted by this. The person told us that staff supported them to keep safe in the community.

Staff told us they tried to work around any risks to keep people as safe as possible without restricting their independence. A staff member told us about the support they provided to a person with a healthcare condition

which could be affected by what the person ate. The staff member was knowledgeable about the person’s healthcare condition and the need to support them with their nutritional intake.

We found that people had Personal Emergency Evacuation Plans (PEEPS) in place. The plans documented how people could be evacuated safely in the event of an emergency situation such as a fire and highlighted the type of support each person required.

People felt that staff were available to give them support when they needed it. One person told us, “There is enough staff; they have time to sit and talk to you.” Our observations supported what people told us. We saw that people were engaged in different activities both within and outside of the service and that staff were responsive to people’s requests for support. A relative told us, “I have no concerns about staffing.”

Staff we spoke with told us they felt there were enough staff working in the service to meet the needs of people. One staff member told us, “Staffing levels are good; during the day there are enough staff to respond to people’s needs.” Staff told us that staffing levels were adjusted to match the needs of people who used the service and increased if people needed support to go out. Records confirmed what people had told us and the staffing rota accurately reflected the number of staff present during our inspection.

People told us that they received their medicines when they required them and we saw that people were supported to be as independent as possible regarding their medicines. We observed a member of staff administer medicines and found that they were aware of, and followed appropriate procedures to administer medicines in a safe manner. We saw that medicines were administered to people discreetly and supportively. One person had an assessment in place which determined that they were able to administer their own medicine but required the support of staff to store and order their medicine. Staff confirmed the support they provided to the person.

We accessed the medication administration records (MARs) for people who lived at the service. We saw that some people’s medicines had been hand written on the MAR sheet and these had not been signed by two members of staff. It is recommended safe practice for two staff to check hand written entries to ensure they have been written correctly to reduce the risk of error. We spoke to the

Is the service safe?

manager about this issue and the medicines audit was updated to ensure that two staff would check hand written entries in future. We looked at the storage of medicines and found that medicines were stored securely and safely.

Is the service effective?

Our findings

People told us that they felt that staff knew them well and understood their needs. We saw that people were cared for by staff who received training relevant to their role and were supported by the manager to undertake their responsibilities. Staff told us they felt they had the training they needed to enable them to do their job safely. They told us they were given training in a range of subjects relating to the work they did. One staff member told us that they thought the training they were provided with was, "Very good, the training I have received has helped my confidence. If there was any training I felt I needed I could ask."

We saw that one member of staff had requested training in a specific area and they told us that they were currently completing the requested training. Records we saw confirmed staff were given regular training in a range of subjects relevant to their role. The manager confirmed that training was an area they would be focusing on in the coming year as some staff required refresher training in specific areas. Records we saw confirmed this to be the case.

New staff were prepared for the work they would be expected to do and how people needed to be supported. We saw records which confirmed that staff were required to undertake training in a range of subjects once they commenced employment at the service. Staff also told us that they received supervision where they discussed their work, role and responsibilities.

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.

We checked whether the service was working within the principles of the MCA. People told us that staff asked for their consent before providing support. The staff we spoke with were knowledgeable about the principles of the MCA and gave examples of how it had been applied in the service. We found that some people had signed their care

plans to provide their consent to the support they received. Where people were unable to consent an assessment of their capacity had been carried out and a best interest decision was made.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We were told by the manager that no one at the service was currently deprived of their liberty but they were knowledgeable of the requirements of the legislation and under what circumstances they would apply for authorisation.

People who sometimes communicated with behaviour staff may find challenging were supported safely. Care plans were in place with regards to how staff should respond to instances of behaviour which staff may find challenging. The staff were knowledgeable about how people communicated through their behaviour and how to respond to such instances in the least restrictive way. For example, staff described how they would recognise if one person was becoming agitated and how they would redirect the person away from a situation that may be contributing to their agitation.

People told us that they thought the food was good and they were given enough to eat. We observed that people were offered a choice of meal at mealtimes and chose where they would like to eat this. One person told us, "The food is alright. I eat in my room, it is my choice. I like the food, I go food shopping and staff help me get my food sorted."

People's dietary needs had been assessed and were recorded in their care plans. We found that people's nutritional intake was monitored and that people were weighed regularly to identify any changes in their weight.

Some people's rooms had kitchen areas and two people told us they were supported by staff to be more independent in preparing their own meals. We observed that some people were able to prepare their own drinks and other people were provided with drinks when they requested them. We saw that people were involved in laying the table for the evening meal when people who use

Is the service effective?

the service preferred to sit together. The manager told us that they had plans to adapt the dining room so that people and staff could sit and eat together, to create a more inclusive environment.

People told us they were supported with their day to day healthcare. One person told us they were supported to see the dentist on a regular basis and had recently been supported to visit the doctor. Another person told us, “[Staff] phone the doctors for us.” A relative told us that their relation had a healthcare condition which required monitoring and that they had witnessed staff providing support to ensure that their relation’s condition was monitored.

Records showed that each person had a health action plan booklet which was designed to monitor their healthcare and ensure they received the healthcare checks and treatment they needed from external professionals. We looked at two of these and saw that they had been kept up to date. We saw that people were supported to access healthcare professionals such as the optician, dentist and chiropodist on a regular basis. We saw that guidance was sought from external professionals when required and that any guidance offered was clearly documented and acted upon. Care plans were provided for people which detailed information such as how the person communicated their health needs.

Is the service caring?

Our findings

People told us they felt happy at the service and that they got on with staff and other people who used the service. One person told us that, “Staff know me well.” Another person told us, “Staff are kind. They never shout.” A relative told us that their relation was comfortable with staff and would approach them if they required support. The relative told us, “The staff are one of the nicest group of people I have come across. [Relation] is not only looked after but very well thought of.” The relative told us that staff kept them informed about their relation when they came to visit or if something out of the normal happened they would telephone them to let them know.

During our observations we saw that people approached staff with questions and requests which were dealt with respectfully. We observed staff interacting with people who used the service and we saw positive and supportive relationships had been developed. There was much friendly banter and laughter in the service throughout our visit.

People were supported by staff who knew them well and understood their individual needs and preferences. We saw that people’s care plans contained a document entitled, “All about me” which detailed the person’s likes and dislikes. The staff we spoke to were able to tell us about the people they supported and reflected information provided in their care plans. The care plans reflected ways in which people were supported to be more independent and how their choices were acted upon. For example, one person chose not to leave the service to go shopping but their care plans stated that staff would support them to compile a shopping list so that they could go shopping on the person’s behalf and purchase items of their choosing.

Throughout our inspection we observed that people were making individual choices about how they spent their day. One person told us that they had been supported to go

shopping with staff on the day of our inspection, another person told us they had been out for a walk. We saw that some people chose not to engage in activities that were offered to them and their choices were respected. People confirmed to us that they were able to read their care plans if they wanted to, and staff supported them to understand what was in their care plans. One person told us that they did not want to read their care plans but that staff talked to them about them instead which they preferred.

Information about advocacy services were contained within people’s care plans. Advocates are trained professionals who support, enable and empower people to speak up. We saw that consideration had been given as to whether people would benefit from the support of an advocate.

People were supported to have their privacy and were treated with dignity. People we spoke with confirmed that staff respected their privacy and dignity. People told us that they were able to open their own mail, were able to spend time on their own as they wished and were able to meet with family members in private. People’s rooms were respected as private spaces and we witnessed staff and other people who used the service knocking on people’s bedroom doors and waiting for a response before entering.

The principles of privacy and dignity were central to the service. Information was on display about the importance of promoting dignity and people who used the service had been involved in creating the display. We saw that the principles of privacy and dignity were reflected in care plans and staff were able to describe how they promoted this within the service.

The management team told us that people’s relations and friends were always welcome and were actively encouraged to visit the service. This information was confirmed by people who lived at the service and by a person’s relative who visited the service frequently.

Is the service responsive?

Our findings

People could not be assured that their care plans contained up to date information to enable staff to respond in the most appropriate way to any changes in their health. Staff told us that they got to know people through reading their care plans which contained information about people and how to support them. We found that people's care plans and risks assessments had not been reviewed for a number of months. For example, one person's behavioural management plan stated that it should be reviewed on a monthly basis and it had not been reviewed for six months. This posed a risk that any changes to a person's needs would not be recognised in a timely manner and responded to appropriately.

We found that one person's weight loss was not reflected in their nutritional risk assessment as it had not been updated for six months. We saw that the person was being weighed regularly and their nutritional intake monitored. We received a copy of the person's updated risk assessment following our inspection and confirmation from the manager that the person's doctor had been contacted for advice.

People felt they were encouraged to express their views and felt their opinions were valued and respected. One person told us, "I can meet with my keyworker if I want to." We saw there were systems in place to involve people in the planning of their care and that consideration had been given as to how best to involve people in their care planning. Records confirmed that people had been involved in compiling information about how they liked to be communicated with and how to reduce any anxiety people may have around this. For example one person's care records showed that they should be asked if they wished to join in activities once as repeated questioning could lead to the person becoming anxious. People had signed their care plans if they had the capacity to do so.

Staff told us effective communication systems were in place to ensure they were aware of people's individual preferences as soon as they were admitted to the service so person centred care could be provided. Staff knew what would work well for each individual and what would not. We saw that care plans were individualised and described how people were to be supported, including what tasks the person required support with and what tasks they were able to carry out independently. The manager told us that

they felt the service could further improve by focusing on people's goals and aspirations and supporting people to achieve them. We saw a copy of a new support plan which will be used to focus on what people wanted to achieve.

People told us they felt they were supported to make their own decisions. One person said, "Sometimes I go out and sometimes I don't. It's my choice. I choose when to get up and go to bed." We observed that people were able to decide on their own daily routines. We saw that some people were up and dressed when we arrived and others were getting up later.

We saw that people were able to spend their time how they wished and were able to follow their interests and hobbies. One person showed us their artwork which was displayed outside their room. Another person was engaged in an activity they told us they enjoyed and confirmed that staff would support them if they requested it. People at the service were supported to engage in a range of activities, from accessing local amenities to attending clubs and engaging in voluntary work. Care records reflected whether people had any spiritual or religious needs they required support with. We were told by staff that no one at the service currently had any needs in respect of their spirituality or religion but these would be supported if they did have.

People were able to 'sign up' to activity suggestions which were displayed in an appropriate format within the service. We saw that the most popular suggestion of a trip to Cadbury World had been acted up earlier on in the year and people confirmed that they had enjoyed the trip. The activities that people wished to engage in were also discussed at regular meetings within the service and people confirmed that their requests were acted upon.

People felt they were able to say if anything was not right for them. They felt comfortable in highlighting any concerns to the staff and believed their concerns would be responded to in an appropriate way. One person told us, "I would talk to the manager if I had a complaint. They would sort it."

We saw there was a complaints leaflet which was written in an easy read format to suit the people who used the service. Staff felt confident that, should a concern be raised with them, they could discuss it with the management team. They also felt complaints would be responded to appropriately and taken seriously. One member of staff

Is the service responsive?

told us, “Complaints would be dealt with properly. The manager is very approachable and would definitely take action.” Records showed that when complaints had been received they had been recorded in the complaints log and managed in accordance with the organisation’s policies and procedures.

We also found that staff held regular meetings with people who used the service. The meetings provided a forum where comments and suggestions could be discussed to help identify recurring or underlying problems, and any potential improvements.

Is the service well-led?

Our findings

People told us they had a good relationship with the management team and this was evident during our visit. One person told us, “I can always talk to the manager.” Another person told us, “[Manager’s] door is always open.”

The service did not have a registered manager at the time of our inspection. The manager had been in post for approximately three months and told us that they were in the process of applying to become registered. During our observations we saw people who used the service freely approach the manager and appear relaxed in their company. We observed that people were able to spend time talking to the manager in their office on the day of our inspection. One relative said they were able to discuss anything they wanted with the manager and that they found the manager approachable. The relative said that they thought the service was run well and felt secure that their relation was being well looked after.

People benefitted from a supportive and open culture within the service. Staff told us they were able to raise any issues or put forward ideas with the management team and felt they were listened to. One staff member told us that they found senior managers within the service approachable and were impressed they had taken time to get to know staff and people living at the service. Staff told us that the manager was visible and would help out if required and that if the manager was not available there would be someone on call they could contact for support. We observed that staff enjoyed working at the service and staff told us they enjoyed their jobs.

Staff told us that they attended regular supervision sessions. We found staff were aware of the organisation’s whistleblowing and complaints procedures. They felt confident they would be able to initiate the procedures

without fear of recrimination. We also found the management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). Our records showed that the manager had submitted all the required notifications to us that must be sent by law.

People were supported to have a say in how the service was run through regular meetings. One person told us, “We go to residents meetings. I ask people if they want to come to them. We talk about meals and staff.” Another person told us, “Meetings are on a Sunday, we can talk about anything.”

We observed people and staff worked together to create an inclusive atmosphere. We saw records of meetings which confirmed that people were actively encouraged to develop the service and be involved in decisions such as what they would like to eat, what activities they wished to participate in and how they would like the service to be decorated. One person told us that the attended provider forums which involved them in the running of the service and that they had helped interview new members of staff. A member of the regional management team told us that there were plans to extend people’s involvement further in the recruitment of staff to enable them to recruit staff who are best matched to the people they support.

Internal systems were in place to monitor the quality of the service provided. These included weekly checks and monthly audits in areas such as the environment, finances and medicines management. The manager told us they were required to complete the provider’s quality assurance system. This required them to input any incidents or accidents into the system which was then reviewed and an action plan prepared of any improvements needed. We saw that this information had been provided.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.