

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?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Rose Meadow has been registered since October 2011. The service provides accommodation, personal care and support for up to ten people in Misterton, North Nottinghamshire. At the time of our inspection, seven people were using the service. The service is focused on supporting people with a diagnosis of a learning disability.

Since October 2015, government policy has aimed to develop care services in line with values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Rose Meadow was registered with the Care Quality Commission before the 'registering the right support' policy. Rose Meadow does not currently fit within best practice models for 'registering the right support'. This is due to the size of the property and amount of people currently supported. Despite the property being large, the outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Improvements to records and staff knowledge, meant people now lived in a safe environment. Risks were safely managed, and people were kept safe from abuse. The provider and manager had clearly learnt from previous concerns and this had resulted in a safer service.

People's needs were effectively assessed and there was evidence of multi-agency professional involvement. People received effective care. People reported positively about the food, and people were provided with a balanced diet. Staff had received increased training and they now had excellent knowledge of the people they supported.

People were supported to have maximum choice and control over their lives. Staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Our previous inspection found that staff had not been guided on how to respond to incidents at the service. Unskilled staff had then responded in non-caring ways. Staff had reflected that they wished to improve their work but were unsure how to respond to people. This inspection found that staff had now received clear guidance and support. They responded appropriately and compassionately to people. There was a caring ethos at the service.

There was an improved approach to personalised care. People's individual needs had been considered and

care was designed to promote people's goals. There was a focus on improving people's independence. People now received a responsive service which was led by their preferences.

The previous inspection was rated inadequate. This was mostly due to poor oversight in the absence of a registered manager. This poor oversight had resulted in poor quality care. After our report, we received a clear action plan explaining how the service planned to improve. This inspection found the service had followed this plan and substantial improvements had been made. There was also improved auditing structures to try to prevent a reoccurrence of previous concerns. While we were reassured, we require ongoing evidence that the service has sustained these improvements. This will ensure that people continue to receive a good level of care.

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

Rating at last inspection (and update):

The last rating for this service was Inadequate (published 9 March 2019).

At the last inspection, we were concerned about the safety of the service. This included breaches of regulations 11, 12, 17 and 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service was in Special Measures since the last inspection. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe	Good ●
Is the service effective? The service was effective	Good ●
Is the service caring? The service was caring	Good ●
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was not always well led	Requires Improvement ●

Rose Meadow

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of two inspectors.

Service and service type

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

It is a legal requirement for a service to have a manager registered with the Care Quality Commission. At our previous inspection, the manager had just been employed. At this inspection, the manager was in the process of registering with the Care Quality Commission. The registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service. We offered the provider the opportunity to share information they felt was relevant. We also reviewed information we had received about the service since the last inspection. We sought feedback from the Local Authority who work with the service.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with three members of staff and the manager.

We reviewed a range of records. This included five people's care records and medication records. We also looked at a variety of records relating to the management of the service, including policies and procedures.

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 inadequate. At this inspection this key question has now improved to good. New processes meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. The environment and people's medicines were not managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

- At our previous inspection we found that people's care plans had not been updated. Staff therefore did not have adequate guidance to support people safely. The new manager had taught staff how to effectively update the care plans. Care plans were now of a very good quality and clearly reflected individual risks. Staff we spoke with now had excellent and up to date knowledge on people's needs.
- At our previous inspection, the lack of guidance meant staff did not respond to people's needs in a safe way. Records showed us that staff now followed the clear guidance. Their responses to people's behaviour were now appropriate and safe. A relative told us, "It is great. It's calm, controlled and safe there."
- At our previous inspection, a lack of management structure meant incidents had not been reviewed and acted upon. Incidents had been repeated and this put people at risk. Staff now had excellent knowledge on when to refer incidents to managers, and a clear management process was in place to respond to incidents and identify trends. Records showed us that any incidents that occurred were effectively reviewed to ensure improvements were made and people were kept safe.
- Our previous inspection found that environmental checks had not occurred. People were therefore at risk of legionella and fire risks. The environmental safety had improved at the home, and regular checks had occurred. Staff were now aware who to contact if they had concerns about the environment and felt confident to escalate concerns.

Using medicines safely

- Our previous inspection found multiple concerns around medicine management. Medicines were out of date, not given as prescribed and there was a lack of guidance for staff to follow.
- We found clear improvements in the management of medicine. People received medicine as prescribed, medicine was stored appropriately and there was clear person-centred guidance in place for staff to follow.
- A clear and effective audit was now in place and regularly completed. This ensured potential problems were quickly spotted and rectified.
- Safe processes were in place to support people to be independent with their medicine if possible

Preventing and controlling infection

- At the last inspection, there was a lack of effective cleaning schedule in place. The home was visibly dirty, and this could impact on infection prevention and control.

- There had been refurbishment since our last inspection. For example, the provider had fixed water leaks, removed rubbish from the garden and replaced carpets. There was also a clear cleaning system now in place. These improvements had resulted in a cleaner environment which can prevent the spread of infection
- Staff followed infection control procedures when supporting people. For example, wearing gloves.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff were effectively deployed around the home to meet people's needs. People who required close supervision did not have a clear care plan in place to guide staff, so people who needed close support were sometimes left alone. This was a breach of regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 18(1).

- Staff were now deployed effectively around the home to ensure people's needs were met. People who required a staff member to continuously support them now had this support and there was clear guidance in place for staff to follow.
- There had been no new staff employed and working since the last inspection. However, our previous inspection found recruitment had been managed safely. For example, references had been sought from previous employers to ensure staff were appropriate to work with people.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. Staff had been trained in how to recognise potential abuse and were confident that any concerns would be acted upon.
- People told us that they felt safe.
- Systems and processes were in place, to ensure that concerns were referred to the Local Authority to investigate if needed.

Learning lessons when things go wrong

- Our last inspection identified multiple concerns about the safety of the service. The service had created a clear action plan. We observed that the action plan had been clearly followed. This had resulted in a much improved and safer service.
- Following the action plan, the service had implemented new governance processes and audits to aim to prevent the service returning to the previous unsafe level.
- At our previous inspection, the care staff had been well-meaning and worked hard, however the lack of effective systems meant that they could not support people safely. The new manager had empowered staff to be involved with the development of the home. We found staff had good knowledge on how to update records, and how to manage the service in the short term absence of a manager. This meant people were kept safe.

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 requires improvement. At this inspection this key question has now improved to a rating of good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the previous inspection, the poor quality of mental capacity assessments and lack of best interest assessments was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvement had been made and the provider was no longer in breach of regulation 11.

- The service had reviewed all records related to mental capacity. Good quality mental capacity assessments were now in place. These had involved relevant professionals and relatives. This process ensured people's rights were promoted.
- Due to good quality best interest assessments, staff were now guided on how to support people in the least restrictive way possible.
- People who were subject to a DoLS had been reviewed where required. People were not restricted without relevant authorisations.
- Staff had excellent knowledge on the Mental Capacity Act and Deprivation of Liberty Safeguards

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were now holistically assessed. These assessments had been completed with relevant health professionals. People's relatives were included in reviews if needed.
- Care plans guided staff to respond in line with legislation and current standards.

- Staff had good knowledge of how to follow these expected standards of care

Staff support: induction, training, skills and experience

- Staff had received increased training. This training was specific to people's individual needs. Staff now had excellent knowledge on how to support people effectively.
- The manager had begun giving staff quizzes. For example, there had been a quiz on legislation related to the role. The manager would review the responses and provide prizes for the best answer. The manager would review these responses to ensure staff were competent and arrange additional training if needed.

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

- People decided what they would like to eat and staff would support them to go to the shop to buy the ingredients. Staff supported people to prepare these meals and encouraged independence where possible.
- Some people were unable to cook and staff would support them to prepare meals. People told us that the meals were good quality.
- People with specific dietary risks (for example, choking) had been clearly risk assessed. Staff knew how to support these people.

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

- There was improved communication with other agencies. Staff knew which professionals were involved with people and contacted them as needed.
- Professional guidance had been included in care records. This advice had been followed.

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

- There had been some renovation to the property. This improved the safety and accessibility of the service.
- The service had a refurbishment plan which reflected people's preferences. For example, people had chosen what colour they wanted their room painting and which mobility equipment they would like installed.

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 requires improvement. At this inspection this key question has now improved to a rating of good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Our previous inspection found that staff were not guided on how to respond to incidents at the service. This had resulted in less caring responses to behaviour. At the previous inspection, staff hoped to learn more about how to respond. We saw that staff had an increased understanding of how to respond to people. They had put this knowledge into effect and the service was more caring when responding to incidents.
- People were well treated. A relative told us, "They treat everyone like family. [Name] loves the people there."
- We observed positive interactions between staff and people.
- Staff understood people's diverse needs and understood people's communication. For example, one person was gesturing. The staff recognised that this gesture meant they were upset, they approached the person kindly and provided reassurance.

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

- All care plans had been reviewed at the service. These reviews had included input from people, their relatives and professionals. Records were person centred, to ensure the person's preferences came first. Future reviews had been planned.
- We saw people were asked how they would like care to be completed, for example supporting them to choose items of clothing.

Respecting and promoting people's privacy, dignity and independence

- People had privacy. They had access to their own bedrooms and staff asked permission before they entered. Staff explained how curtains were drawn during personal care tasks to promote people's privacy.
- Staff spoke about people with caring and dignified language.
- People's independence was promoted at the service. Clear goals had been recorded. This included small achievable goals, to work towards greater independence. A staff member said "When the chip shop was opened, [person] wouldn't go past the door. They will now go in to the counter. Seeing loads of progress with people- it is really nice to see." We observed people enjoying working towards these goals.

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 requires improvement. At this inspection this key question is now rated as good. This meant people's needs were met through good organisation and delivery.

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

- There was an improved approach to personalised care. Care plans had been updated to clearly reflect people's individual needs and preferences.
- Staff had read these care plans and had an improved understanding of people's individual routines.
- Records showed us, and we observed that people were clearly involved with choosing their routines and goals. People lived their life as they preferred.

Meeting people's communication needs

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

- The service clearly followed the AIS. People had been involved in service improvements, by using communication styles that they could understand.
- People who required communication aids, had this information clearly detailed in their care plan. Staff had excellent knowledge on how best to communicate with people and we observed people were given information in a way they understood.

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

- People expressed their interests and were supported to follow these. For example, one person had expressed an interest in going to work, so a voluntary position had been arranged. There was a clear goal in place to support this person to travel to work independently. The person spoke positively about this.
- People were supported to engage with each other in the home. There were clear friendships which prevented social isolation. They were also encouraged to access community activities which they had chosen.
- Relatives were encouraged to visit to maintain relationships. One relative said, "They always keep in touch."

Improving care quality in response to complaints or concerns

- No complaints had been received since the last inspection. So we were unable to assess how the service responded to complaints. The manager had a clear understanding of their role and policy in responding to

complaints.

- People felt listened to and able to make a complaint.
- There was an accessible format for people to make their views known about the service.

End of life care and support

- No one at the service was receiving end of life care. However, the service had explored people's preferences and choices for end of life care should their health deteriorate. These records included preferences relating to protected characteristics, culture and spiritual needs.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. This was due to poor provider oversight in the absence of a registered manager. This lack of management had resulted in an unsafe service. At this inspection this key question has now improved to requires improvement. This is because a new management structure and oversight has shown substantial improvements at the service. However, we need to see that this service continues to sustain improvements in order to increase this rating to good.

At our last inspection, the poor governance was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to improved governance, the provider was no longer in breach of regulation 17.

Continuous learning and improving care

- There have been clear improvements at Rose Meadow. Rose Meadow was rated inadequate and the provider and manager had followed a clear action plan to resolve concerns. Improved auditing systems had meant that they have continued to improve the quality of care.
- At the last inspection, one of the main concerns was the deterioration of the service in the absence of the registered manager. The new manager had up-skilled all staff knowledge, so they understood processes in a manager's absence. For example, staff had excellent knowledge on how to request repairs to the building. In the absence of a registered manager, these repairs had gone unreported and unresolved. New systems ensured that the immediate safety of the service was not reliant on one manager.
- Staff were enthusiastic to continue to improve. However, these were new systems and ways of working. We require longer term evidence that this good quality practice has been sustained and embedded at the service.

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

- Staff knew how to achieve good outcomes for people. At the last inspection, staff had not received adequate training. They had recognised gaps in their knowledge and wished to improve their skills. Staff had received updated training, and this was reflected in a safer and more effective service. This improved people's outcomes.
- There was a clearer focus on promoting people's independence. We saw that changes in care plans had allowed people to gain independent skills. Staff spoke positively about the improved ethos of 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

- The management team had been open and forthcoming about issues at the service. They had worked hard to improve the service. We were provided with a comprehensive action plan, which was followed to show clear improvements at the service.

- The provider has discussed with people if incidents have occurred. They had been open in recognising areas of improvement.

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

- Care records now reflected regulatory requirements. At the previous inspection, care records had not been reviewed effectively. This resulted in unsafe care. The manager had trained senior staff on how to re-write the care plans. New care plans were person centred and clearly provided guidance for staff.
- Staff reported back positively about the quality of the care plans. Staff had read the care plans and had excellent knowledge on how to support people

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

- There was improved involvement with people using the service. People had been involved with meetings to improve the service. We require evidence that this involvement is sustained and regular. This will ensure changes to the service continue to be led by the people living there.
- People's individual needs and equality characteristics were clearly documented. Staff understood people's individual communication needs. People were communicated with in a way that encouraged their engagement.

Working in partnership with others

- There has been improved partnership working at the service. Records showed us and staff told us that professional guidance has been sought and followed.
- There was an improved knowledge of which professionals were involved with people and when their advice may be needed.