Lovely Rose Care Services Limited

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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?	Good

Summary of findings

Overall summary

Lovely Rose Care Services is a supported living service who are registered to support people from age 18 to 65 years of age who may have a physical disability or sensory impairment. This is the services first inspection since registering with Care Quality Commission on 5 February 2016. On the day of our visit there were two people using the service. Both people live in one house supported by a live in member of staff.

There was a registered manager at the service who registered with the Care Quality Commission on 21 March 2016. 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.

One relative told us, "By and large quite good, my wife and I are very much involved." Another relative commented, "Very cheerful, which means a lot. They do virtually everything for him."

One member of staff told us, "It's a family business. I am still growing." Another member of staff said, "It's fun, parents are like an extended family."

Staff received training in safeguarding. They told us they would not hesitate to report any concerns. One member of staff told us, "The manager is always available; I can call her if I am not sure."

Safe recruitment procedures were carried out. Files we saw contained relevant documentation required to ensure only suitable staff were appointed. The registered manager told us it was important that staff had the right attitude and were genuinely 'caring'. Staff received appropriate induction training and supervision. Staff received a training programme that spanned the first 12 weeks of working for the company.

Support was on-going and an essential part of continuing development. Staff told us they felt supported and would always ask if they were unsure or concerned with any aspect of care they provided. Policies and procedures for the safe management of medicines were in place and being followed. Medicine charts we saw had been completed appropriately. People were supported to take their medicines. Where people required staff to administer their medicine, a risk assessment was in place to ensure the request was appropriate and staff were competent to carry out this role.

People had access to healthcare services to maintain good health. One member of staff told us how an occupational therapist had been involved in support for one person to ensure the environment was adapted to encourage the person's independence and mobility. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the service had policies and procedures which supported this practice.

Relatives we spoke with told us they knew how to make a complaint and were given the information to do

so when they first joined the service. One relative told us that they see staff every week when they visit their family member. They told us, "I would speak to them (staff) first if something was wrong."

The service had effective quality monitoring systems in place to drive improvements and ensure high quality care was provided for people who used the service. Quality assurance checks were carried out in people's homes by the management.

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.

Families told us they felt their family member was safe.

Sufficient staff were available to meet people's needs.

Safe recruitment checks were in place to ensure only suitable staff were appointed

Is the service effective?

Good

The service was effective.

Staff acted in accordance with the Mental Capacity Act 2005.

Staff had knowledge and training to carry out their role effectively

People had access to healthcare services to maintain good health

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People received care and support in the way they preferred.

People knew how to make a complaint and had information required to do this

Is the service well-led?

Good

The service was well led.

The management team inspired staff to provide high quality care.

Effective monitoring systems were in place to improve the quality of the service.

Relatives told us the service was well managed

Lovely Rose Care Services

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 was an announced inspection which was carried out by one inspector and took place on 13 and 15 June 2017. The provider was given 48 hours' notice that the inspection was going to take place. This was to ensure senior staff would be available at the service's office to assist with accessing information we require to carry out the inspection effectively.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect the service or the people using it.

The provider had submitted a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make.

We spoke with two relatives whose family members used the service by telephone. We spoke with two members of staff, and the registered manager. We were unable to speak with people who used the service due to communication difficulties. We looked at two recruitment files, two care plans two medicine charts and records relating to the service.

Good

Is the service safe?

Our findings

Relatives we spoke with told us they felt their family member was safe. Relatives told us, "Oh yes definitely. If anything was wrong he would soon let us know" and "A caring and watchful nature towards (family member)."

Staff received safeguarding training during induction and regular updates thereafter. Staff told us they would not hesitate to report any concerns they had regarding people's well-being.

One member of staff told us they would contact the person's GP if they had any concerns relating to the person's general health. The registered manager told us, "When families visit their relative, staff at the person's house would use this opportunity to speak to them about anything".

An initial risk assessment was carried out when people first joined the service. This included the type of equipment required to ensure staff supported people in a safe way. The initial risk assessment was carried out in conjunction with an occupational therapist. A care plan was formulated from this information stating individual needs of how people wanted to live their lives.

The registered manager told us staff recruitment was ongoing and they said the correct attitude of candidates was important to ensure people received care from staff that were caring and compassionate. The service involved people who used the service during interviews with new staff. If agency staff were used the service asked people their opinion about the member of staff and asked the person if they wanted the member of staff to work with them again.

Staff told us they had sufficient time to attend to people's needs. The registered manager told us they will often 'help out' and attend to people's support needs. They said, "It's a good way of seeing what's going on."

The service enabled people to be as independent as possible. Risk assessments carried out during the initial assessment included an environmental risk assessment for staff to ensure they were safe carrying out their duties. Where additional activities were specified these would be completed together with the person using the service. Care plans demonstrated where people had identified risks these were addressed and appropriate measures put in place. We saw one person had specific requirements in relation to choking. The care plan specified food should be cut up and the person needed time to eat without being rushed. We noted a speech and language therapist (SALT) had carried out an assessment with the person.

The service encouraged people to administer their own medicines where possible. However, where this was not possible, staff administered medicines according to the person's care plan. Medicine charts we viewed were correctly signed. Staff told us medicines were kept in a locked cabinet in the person's house. We saw that medicine audits were carried out to ensure staff followed the services policy and procedure.

There was an incident and accident log at the service. We did not see any accidents or incidents that had occurred at the time of our inspection.

Good

Is the service effective?

Our findings

We received positive comments from the two families we spoke with regarding the skills and experience of staff. One family told us, "He (family member) has a routine which they follow to the 'T' otherwise he gets confused." The other family we spoke with said, "They do just about everything for him they seem to know him well."

People were supported by staff that had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff received training in manual handling, safeguarding, medication, infection control, health and safety and other training specific to the needs of people using the service. For example, the service was working towards becoming specialists in the area of supporting people with physical and sensory disabilities. We saw that staff completed basic training in British Sign Language (BSL). It was anticipated that staff would be expected to sign whilst at work to improve their skills in this area. The service already supported one person who uses BSL as a way of communicating. We looked at training staff had completed and saw this was up to date. Staff told us the service was still growing and they were looking forward to the future.

When staff first joined the service they had an induction which spanned the first 12 weeks of joining the service. Spot checks were carried out by the team leader to ensure that high standards of care were being delivered. Staff received supervisions with their line manager during which time they could raise any concerns they may have about people's health and well-being. An on call system was available after office hours this could be relating to heating problems or staff not turning up.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires 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 interest and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when it is in their best interest and legally authorised under the MCA.

Staff demonstrated a good understanding of the Act and knew whether people had the capacity to make informed decisions and if not, what procedure to follow. Staff told us if any concerns were raised regarding a person's capacity then arrangements would be made for a capacity assessment to be carried out. Both people using the service at the time of our inspection had capacity to make decisions and had not required capacity assessments to be carried out.

When people first joined the service an agreement contract was signed. Care records demonstrated people gave consent in agreement to care packages delivered.
Families told us staff supported their relatives with their meals. Care plans contained people's dietary requirements. Any concerns raised by staff in relation to people's dietary intake were shared with the GP and other healthcare professionals such as the speech and language therapists.

People were supported to maintain good health and have access to healthcare services. We saw examples of referrals being made to various healthcare professionals. We saw one comment from a community professional 'My own experience is limited to one service user but I have found no problems.'

Good

Is the service caring?

Our findings

Families told us staff were caring. Comments received were, "Very caring" and "Everything has run so smoothly staff have always shared information. We feel so pleased to have found such an understanding group of people to care for (family member). A home from home."

Staff established good working relationships with people they supported and had a good understanding of their care needs. One relative told us, "By and large quite good, my wife and I are very much involved." Another relative commented, "Very cheerful, which means a lot. They do virtually everything for him."

Comments from staff were, "The service is very caring and user friendly. The service is very small and this enables it to give excellent care to staff, service users and family members." "At Lovely Rose Care Services we are dedicated to help clients to live as independently as possible and we allow them to maintain control and dignity of their own lives, we work as a team."

We saw that people were able to exercise choice and control over the way they lived their lives. For example, information we saw documented in people's care plans encouraged people to make choices on a daily basis. This was from choosing what to wear, to supporting someone to pay their rent. Staff told us they took pride in providing good quality care which maintained people's privacy and dignity. People were encouraged to be independent as much as possible.

Relatives told us they were involved in care reviews with their family member. One relative told us, "My wife and I are still involved." Care plans were written with people and their families encouraging them to plan how they would like their care. Care plans recorded age, gender, disability and religion to enable appropriate care.

Staff told us they enjoyed their job and looked forward to the service growing. The registered manager told us they were passionate about enabling people to make a positive change to their lives. We read examples of how one person was extremely quiet and did not interact with staff when they first joined the service. However, the situation now was very different and the person had become more vocal about what they want. This demonstrated the service supported people to exercise choice and control over the way the lived their lives.

The service encouraged people to be involved in the running of their home. For example, if anyone was in the process of moving into the house, people already living at the property would be fully involved in making a decision about who moves in.

Good

Is the service responsive?

Our findings

The service was responsive to people's changing needs. An initial assessment identified desired outcomes and aspirations. Care plans were written to ensure people remained as independent as possible based on individual abilities. Life histories were personalised to individuals and completed after discussions about life, interests and any other details people wanted the service to know about.

Care plans were detailed and informative. For example, one person was an avid football supporter and supported a specific team. The care plan detailed the person watched every game. In addition television programmes were documented that the person always watched. The care plan stated the person liked routine and would always adhere to the times set to watch the programmes.

The service responded to people's individual needs. For example British Sign Language (BSL) was used to ensure people could communicate effectively. Staff were in the process of completing their training in this area. The registered manager told us the service was working towards becoming specialists in supporting people with sensory disabilities. For this reason staff attended training in basic BSL as a requirement. We saw evidence that an Occupational Therapist had assessed one person's environment to ensure it was suitable for the person's needs. Following the assessment, adaptations were made, such as specific handles on the cooker, washing machine and electric kettle to ensure the person could live independently and with minimal support. This demonstrated the service supported people to have as much choice and control over their lives as possible and be as independent as their condition allowed.

The service monitored how care was progressing. This was carried out by review meetings which were first completed after six weeks of using the service followed by three monthly reviews thereafter. The service supported people in the running of their home. This included house meetings where other people that lived in the house could get together to discuss anything about the way things are run in the home. The service also supported people to meet new members of staff before they were assigned to work with people.

The service encouraged people to attend community events and activities. We saw one person's weekly planner and noted that something was taking place on every day of the week including the weekend. The timetable was very clear and specific in relation to times the person was going out or being collected by a taxi service. This was in response to the person's request that they feel comfortable and safe with routine and need to know in advance if anything needs to change in order for them to process the information.

People received information on how to make a complaint in the Service User Handbook they received when they first joined the service. Information was given to people if they wanted someone else to make a complaint on their behalf such as an advocate or Social Services. There were no complaints at the time of our inspection. Families told us they knew how to make a complaint if they needed to but they were, 'more than happy' with the service. One relative told us, "If he (family member) wasn't happy he would soon let us know." The other family we spoke with commented that they saw the registered manager every week when they visited their relative. They said they would speak to the registered manager then if they had any

concerns.

The service used feedback as a way of monitoring the quality of the service. This was by way of service user feedback questionnaires, service user forums, family meetings and staff feedback. In addition the service carried out telephone reviews with families to see if they were happy with the service. One relative told us, "No complaints." We were not able to see any feedback from questionnaires at the time of our inspection due to the service still being in its infancy.

Good

Is the service well-led?

Our findings

We asked families if they felt the service was well led. Comments indicated families were satisfied with how the service was run. One comment was, "I see [member of staff] every week, I feel I could discuss anything with them." Other comments were, "They are always at the other end of the phone. My (family member) calls this place his home, which is very reassuring."

Staff we spoke with told us the registered manager was supportive and was available if needed. The registered manager said they will often work as part of the care team as this allows them to see what is going on, they said they like to be 'hands on'. This demonstrated leadership was visible to promote a quality service.

Relatives told us the office could be contacted with any concerns or questions. One comment was "I would feel comfortable to call them. I have not really needed to as I see them every week."

The service took into account feedback from people receiving the service and their views on how improvements could be made. Annual customer and staff feedback surveys allowed the service to develop based on the input. Staff meetings ensured any feedback was acted on. Staff understood how to raise concerns or whistle blow, and told us they felt able to do this. Whistle blowing was described in a positive way during induction. Staff told us they would report any concerns they had and knew they would be protected by the services whistle blowing policy.

The service encouraged open communication with people who used the service, family members and staff. Staff told us they received feedback from the registered manager in a constructive way. One member of staff told us they could discuss anything during their supervision.

The registered manager was available to staff at the office. Staff told us they could always speak to them about day to day issues or any concerns. Spot checks carried out by the management enabled input from both staff and people who used the service and was a way of providing ongoing feedback on how the service could ensure the delivery of high quality care and support.
The registered manager told us they visited the house on a weekly basis and used this as a way of engaging with the people who used the service and to monitor the quality of care. They said they actively encouraged people and their families to report any concerns they have in relation to poor practice. Regular meetings with people who used the service and their families were a way of gaining feedback about how the service was run. We saw minutes of meetings held with families and people who used the service. Discussions were held around the set-up of the rooms and any up and coming appointments. From the minutes of the meeting it was evident people living in the house were happy with the service provided.

The service had an open door policy where staff could visit the office at any time for advice and guidance. During out of hours the service had an on call system for staff and people who used the service.

Effective monitoring systems were in place to improve the quality of the service. For example, during spot

checks management were able to identify any issues regarding practice relating to the care and support people received. Audits carried out by management included auditing medicine management, care plans, risk assessment, incident accidents and outstanding training.