

Dove Care Limited

Lifestyles

Inspection report

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26 July 2018

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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

The inspection took place on 17 and 26 July 2018. Day one was unannounced and we arranged with the registered manager to return on day two. We brought the inspection forward following concerns raised by a whistle blower relating to medicines management, confidentiality, nutrition, maintaining people's dignity, training and culture of the service. At this inspection we found that although there were some minor issues relating to medicines management there was no other evidence to support the allegations.

Lifestyles 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. The service provides accommodation for up to 19 adults who have mental health needs. Five people living at the service had a learning disability.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The house is made up of three converted properties in a residential area of York and blends well into a row of town houses.

The care service has been developed in line with the 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 who used the service could live as ordinary a life as any citizen.

There was a registered manager employed at Lifestyles.

People told us they were safe and we saw that policies and procedures were followed by staff to support this.

Risks to people's health and safety had been identified. Medicines were managed safely.

Staff recruitment was robust. There were sufficient staff on duty to meet people's needs. They had been trained in subjects that were relevant. Staff told us they were well supported by the registered manager and through regular supervision.

People were encouraged to eat a nutritious diet and their choice of what to eat respected. People assisted with cooking.

Care plans were personal to each individual giving clear information about their needs. These were reviewed regularly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Activities were chosen by people and their choices supported by staff. Where those activities posed a risk staff worked with people to keep them safe.

Staff were positive in their praise of the management team and enjoyed working at the service.

Further information is in the detailed findings below.

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 remains good.	Good ●
Is the service effective? The service remains good	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Lifestyles

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 earlier than planned following a whistle blowing concern. This inspection took place on 17 and 26 July 2018. Day one was unannounced and we arranged with the registered manager to return on day two.

The inspection team was made up of two adult social care inspectors on day one and one adult social care inspector on day two.

Prior to the inspection we contacted the local authority who had no current concerns about the service. We also reviewed their report from a quality monitoring visit in January 2018. In addition, we looked at all notifications we had received from the service and previous inspection reports. Statutory notifications, which are a legal requirement, provide CQC with information about changes, events or incidents in order that we have an overview of what is happening at the service. We did not request a provider information return on this occasion. 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 spoke to three people who used the service individually and a group of people during the inspection. We spoke with a senior care worker, a deputy manager, the registered manager and the provider during the inspection. We reviewed three care plans and the associated risk assessments and medicine records and three staff recruitment and training files. We looked at other documents relating to how the service was run such as quality monitoring, staff meeting minutes, health and safety checks and equipment servicing documents.

Following the inspection the registered manager sent us the training matrix, policies and procedures we had requested and an up to date statement of purpose.

Is the service safe?

Our findings

At the last inspection we rated the service good and it remains good.

People living at Lifestyles told us they felt safe and said staff protected them from any harm. One person told us, "I do feel safe here. It has changed a lot for the better and the staff look after us." Staff followed the provider's safeguarding policy and understood how to protect people from potential abuse or harm. One staff member said, "I would follow the guidelines and inform the manager.". They told us they felt confident any concerns raised would be managed effectively and thoroughly. Staff were aware of how to whistle-blow and told us they would have no qualms doing so if they felt it was necessary. There had been a recent concern raised which was currently been investigated by York City council.

Risk assessments, although brief, were in place and regularly reviewed or updated when changes occurred. When any changes were identified a memo was sent to staff and they signed to say they had read the information. In addition, risk assessments were not always in place for people with specific medical conditions. An example was one person with schizophrenia. The details of the risk were identified but referred to the care plan for further information and had no clear control measures or actions. However, the risk to people was minimised because staff knew people well.

Some people displayed behaviour that challenged others. This was identified and the risks assessed. Some of the staff had received training in behaviours that challenged and breakaway techniques so that they could manage these situations safely.

Accidents and incidents were managed effectively. Staff completed accident and incident forms when an incident occurred. And a record was kept in people's care file. We found actions were taken to reduce potential risk of harm to people living in the home and lessons had been learnt.

Staffing levels were satisfactory to meet people's needs. Every person we spoke with told us there were enough staff to meet their needs and the rotas confirmed sufficient staff were on duty.

Staff recruitment procedures were robust. The provider had employed the services of a professional company to support them in dealing with employment matters.

Medicines were managed safely. We looked at medication administration records (MARs) which showed medicines had been administered to people. People told us they received their medicines and we found the staff followed the providers policy on correctly storing and stock checking medicines. Staff worked in pairs when administering medicines.

Health and safety checks were carried out on a regular basis to ensure the premises remained safe and equipment had been serviced and maintained. There was a fire assessment in place and regular fire drills took place to ensure people new how to evacuate the building in a timely manner. People participated in the regular fire drills.

There was a business continuity plan in place which identified how people would be kept safe in the event of fire flood and other major events. This ensured staff knew what action to take and gave them specific information.

Is the service effective?

Our findings

People living in the service and their relatives told us staff had the skills and knowledge to support them. Comments included, "They [staff] know what they are doing" and, "Yes staff look after us well." One person said, "I wouldn't change the support I get here for anything."

There was an induction programme for new staff. One care worker talked to us about their twelve-week induction and described the training they completed and how they shadowed more experienced staff in order to get to know people. Further training had been made mandatory by the provider and we saw that most care workers had completed their training according to the provider's policy and this was up to date. Specialist training was encouraged by the registered manager in order to develop staff skills. One care worker told us they had recently requested a course in schizophrenia which the registered manager has agreed they can attend.

Staff told us they felt supported and had regular supervisions which included annual appraisals. One care worker told us, "The support and knowledge I have gained has made me want to learn more."

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. The authorisation procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. We saw that one person had been deemed to lack mental capacity and they had a DoLS authorised. One person was at risk of financial exploitation and so their finances were overseen by the Court of Protection (CoP) in order that they were managed in the best interest of the person. The CoP exists to safeguard vulnerable people who lack the mental capacity to make decisions for themselves. These decisions may relate to the person's finances or their health and welfare.

Consent was obtained from people who used the service, for all aspects of their care and support. We saw people had signed their care plans and risk assessments where appropriate and given verbal consent when asked about their care daily.

On the days we inspected the weather was hot and we observed staff offering people plenty to drink. There was advice for people displayed which highlighted the need for effective hydration particularly in hot weather to encourage people to drink.

People were independent with their food choices and meals were provided for people. There were risk assessments in place for kitchen use. One person chose to eat a diet high in carbohydrates. Staff spent time speaking with them about a balanced diet and were gradually introducing fruit and nuts into their diet to

ensure a healthy diet.

We found people living at the service were supported to have regular health checks and these were recorded in their care files. We found staff were proactive in arranging appointments for people to ensure their health and wellbeing. We saw that people attended GP appointments and were visited at the service by mental health professionals and social workers.

The service was well maintained. The registered manager told us a group of people with the support of staff had enjoyed refurbishing and developing the patio and garden. People proudly told us about the project and we saw they had developed a welcoming area to sit

Is the service caring?

Our findings

Staff had good relationships with people living at the Lifestyles. People told us, "I like living here, the staff are good", "Things have changed so much over the years. The staff support us really well." People were happy living at the service and staff had a good rapport with the people living there.

Some people who used the service had lived there for many years. People were provided with consistent care from people they had built strong relationships with. One care worker told us, "The feedback from people is always positive. They [people who used the service] have told me that the service is the best it's ever been. It's lovely here. I wouldn't be here if it wasn't. I look forward to going to work and you really feel as if you've made a difference."

We observed staff being caring in their approach, giving reassurance when needed and offering support. We saw staff were positive in their approach and people responded to this. They spoke to people in a friendly way and listened to each other.

People living in the service had keyworkers who supported them. They reviewed their care plan and reported on any changes.

People were encouraged to be proud of their achievements. For example, one person was about to enter a talent competition and wanted to sing for us. He was encouraged to do so and staff, people who used the service and ourselves stopped to listen to them. People were confident expressing themselves within the service and were asked about their wellbeing by staff constantly.

Where people required support with personal care this was done in a dignified way. Staff encouraged people to do things for themselves but when support was required they made sure this was done in private. Staff respected people's individualised choices about their care and supported them. One person had an interest in gardening. The staff had supported them to tidy and develop the garden.

Staff told us they treated people as equals and respected their diverse needs. Some people living in the service wanted to help with everyday tasks and this was respected by everyone. For example, one person assisted with cooking the meal on the day we inspected. Some people had jobs and this was encouraged by staff. Two people were employed locally. Other people accessed local adult education provision to gain qualifications. Some people who used the service had wanted to do a health and safety course and so the registered manager had spoken to the staff trainer and they had been trained which gave them the same opportunities as staff to gain knowledge and skills they could use day to day. This also promoted positive risk taking. By ensuring people had knowledge of the risks associated with their activities.

People living in the home had regular meetings with staff as well as impromptu discussions. These meetings were effective as it empowered people living in the home to share opinions whilst they were listened to and respected.

We saw staff were positive in helping people to access services such as advocacy should they require further support to help them make decisions. Some people had an advocate to support them but others made their own choices about their care.

Is the service responsive?

Our findings

Staff had a good understanding of people's preferences related to every aspect of their life and their support was person-centred. One person told us, "The staff are very good" and "Staff have really improved over the last few years." A relative had commented in a recent survey, "All the staff are so patient and caring."

The registered manager and staff provided a service to people that was personalised, responsive and focussed on making people's quality of life as positive as possible. All staff were supported this process. We heard how the support people had received enabled them to achieve their goals. One person told us they were able to go out to work and another told us about the way in which staff had supported them to live independently with another person in one of the flatlets provided within the service.

Initial assessments were carried out to ensure people's needs could be met and more personalised care plans were developed from these. Reviews were held with all people involved in the person's care. When relatives were unable to attend review meetings staff ensured they were kept informed. In between reviews any changes to care plans and risk assessments were identified to staff by use of memos that staff had to sign to say they had read ensuring they received all the appropriate information.

Staff found out about people's past and what they liked to do in order to understand their preferences and try and encourage positive aspects of these. Staff took steps to understand people's diverse needs within the home and this was reflected in their day to day work. They got to know people well and encouraged positive behaviour whilst working with people to reduce those behaviours that may cause them harm such as excessive drinking. This was achieved through working closely with professionals and setting goals with the person.

Staff met people's communication needs and made sure their preferences were embedded in their care and staff were aware of their needs. Care plans outlined these needs in detail. Everyone at the service could express themselves verbally but could not all read and write well. We saw that some people had speaking applications on their computers to assist them with this.

Staff were sensitive to people's needs and knew when to show empathy to support a person. People had not chosen to consider their end of life needs at the time of the inspection.

Staff were responsive to people's individual needs, preferences, equality, diversity and human rights (EDHR) and wanted to support people to maintain a community presence. People living in the service told us they all did activities, work or education at a variety of places within the area. We saw the provider had positive relationships with day centres, local colleges and specialist teams such as the community mental health team and social work teams. A local authority DOLs officer had praised their work in this area as, "Good practice" in recent feedback and a trainer had also given positive feedback.

People were encouraged to do a wide range of activities which they enjoyed. Some of these included going out for walks, gardening, going to college and enjoying visits from families. One person said, "Staff take me

to my appointments."

The provider had not received any formal complaints however, the registered manager was able to demonstrate and explain what actions they would be take should this happen.

Is the service well-led?

Our findings

People we spoke with told us the home was well managed and that the management team were approachable, friendly and respectful of their circumstances. Comments included, "They are good to me", "The manager and staff are great" and, "I can talk to any of the staff whenever I want to."

There was a registered manager employed. 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 staff told us, "The manager is open, approachable and honest. [Name of registered manager] has taught me so much. She never goes home without making sure everyone is OK and checks you are ok to work. She appreciates her team which is nice. To some places you are just a number but it is a pleasure to work here. I love it."

We observed the registered manager interacting with people and they all knew who the manager was. People told us they could talk with the registered manager or deputy should they have any concerns. The registered manager described the home as a "family"

The registered manager was supported by a deputy and a team of care workers. They were also supported by a provider who was very involved with the service. They were present for day two of the inspection and it was clear that people who used the service knew them well.

Audits were carried out to monitor the service and the care being provided. These audits were carried out regularly and any actions needed were implemented. The audits looked at all areas of the service including policies/procedures, care plans and risk assessments. This meant the provider was continually looking at ways to make improvements in the home and showed sustainability of good practice.

Surveys were carried out every year to gather the views of people living in the home, their relatives and other health professionals involved in their care. The feedback we saw was all positive.

The service had made appropriate notifications to CQC as is required and were displaying their rating within the service.