Review of compliance

Dove Care Limited Lifestyles	
Region:	Yorkshire & Humberside
Location address:	55-59 Wentworth Road Scarcroft Hill York North Yorkshire YO24 1DG
Type of service:	Care home service without nursing
Date of Publication:	September 2012
Overview of the service:	Lifestyles is a care home which provides accommodation for up to 19 adults who may have a learning disability and/or mental health needs. The house is in a residential area of York and blends well into a row of town houses, having a small plaque on the wall. Parking is on street and a permit is required. The service is registered to provide accommodation and personal care.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Lifestyles was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 31 August 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

Some people had complex needs and chose not to share their views and experiences with us. However, two people told us they felt that they were, 'treated like a person, treated fairly and with dignity' by the staff at the service. One person said that they felt 'in control' of their life but knew that they had staff support on hand if needed it. We spoke to five people and they all said they were 'happy' at Lifestyles.

Everyone who shared their views gave us positive feedback about the staff team. Staff were described as 'all nice, they are good to us.' One person told us, "Staff make time to talk to you and go out of their way to look after us." People we spoke with confirmed there were always at least two staff on duty through the day and night.

People we spoke with said that they knew exactly who to 'turn to' if they had any complaints.

What we found about the standards we reviewed and how well Lifestyles was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's privacy, dignity and independence were respected. The provider was meeting this standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced care, treatment and support that met their needs and protected their rights. The provider was meeting this standard.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. The provider was meeting this standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

There were enough qualified, skilled and experienced staff to meet people's needs. The provider was meeting this standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider was meeting this standard.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
Some people had complex needs and chose not to share their views and experiences with us. However, two people told us they felt that they were, 'treated like a person, treated fairly and with dignity' by the staff at the service. One person said that they felt 'in control' of their life but knew that they had staff support on hand if needed it. We spoke to five people and they all said they were 'happy' at Lifestyles.

Other evidence
Staff told us that they encouraged people to express their views about their treatment and care. For example there is a staff meeting every two months and people using the service are encouraged to join in the discussions when 'house' decisions are being made. People using the service told us they held their own meetings, which they recorded, and shared ideas with staff when they needed to.

During our visit we observed people moving around the home freely, without being challenged. People were seen making choices about what they wanted to watch on television or whether they wanted to go to their rooms or stay in the lounge. Staff explained how people do not have a set routine and can choose what to do. Staff explained how some people like to have a lie in in a morning, choose to eat their meals in their rooms or choose and cook their own snacks. Some people had volunteering

roles in the community and described to us how this was encouraged by staff and that they felt supported to maintain regular contact with people who were important to them.

When we talked with staff they were able to tell us how they protected people's privacy and dignity and how gender was taken into consideration. The staff team is made up of male and female care workers.

Our judgement
People's privacy, dignity and independence were respected. The provider was meeting this standard.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
Three people told us their care needs were being met and that they were 'satisfied' with the support and care provided at Lifestyles. We saw that people were calm and relaxed with staff and that support was given in a caring and professional way.

Other evidence
People's daily progress notes were recorded in personal diaries and their care plans were found to be up to date and accurately reflected their care needs. The manager explained that all staff had access to the care plans and risk assessments, but that she and the deputy manager wrote the care plans, in consultation with the resident and staff completed the daily records and reviews. Staff were able to describe how they used care plans to make sure they were meeting individual's needs. We saw that there were various risk assessments in place in care plans, where needs had been identified, these had been reviewed regularly and there were notes to say that people had agreed to them. The manager also explained how they checked that people had an understanding of what was happening to them and the care being provided.

The manager explained how people had reviews of their treatment and care every six months and a full review every year. Review notes we saw confirmed that reviews had been attended by the person, their named worker, the local authority care manager and the manager of the service where appropriate.

Staff described how they had encouraged and enabled people to become more independent and this was appropriate to each persons individual abilities. For example

people were supported to clean their rooms, assist in the kitchen and make their beds. Staff told us about the different jobs people had, for example helping in a local voluntary shop. Everyone was supported to have responsibilities in the house and this was organised on a rota and people knew what was expected of them. We looked at everyone's diary, and these had details of people's activities throughout the day. People had access to a range of activities. The provider may find it useful to note that some records, for example the communication book and handover sheets, were in an area of the lounge which could be accessed by people using the service, or visitors, and this may compromise people's privaty and contravene data protection legislation.

Staff told us people were referred to their doctor, the community psychiatric nurse and occupational therapist when needed. The manager gave an example where they had been proactive in referring a person to their doctor to improve their physical health and this had had a positive outcome for the person concerned.

Our judgement
People experienced care, treatment and support that met their needs and protected their rights. The provider was meeting this standard.

Outcome 09:
Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:
* Will have their medicines at the times they need them, and in a safe way.
* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us
Two people told us that they manage their own medication, with staff support and that this was important to them.

Other evidence
Appropriate arrangements were in place in relation to obtaining medicine. We reviewed the medication procedure. The manager explained the procedure and we looked at the policy relating to this.

Appropriate arrangements were in place in relation to the recording of medicine. We reviewed nine medicine administration records (MAR) and we saw staff were recording when they had administered it. Staff explained to us that the records were audited weekly to ensure they were being correctly completed. Unused medication was returned to the pharmacist, after first being recorded in a duplicate book and this was signed by the person collecting the medication. Where medication was not required, this was recorded on the MAR sheet and where necessary, discussed with the doctor to review the need for the medication and if the medication should cease.

We saw there were various checks in place to help ensure the safe administration of medication. For example the medicines were dispensed by the pharmacist who put them in a monitor dosage system (This was a separate pot which contained all the medication given at a specific time and day). The manager explained that the staff who administered medication were all suitably trained. We also saw that staff had access to

information about the medication they administered. At the time of our visit two people self-administered their own medication. We saw in peoples care plans an assessment had been made about their capacity to manage their own medications. Medication was stored securely and the key to the medication cabinet was the responsibility of the person leading the shift.

Our judgement
People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. The provider was meeting this standard.

Outcome 13:
Staffing

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
Everyone who shared their views gave us positive feedback about the staff team. Staff were described as 'all nice, they are good to us.' One person told us, "Staff make time to talk to you and go out of their way to look after us." People we spoke with confirmed there were always at least two staff on duty through the day and night.

Other evidence
We talked to the manager and staff about staffing arrangements. The rota showed that there were a minimum of two care workers during the morning, afternoon and evening. There was one 'sleeping-in' member of staff and one staff member who was awake, during the night. The manager explained that the rota was flexible and staff were happy to alter their working patterns to accommodate events in the home and if there was something people wanted to do.

At the time of the visit, there was one staff vacancy. No agency staff were used, but existing staff were able to cover the shortfall in hours so that they could provide consistent staffing. Staff told us they thought this was crucial to people living at Lifestyles.

All mandatory and specialist training was being provided in house or by external trainers. We looked at the training matrix and saw that staff were up to date with their training and there was a training plan in place. Staff told us they felt able to undertake their duties because of their knowledge and skills.

The manager told us that there were formal systems in place to provide staff with ongoing supervision, appraisal; learning and development. Staff also confirmed this with us.

Our judgement
There were enough qualified, skilled and experienced staff to meet people's needs. The provider was meeting this standard.

Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
People we spoke with said that they knew exactly who to 'turn to' if they had any complaints. Everyone we spoke with was clear about whom they would speak to if they were unhappy and that they had no problems raising complaints if needed. People told us that they had completed a survey about the home last year and that the results had been discussed in their residents' meeting. They told us that they were happy with the discussion.

Other evidence
There was a system in place to monitor and assess the quality of the service. The provider used surveys and held residents meetings as a way of seeking views about the care provided. The notes of the meetings held were available and any concerns raised had been followed up to the resident's satisfaction. The majority of comments were favourable.

People told us that they felt involved in their care plans and could voice any issues/concerns to any member of the staff. Four of the people who were spoken with told us that they were independent with their personal care and that staff provided information and prompting when necessary, without being intrusive. They valued this and told us they were supported by the staff to maintain this important part of their everyday life.

The provider had incident forms, which were completed appropriately and lessons learnt were discussed with all staff. However, although the manager was keeping

records, the provider may find it useful to note that CQC are not always informed of events which could affect the health and welfare of people living in the home as required.

Our judgement
The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider was meeting this standard.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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