

Lovely Rose Care Services Limited

Lovely Rose Care Services

Inspection report

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14 February 2020
18 February 2020

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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

About the service

Lovely Rose is a supported living service. The service provides personal care and support for people with learning disabilities and physical and sensory impairment.

Everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection the service supported five people who lived in two domestic properties and were being supported with personal care by the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Relatives and people we spoke with were positive about the care provided. One relative said, "I have got nothing but praise for them they do a great job". People told us the service supported their needs well. One person told us how they had become more independent since they joined the service.

People were able to access healthcare services to promote their health. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Robust recruitment procedures were in place to make sure staff were of good character and suitable to work in the service. Staff received training to enable them to carry out their role effectively. Staff received regular supervisions to identify any training requirements.

Medicines were managed in line with good practice guidance. Records we saw indicated people using the service received their medicines as the prescriber intended. Medicines were stored safely in locked cabinets in people's houses.

Risk assessments were in place to ensure people were safe from harm and management plans were in place in response to ongoing risk. Environmental risk assessments were carried out which meant people and staff were living and working in a safe place. Some staff provided 24-hour support and stayed overnight at one house.

Care plans were individualised and reflected people's current support needs. Audits were carried out by the registered manager to ensure the quality of the service was maintained.

The service applied the principles and values (consistently) of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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.

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

Rating at last inspection

The last rating for this service was good (published 7 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Lovely Rose Care Services

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 was carried out by one inspector.

Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 13 February 2020 and ended on 18 February 2020. We visited the office location on 13 February 2020 and visited people in their houses on 14 and 18 February 2020.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff and sought feedback from professionals who were familiar with the service. We have not received feedback from the professional at the time of writing the report. We reviewed a range of records including each person's medicine record and each person's care plan. In addition, we looked at records of the way the service was run.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality audits and safety checks.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from abuse. Staff received training in safeguarding and told us they knew what to do if they suspected abuse. The provider supplied safeguarding leaflets to people when they first joined the service.
- People told us they were safe living in their home and relatives said they were confident their relative was safe. One relative said, "I have got nothing but praise for them they do a great job".

Assessing risk, safety monitoring and management; Using medicines safely

- Risk assessments were in place to minimise risks to people. Care plans identified specific risks to people and recorded information how staff should support people. People who had specific conditions such as diabetes had detailed risk assessments in place and guidance for staff how to support them with this condition. Risk assessments were reviewed on a monthly basis to ensure changes were recorded and support plans reflected the current level of support required.
- The service monitored alarm systems weekly and completed fire drills quarterly.
- Fire risk assessments were carried out by an external company yearly.
- Equipment was serviced according to the manufacturers specifications to ensure it was safe to use. The landlord carried out gas safety checks of the premises. We saw the most recent gas safety check carried out on 21 February 2020. The safety check had identified defects we have requested further information from the provider in relation to this. We have not received this information at the time of writing this report.
- The provider had a safe system in place to manage people's medicines. People received their medicines according to the prescriber's instructions. We saw medicines were stored in locked cabinets in people's houses. Medicine charts we viewed were completed according to best practice guidelines. Audits of medicine administration was carried out by a senior member of staff on a weekly basis.

Staffing and recruitment

- We saw the provider had a system in place to ensure sufficient numbers of staff were available to meet people's needs. People told us there were enough staff to support them. Staff were allocated according to individual needs and preferences. For example, additional staff were available when some people accessed the community to attend day centres or appointments.
 - The providers recruitment policy ensured that new staff were suitable to work in the homes. The checks carried out included a criminal record check and references from previous employers.
- The provider did not use any agency staff.

Preventing and controlling infection

- Both houses we visited were clean and free from odour. Staff told us they took in in turns to carry out cleaning duties. Staff had access to personal protective equipment (PPE) when delivering personal care. Kitchens were clean and we saw fridge temperatures were monitored to ensure food was kept fresh.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to show trends. Where any incidents occurred, staff followed the providers policy and procedures.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to people being supported a full care needs assessment was carried out. One relative we spoke with told us "[Registered manager] came to my house with a social worker to discuss [my family members] needs.
- Care plans were developed with people and their families and ensured their preferences and diverse needs were met which included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability. One person told us that they had the same member of staff to support them as they knew them well and was... "Extremely knowledgeable and knew my off days". The person told us how much they had improved since they received support from the service. One senior member of staff told us the person had limited mobility when they first joined the service and over the time they had worked with the person their mobility had improved so much they no longer required staff to accompany them when accessing the community. The person told us "I now visit my family and use public transport independently on a regular basis".
- We were told one person who had limited sight was very introverted and unable to eat independently when they first joined the service. However, after a while with staff supporting them and encouraging them, they were now able to eat independently and had become more vocal about their own decisions and their day to day needs.
- Staff told us about another person who was severely confused if any changes were made to their routine. The person therefore needed to be told in advance of any up and coming changes so they could process this. This demonstrated staff knew people's preferences and routines well.

Staff support: induction, training, skills and experience

- New staff completed an induction process to enable them to be competent in their role. This included the Care Certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working lives. It is the minimum standards that should be covered as part of induction process training for new staff. All new staff had one month of induction where they shadowed an experienced member of staff.
- Staff told us they were up to date with their training. The training matrix we saw confirmed this.
- We were told two members of staff were in the process of completing their level five management course which the provider had supported them to do. This meant staff would be knowledgeable and trained to high standards to enable people to be supported effectively.
- Staff we spoke with told us they were supported in their role and had regular supervisions with their line

manager. Records we saw confirmed this. Staff meetings were used as a way of identifying any further training requirements.

- People we spoke with told us staff were trained and knowledgeable about their support needs.

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

- Staff supported people with their diet. Where specific foods were required these were catered for. We were told one person liked to mix their sweet food and savoury food together on one plate. Staff told us this was their preference and they respected this.
- People told us they could choose what they had to eat and were able to choose the foods at the local shops. Some people had fluid charts in place to enable staff to monitor if adequate fluids had been consumed.
- The service worked with family members to support people to make good food choices. Speech and language therapists (SaLT) and dieticians were available for support for people with swallowing or nutritional needs. There was no one requiring this input at the time of our inspection.

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

- Records we saw confirmed people had access to healthcare professionals. People told us they were supported with any appointments. We were told community nurses were available when required. The service had received visits from community nurses to support staff with people's healthcare needs. Staff received handovers at the beginning of each shift to ensure any issues or concerns were highlighted.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- There had been no applications made to deprive people of their liberty. Staff had received mental capacity training and demonstrated they understood the principles when supporting people. Staff told us they always gained consent before supporting people.
- All the people using the service had consented to care and support and had been assessed as having capacity to make these decisions.

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 good. At this inspection this key question has remained the same. 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

- People told us staff treated them well and with respect. Staff told us they always treated people with respect and in a caring way. One member of staff told us "Its their home and they set the goals".
- We observed kind caring interactions with people during our visits to people's homes. We saw one person had certain rituals they had to complete. Staff told us "Its their way of dealing with things, we 'leave them to it' we know their routine."
- One relative commented, "I pick [him] up from his home at weekends then [he] goes back. I must say he is always ready to 'go back home'".

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

- Care plans captured people's decisions about their care. Relatives we spoke with confirmed staff had involved in their family members care.
- People told us they had a choice in the decisions about their care. Records we saw confirmed people and their families were involved in their care.

Respecting and promoting people's privacy, dignity and independence

- The relationships between staff and people using the service demonstrated dignity and respect.
- Staff told us they promoted people's independence. One member of staff said "[Name of person] chooses the way they want to spend their day sometimes they come to the shops to buy their food other times they prefer us to go and buy it". One person told us how much they enjoyed the day centre they attended they said, "It's something to look forward to."
- Staff told us they always respected people's privacy and closed doors whilst delivery personal care. We observed staff knocked on bedroom doors before entering.

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 good. At this inspection this key question has remained the same. 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

- People were able to express preference to the members of staff who supported them. This was recorded in care plans we viewed.
- Care plans provided clear accurate information about support needs. We saw where people had specific medical conditions guidance was available for staff to ensure people were supported safely. Staff told us how two members of staff supported someone in the community due to specific mobility issues. We saw this was recorded in the person's care plan. This meant that care and support was personalised to meet their needs.

Meeting people's communication needs

Since 2016 onwards 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.

- Staff were able to describe people's specific way of communicating and told us they used a variety of methods when communicating with people. For example, sign language, large print and assisted technology.
- The service was working with staff to train them in using British Sign Language (BSL). Staff were expected to use sign language whilst at work in order to improve their skills. The service had one person who used BSL.
- Two people we visited could not communicate verbally and had light writers to communicate. We used the product to communicate with them. Care plans provided information for staff how people communicated.

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 were able to participate in social events, access the community and develop their interests and skills. One person told us how they did voluntary work and was now able to visit their family independently.
- Some people attended regular day centres and enjoyed shopping trips with staff.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure which was monitored to ensure complaints were responded to in line with the company policy. The service actively sought feedback from people who used the service and other professionals. Meetings were held with people and their families to ensure any

comments or concerns were acted upon. Staff were encouraged to comment on the service and discuss any improvements they feel could be made.

- People and their families were given a copy of the services complaints procedure when they first joined the service. There were no complaints at the time of our inspection.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff and people we spoke with told us the service was well run. One relative told us, "I can speak with [name of staff] anytime they always sort things out." People we spoke with told us they speak with staff about any issues or concerns. They commented, "There are no issues I am very happy" and "I would talk to [name of staff] first".
- Staff told us they were well supported and enjoyed working at the service. One member of staff told us they had been working at the service for six years and they were supported and happy in their role.
- The registered manager monitored the service by visiting staff during their working day and speaking with people who used the service on a fortnightly basis.

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

- Staff we spoke with were clear about their role and responsibilities. Systems were in place to manage the quality of the service provided. Audits were carried out in relation to health and safety, care plans and medicines where any issues were identified action had been taken to address these.
- The registered manager was clear about their responsibilities around the duty of candour. The duty of candour sets out actions that should be followed when things go wrong, including an apology and being open and transparent.

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

- Staff were positive about working at the service and told us they were supported and worked together as a team. Staff commented, "This is my first job in care [Name] supports me. I am very happy" and "we work well together, being a small service helps."
- We saw meetings with staff relatives and the people who used the service took place to ensure they were involved in the way the service runs.
- People were supported to access community services. The service had links with key organisations such as speech and language groups and forums.
- One person was supported to attend a bowls club for the vision impaired and go for walks with their volunteer support worker.

Continuous learning and improving care

- Feedback was given to staff during quality assurance visits and discussions took place when necessary to ensure the service learned from any issues or concerns identified. In house auditing ensured all departments were working to high standards.