

Lifeways SIL Limited

Lifeways SIL Limited (North East)

Inspection report

High Road
Balby
Doncaster
South Yorkshire
DN4 0AB

Date of inspection visit:
29 November 2023
11 December 2023

Date of publication:
04 January 2024

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lifeways SIL Limited (North East) is a domiciliary care agency. The service provides 24-hour recovery based support for people with complex mental health needs. The provider has a flexible approach and supports people as and when they require intervention. At the time of our inspection 3 people were receiving personal care.

People's experience of the service and what we found:

The provider had systems in place to safeguard people from the risk of abuse. Staff told us they received training in safeguarding and would report anything of concern to the management team immediately.

Risks associated with people's care were identified and managed safely. People received their medicines as prescribed by staff who were competent in the safe handling of medicines.

The provider's recruitment system was robust and ensured suitable staff were employed. People and their relatives told us staff were available as required and were very supportive.

Accidents and incidents were recorded, and action was taken to mitigate future incidents.

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.

Staff told us they received appropriate training which gave them the skills to carry out their role.

People and relatives were complimentary about the service they received, commenting that the management team were approachable, and the carers were kind and friendly.

Care plans were person centred and offered staff guidance about how to support people in line with their needs. Staff told us they were keen to ensure care and support was delivered in line with people's preferences.

The management team had an effective system in place to monitor the quality of the service. The registered manager was responsive to comments and feedback and used this to develop the service.

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 15 August 2017).

Why we inspected

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Lifeways SIL Limited (North East) on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Lifeways SIL Limited (North East)

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 2 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, and care workers. We communicated with 4 professionals.

We reviewed a range of records. This included 3 people's care records and medication records. We also reviewed a variety of records relating to the management of the service.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity using remote technology commenced on the 29 November 2023 and ended on the 15 December 2023.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- The provider had systems in place to ensure people were protected from avoidable harm.
- Staff were knowledgeable about safeguarding and understood what actions to take if they suspected abuse.
- Staff were confident the provider would respond without delay, to ensure people were safeguarded.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risk and support plans in place were detailed and considered potential triggers and risks if the plan was not followed.
- Risk and support plans also considered what people could do to minimise risks and staff had explored the benefits of positive risk taking with people.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes.
- Staff confirmed they had pre-employment checks prior to commencing their role.

Using medicines safely

- People were supported to receive their medicines safely.
- Staff were appropriately trained in the safe administration of medicines and were competent to ensure people received their medicines as prescribed.
- Medication administration records were used to record medicines received and administered.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The provider had a detailed infection prevention and control policy. Staff had regular competency checks for hand hygiene.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The provider had a risk manager who analysed incidents and identified trends and patterns. These were used to mitigate future incidents and to learn how to improve the service.

Is consent to care and treatment always sought in line with legislation 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 MCA 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 provider was working in line with the Mental Capacity Act.
- Staff were knowledgeable about MCA and DoLS and ensured they supported people in the least restrictive way possible.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care that achieved good outcomes for people. One relative said, "The carers are lovely and understanding of [relative's] needs. They have improved [relative's] life. They [staff] also help with shopping and laundry, it was just the support [relative] needed."
- People we spoke with told us staff were supportive and, "Really nice, they [staff] really do care." Professionals were complimentary about the service. One professional said, "Staff have always been responsive and accepts rationale for support plans, always individualised to the person and carried out to a high standard."

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The provider understood their responsibilities under the duty of candour.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- People were highly involved in planning their care and support.
- Staff felt involved in the service and valued and had opportunities to progress within the service. One staff member said, "My manager supports me with opportunities to learn and develop in my role, I am due to finish my level 5 Leader in adult care in the new year and I have received ongoing support throughout to achieve this."

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- Several audits took place to check the quality of the service. Audits included medication, care planning and accidents and incidents. Where issues were identified they were rectified in a timely way.

Working in partnership with others

- The provider worked in partnership with others.
- Care and support plans we viewed reflected the involvement of other professionals. They detailed contact numbers and what support could be offered to people. One professional said, "They [staff] have shown a highly person-centred, compassionate, caring and humanistic approach to working with others and fundamentally the individual. It is a supportive environment whereby any individual, the team or visitors feel respected and valued, empowered, concerns are heard and openly discussed which fosters a positive experience."