Lifeways Orchard Care Limited

216 Lightwood Road

Inspection report

Dresden
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 23 August 2017 and was an unannounced, responsive inspection. The inspection took place as a response to the high number of notifications we had received from the provider in July and August 2017.

Lightwood Road is a registered care home providing accommodation for up to ten people with a learning disability. At the time of our inspection there were seven people living at the home.

At the time of the inspection there was no registered manager. A new manager had started but the application process for registering with CQC had not been finalised. 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.

Although there were sufficient numbers of staff to provide a service, however recent restructuring had placed added pressure on staff to care for people safely.

People's dignity was not always respected by the staff that supported them.

People were kept safe and secure, and relatives believed their family members were safe from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider.
People received their medicines safely and as prescribed.

Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual care and support needs.

Staff sought people's consent before providing care and support. Staff understood when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People had a variety of food, drinks and snacks available throughout the day. They were able to choose the meals that they preferred to eat.

People were supported to stay healthy and had access to health care professionals as required. They were treated with kindness and compassion and there were positive interactions between staff and the people living at the location.

People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs. People received care from staff that knew them well and benefitted from opportunities to take part in activities that they enjoyed.

Relatives and staff were confident about approaching the manager if they needed to.

People and relatives views on the quality of the service was gathered and used to support service development.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were supported by adequate numbers of staff on duty, however an influx of new staff had placed additional strain on the workforce.

People received their prescribed medicines safely.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people were appropriately assessed and recorded to support their safety and well-being.

Is the service effective?

Good

The service was effective.

People's needs were met because staff had effective skills and knowledge.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

Is the service caring?

Requires Improvement

The service was not always caring.

People's dignity was not always respected and upheld.

People were supported by staff that were caring and compassionate.

People's independence was promoted and maintained as much as possible.

Is the service responsive?

Good

The service was responsive.

People's needs and preferences were assessed to ensure that their needs
would be met in their preferred way.

People were well supported to maintain relationships with people who were important to them.

Complaints procedures were in place for people and relatives to voice their
concerns.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was no registered manager in post at the time of the inspection.

Relatives and staff felt that the management team was approachable.

People and relatives feedback on service quality was gathered and used effectively.

The provider had systems in place to assess and monitor the quality of the service.

216 Lightwood Road

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 inspection took place on 23 August 2017 and was unannounced. The inspection took place as a response to the high number of notifications we had received from the provider in July and August 2017. The membership of the inspection team comprised of one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents, serious injury and safeguarding alerts which they are required to send us by law. We reviewed information provided to us by Stoke-on-Trent City Council social work team.

Most of the people living at Lightwood Rd were not always able to talk to us about their experiences of living at their home due to their limited comprehension and limited verbal communication skills. However we did get some responses to the questions we asked from four people. We also spoke with three relatives, four members of staff, the registered manager and the service manager. Most of the people living at the home had complex care needs and were unable to tell us about the service they received. Therefore we used a tool called the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at the care records of three people to check they received care as planned. We looked at staff files for three members of staff to ensure that they had been recruited safely and according to the service requirements. We also looked at the medicine management processes and records that were maintained by the provider about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Requires Improvement

Is the service safe?

Our findings

Our inspection had been prompted as a response to the high number of safeguarding notifications we had received relating to allegations of neglect, physical, emotional and psychological abuse during the period of 03 August to 09 August 2017. In response to these allegations the provider had taken immediate action to suspend a number of staff and involve the police and local authority safeguarding service to investigate the allegations further. This meant that new staff had to be brought into the home, so that an effective service could be provided. At the time of our inspection the provider had not been able to complete their own investigations to identify the causes of staff actions as police investigations had not yet been completed.

Although there were sufficient numbers of staff working at the home to meet people's needs and keeping people free from harm or abuse, the recent high influx of new starters meant that the home was going through a transition period and new staff were still familiarising themselves with the people at the home. A staff member we spoke with told us that staff numbers had reduced recently and new staff were currently being recruited. Another member of staff we spoke with told us that the mix of staff on each shift was not good at the moment. Senior staff have to supervise a high volume of new staff members, as the skill and experience levels of staff is inconsistent, which increases their level of responsibility and stress. They also told us that staff rotas are improving although more staff are still required to provide a safe service. We discussed these concerns with the service manager and the new manager, who recognised that the current skill mix of staff was unbalanced. They informed us that due to recent staff disciplinary actions taking place within home, a large number of staff had been removed from the service and the provider was currently recruiting new staff to bolster the staff team further. They showed us the staff rotas and told us that currently there are between four and five members of staff on each shift, where previously there had been between six and seven. They recognised the pressure staff were under at the moment and were aiming to increase staff levels as soon as possible. The service manager told us that staff ratios were based on the number of hours commissioned to look after each person at the home, which included the provision of any 'one to one' support. They also informed us that a new staffing dependency tool was completed and this showed more care hours were needed, which again added to staff pressure. A member of staff we spoke with told us, "Things have been disrupted quite a bit recently, with the [previous registered] manager and staff being moved out. It's upsetting and we [staff] just want things to settle down again soon". A relative we spoke with told us, "There seems to be enough staff around, although I know they're a bit 'pushed' at times, they have a lot to do". Despite our concerns regarding staffing levels, we observed that people's care and support needs were met but it was recognised additional staff were required.

Relatives we spoke with told us they felt their family members were kept safe. One relative we spoke with told us, "The care that [person's name] gets there [at the home] is really good, I've got no concerns, they [staff] keep him safe and he's well looked after". Another relative we spoke with said, "They [staff] seem to keep him [person using the service] pretty safe". We saw that the provider had processes in place to support staff with information if they had concerns about people's safety and how to report those concerns. Staff we spoke with told us that they had received training on keeping people safe from abuse and avoidable harm, and were able to give us examples of the different types of abuse. They told us that they would be able to recognise changes in people's behaviour which might indicate that they were being abused. If they believed

abuse was taking place, they told us that they would inform one of the senior members of staff so that they could escalate their concerns. From our records we could see that the provider had reported concerns appropriately.

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with said, "Risk assessments are done quite regularly". They then gave us an example of when a person they supported had been having difficulty swallowing food, a risk assessment was completed and new measures were introduced to reduce the person's risk of choking. We saw that the provider carried out regular risk assessments and that they were updated regularly in care plans to minimise future incidents.

The provider had procedures in place to support people in the event of an emergency such as a fire. Staff were able to explain how they followed these procedures in practice to ensure that people were kept safe from potential harm. A staff member we spoke with told us, "We [staff] aim to take all the people out [of the home] as fast as possible, there are [fire] exits at the back and front of the building. Call 999". The continued to tell us that all the internal doors in the home are fire retardant and close immediately when the fire alarm is activated, which protects people who are unable to be removed from the building. This showed us that staff knew how to respond to keep people safe in an emergency.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. These included references from previous employers and Disclosure and Barring Service (DBS) checks. Records we looked at showed that checks were completed. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

People received their medicines safely and as prescribed. A relative we spoke with told us, that their family member received their medicines as prescribed, "He'd let us know if he didn't". We saw that the provider had systems in place to ensure that medicines were managed appropriately. This included how medicines were received, stored, recorded and returned when necessary. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Staff told us that not everyone was able to tell them when they were in pain or discomfort and when medicines were needed on an 'as required' basis, although they were able to recognise the signs of when individuals were in pain or discomfort. We saw that the provider had guidelines in place for staff outlining how to identify when people needed their 'as required' medicines.

Good

Is the service effective?

Our findings

We found that staff had received appropriate training and had the skills they required in order to meet people's needs. A relative we spoke with told us, "The staff are good at what they do, some of them have been there years". A member of staff we spoke with told us, "We [staff] get it [training] every now and then, we've got safeguarding in September. We can go to the [registered] manager if we want extra training and we can go to other Lifeways homes if they have training on there". Another member of staff we spoke with said, "Training is very thorough and effective. If I want any training I can ask". We saw that the provider responded to training requests made by staff and were aware of the knowledge and skills that they needed to support people who used the service.

Staff told us they had regular supervision meetings with their line manager and appraisals to support their development. A staff member we spoke with told us, "Yes, I had mine [supervision] eight days ago". Another member of staff we spoke with told us, "I had one last week. They're usually every two months. I'm happy with how they go". We saw staff development plans showed how staff were supported with training and supervision.

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. Some of the people living at Lightwood Road did not have the mental capacity to make informed choices and decisions about all aspects of their lives. Staff we spoke with told us that they understood about acting in a person's best interests and how they would support people to make informed decisions. Staff understood the importance of gaining a person's consent before supporting their care needs. We saw staff asking people's permission before supporting them with their care and support needs. For example; people's consent was asked for before they received their medicines. A member of staff we spoke with told us, "We ask people what they need and if things are okay". We saw that the provider had carried out capacity assessments and best interests decisions had been completed to support people living at the home.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that people's capacity had been assessed and that the provider had made appropriate DoLS applications to the Local Authority. Members of staff we spoke with told us that they understood what it meant to deprive someone of their liberty. A member of staff we spoke with told us, "We have electric gates and [exterior] doors are locked in their [people using the service] best interests, for their safety".

People and relatives we spoke with told us they were happy with the food at the home. A person we spoke with told us that they had cereal for breakfast and that they liked eating cereal. We saw a person go into the kitchen and make themselves a drink of orange cordial. A relative we spoke with said, "The food always seems nice". Another relative told us, "The food always seems okay, [person's name] doesn't complain

about it anyway". A member of staff we spoke with told us how they support a person who has to eat pureed food, due to their risk of choking. Another member of staff said, "We have a menu and we ask them [people] what they want. New menus are done on a monthly cycle. There's always fruit and yoghurt available and we [staff] take them [people using the service] shopping if they want anything". We saw that there was a selection of food available and observed that people had access to food and drink whenever they wanted throughout the day. Staff we spoke with were able to tell us about people's nutritional needs and knew what food people liked and disliked. We saw that there was involvement from health care professionals where required relating to people's dietary needs and staff monitored people's food and fluid intake, where necessary. This showed us that the provider knew how to support people to maintain a healthy diet.

Relatives we spoke with told us that their family member's health needs were being met. A relative we spoke with told us, "They're [provider] good where his health's concerned". They gave us an example of how the provider had ensured that their family member was taken to hospital quickly when they became ill. They told us how the provider ensured that there was always a member of staff with the person during their stay in hospital, to aid communication with hospital staff and to ensure that the person always had a familiar face to support them. We saw from care plans that people were supported to access a variety of health and social care professionals. For example, dentists, opticians and GP's, as required, so that their health care needs were met and monitored regularly.

Requires Improvement

Is the service caring?

Our findings

People's dignity was not always respected and maintained by staff. We saw a member of staff using infantile language when addressing a person, although their intentions appeared to be caring. We discussed this with the service manager who suggested that this may have been a colloquialism or a term of endearment. We looked at the persons care plan, which had instructions of the names that the person preferred to be known by. The one used by the member of staff wasn't amongst them. We also saw an instance where a member of staff openly asked a person, in a communal area of the home, what they had done when they went to the bathroom. This showed us that staff did not always support people's dignity.

Relatives we spoke with told us that staff treated their family members with kindness and compassion. A relative we spoke with told us, "All the staff seem nice, and they seem to care for [person's name]". We saw that people were relaxed in the presence of staff and appeared to be happy. We saw that staff were attentive and had a kind and caring approach towards people.

Not all of the people living at the home were able to verbally express how they preferred to receive their care and support. A member of staff we spoke with told us how they communicated with and supported a person who communicated differently. They explained that the person would make a particular sound if they were happy and would refuse to engage if they weren't. Another member of staff we spoke with told us, "[Person's name] can't speak but they understand what you are saying". They gave us an example of how they supported the person to communicate when making choices. For example; when choosing what cereal they preferred for breakfast, the member of staff might call the person's right hand by one cereal name and their left hand by another cereal name. The person could them gesture which hand/cereal they preferred. Another member of staff explained that some people have dysphasia and difficulty swallowing, which may result in choking. We saw that all staff are dysphasia trained so that they were able to support people effectively. Dysphasia results in an impairment of communication. It's caused by damage to the part of the left side of the brain, which is responsible for language and communication. We saw that the provider worked closely with local Mental Health teams, Speech and Language Therapists (SALT) to support them in communicating effectively. Throughout our time at the home we saw good interactions between people and staff.

The provider supported people to express their views so that they were involved in making decisions on how their care was delivered. We saw that people and their relatives were involved in developing care plans that were personalised and contained detailed information about how staff could support people's needs. A relative we spoke with told us, "Yes, we're involved in making decisions". They went on to explain how they had tried to convince their family member to make particular decisions about how they received their care and support, but that their family member had declined their advice and made a different decision for themselves. Staff were able to meet peoples care and support needs consistently because they knew people's needs well. A relative we spoke with told us, "I can call them [provider] at any time to talk about [person's name] and ask for information". They told us that they were happy that their family member's care and support needs were being taken care of.

People were supported to make decisions about what they did, where they went and what they liked to do. For example; we saw a person sitting at a desk in a part of the home where they preferred to sit. A person we spoke with told us that they had a dentist appointment and then they would be going to a café for a cup of coffee. The person indicated to a member of staff that they wanted the arm rest on their wheelchair removing. We saw a member of staff remove the arm rest, confirming with the person that what they were doing was correct. Another person we spoke with was watching TV and thumbing through a magazine. We asked them if they liked the programme that they were watching and they gestured that they did.

Relatives told us that staff supported people to be as independent as possible. A relative we spoke with said, "They [staff] do help him to be as independent as he can. He washes himself and helps with cooking and keeping his room tidy". A member of staff we spoke with told us how they encourage people to cook if they can, and also support them to go shopping for any personal items they need. We saw a member of staff ask a person if they wanted to go and help them to clean the hallway, the person was eager to be involved. Throughout the day we saw staff supporting people to make decisions for themselves, where practicable, regarding what they wanted to do, thus promoting their independence.

Everyone we spoke with told us there were no restrictions on visiting times. A relative we spoke with told us, "I don't visit very often, but I know I can call them [provider] and go whenever I want to". This meant that people were supported to maintain contact with people who were important to them whenever they needed to.

Good

Is the service responsive?

Our findings

We found that staff knew people well and were focused on providing personalised care. A member of staff we spoke with told us, "A person is an individual. It's about caring for them how they need to be cared for". We saw detailed, personalised care plans that identified how people liked to receive their care and support. We saw that staff were responsive to people's individual care and support needs. We observed staff responding to people's needs promptly when required throughout the day. A relative we spoke with told us, "If I need to ask the manager or staff anything, they're always helpful". A member of staff we spoke with said, "We [staff] give them [people using the service] choices. They have different bonds with different members of staff, so first thing in the morning they ask for that member of staff. If they're on duty, they'll support them. If not, we'll explain why". We saw a member of staff offering a person a choice of drinks. The person, who did not communicate verbally, gestured to indicate which drink they preferred. Another member of staff explained a few methods they use to support people to make choices, they told us, "I use my [mobile] phone to show them [people using the service] pictures, give them options, for example; holiday destinations. A couple of the service users have tablets, so we can use them too".
Staff were knowledgeable about supporting people whose behaviour might become challenging to manage in order to keep people safe. We saw that people's care plans included information of the types of triggers that might result in them becoming 'unsettled' and presenting with behaviours that are described as challenging. A member of staff we spoke with gave us an example of a trigger they recognised with a person the supported, they said, "Ask them [person using the service] if they're okay, divert their attention, reassure them, there's usually a good reason [for their behaviour]. Another member of staff we spoke with told us how they support a person who communicates non-verbally, when they are demonstrating behaviour that might be challenging. "Keep other service users out of the way and give him time to calm down, and then he'll point at the issue".

We saw that people had things to do that they found interesting. A relative we spoke with told us that staff were taking their family member on holiday. A member of staff we spoke with told us, "On Monday's some [people] go to the local church to do arts and crafts". Another member of staff we spoke with told us, "[Person's name] loves singing and Elvis. I took him to Gracelands to see his house". The person came up to us a number of times during our visit and sang songs that they liked. A third member of staff we spoke with told us, "[Person's name] likes going to the cinema and [person's name] likes bowling". Another member of staff we spoke with told us that activities for people had not been as frequent as in the past. We discussed this with the new manager who assured us that this was due to the recent staff transition and that activities would resume as soon as possible. We saw that one person who had a visual impairment, had their own sensory box which we saw them using and enjoying with the support of staff.

Relatives we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. A relative we spoke with told us, "If I need to complain I can call the office [provider]. I had a complaint a few years ago and they were really good about it". We found that the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised. We saw that the complaints procedure was in an accessible format for people using the service to use.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was not a registered manager in post. A new manager had started working at the service but the application process for registering with CQC had not been completed by the provider. At the time of our visit the manager had been in place for two days. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The most recent CQC reports and ratings were displayed in the main reception area of the home. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law. The provider had systems in place to ensure that the home ran smoothly if the registered manager was off site.

Relatives and staff we spoke with were confident about approaching the provider if they needed to. A relative we spoke with told us, "I knew the old [registered] manager, but I haven't spoken to the new one yet, I suppose I will in time. I'm happy with how things are there [home]. [Person's name] is happy and that's all that matters". A member of staff told us, "It's strange at the moment, we're [provider] going through changes, staff moral's a challenge. But it's [home] managed okay, I can go to the main office whenever I need to". Another staff member we spoke with told us, "I think it's fine here, we have a new manager. If I need anything I can go to the management, although [manager's name] is new so we're still getting to know her". We saw that the new manager was visible around the home and engaged with staff and people using the service.
We looked at systems the service had in place to monitor the safety of the service. We found that the provider had systems in place for reviewing care plans, risk assessments and medicine recording sheets. We saw that quality assurance and audit systems were in place for monitoring the service provision at the location, including feedback from people using the service and their relatives. Relatives we spoke with told us that they regularly received questionnaires on how the service was run. We saw that there were in-house meetings where people's views were identified to influence the type of service they received and changes were made as a result. There was an advocacy service available for people who required support to raise issues with the provider about the quality of the service.
Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality. The individual is usually raising the concern because it is in the public interest. That is, it affects others, the general public or the organisation itself.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. The provider had been open and transparent when informing us and the local authority about the recent safeguarding concerns. The service manager and previous registered manager had recognised the issues and had been quick to alert the relevant authorities. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At

the end of our site visit we provided feedback on what we had found and where improvements could be made.