

Lifeways Community Care Limited

Lifeways Community Care (Sunderland)

Inspection report

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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 

Overall summary

This inspection took place on 10 and 12 February 2015 and was announced. We gave the provider 48 hours notice of the inspection.

Lifeways Community Care (Sunderland) is registered to provide the regulated activity of personal care. It provides up to 24-hour on-site domiciliary care and support service to people who need personal care due to their

mental health, learning difficulties or acquired brain injuries, who were tenants in their own homes. Lifeways Community Care provides this service for people living in Sunderland as well as to people living in a number of neighbouring local authority areas; including

Summary of findings

Northumberland, Newcastle upon Tyne, North Tyneside, Gateshead, Middlesbrough and South Tyneside. There were 53 people using the service at the time of our inspection.

The service had a registered manager. 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.

People told us they got good support from the staff and felt safe with them. Their comments included, "I am well looked after and they do a good job. I feel safe here." Staff had been trained to recognise signs of abuse and knew how to report any concerns.

Staff support was provided at the times people needed it and managed flexibly so people's individual wishes could be accommodated. Staff had been thoroughly vetted before they were employed and effective measures were in place to cover any unexpected staff absences.

People's medicines were managed effectively so that they received them safely. People told us they got the support they needed with their medicines.

The provider had ensured the staff were trained to provide the care people needed. This included basic training in the fundamentals of care, as well as more specialised training.

Staff provided the support people needed to have a balanced diet. Any risks to individuals around eating and drinking had been identified and expert advice sought when necessary. People commented favourably about the support they received with their meals. For instance, one person said, "I like the meals the staff do for us."

People got the support they needed to maintain good health and access medical advice and routine check-ups when needed. There were effective audit systems in place to monitor people's health and wellbeing.

The service supported people to express their views and be actively involved in making decisions about their care. For instance, one person told us, "I have a care plan and I go through it now and again with them." This showed that

people felt listened to by the staff. People also felt the staff respected their privacy and dignity and this was echoed in comments we received from local authority care managers who had regular contact with the service. For instance, one care manager commented, "I am satisfied that Lifeways treat clients with compassion, kindness, dignity and respect. I have noticed that managers and staff really do go the extra mile here."

Detailed support plans were in place to guide staff as to how people's care should be provided. It was clear from our communication with people that they had been involved in drawing up their plan of care. As a consequence, the support provided to people reflected their wishes and aims. This meant people got the support they needed and wanted. For instance, people were able to get out into the community and enjoy their preferred social activities or go to work. A typical comment we received was, "They help me to go out a lot. I really like the metro park and going to the food shops." This showed the service provided the personalised care people wanted.

People understood how to make a complaint or raise any concerns about their care. They were very happy with their care and told us their opinions about their care were sought by the provider.

The registered manager provided good leadership to the staff team and managed the service well. The provider and registered manager had promoted a positive culture, which meant both people using the service and staff had ample opportunities to discuss their views about the service. People's views were taken into account which meant the service was provided in a flexible way to meet people's needs and wishes. An example of this was the way people chose the staff they wanted to support them.

There were effective systems in place to check on the quality of care being delivered. This included regular meetings with people who used the service and staff, visits by management to people and regular auditing of each aspect of people's care. We found these methods were used to improve the quality of care people received. A care professional who had regular contact with the service told us, "All in all, I think Lifeways provide a good quality service."

Summary of findings

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 was safe.

People told us they were safely cared for by the service. Staff knew how to report any concerns about the safety and welfare of people who used the service.

Risks to people were managed effectively without compromising their independence.

The provider took people's needs and wishes into account to ensure there were sufficient staff at the times they needed support. Staff were thoroughly vetted before they were employed and people had a say about which staff supported them.

People's medicines were managed effectively so that they received them safely. People told us they got the support they needed with their medicines. The provider had implemented systems to check that medicines were handled safely and people got the support they needed.

Good



Is the service effective?

The service was effective.

Staff told us they were well supported to carry out their role, both in terms of training and constructive supervision and appraisal systems.

The registered manager and staff understood the Mental Capacity Act 2005 and the action needed when people lacked capacity to make their own decisions.

People got the support they needed with their meals and fluids and with the maintenance of their health and well-being.

Good



Is the service caring?

The service was caring.

Staff were kind and considerate.

Staff encouraged people to express their views about their care and understood the importance of promoting people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

Personalised care was provided, which meant people got the help they needed to enjoy their daily lives, go to work and pursue social activities in the community.

People knew who to contact if they were unhappy about any aspect of their care and were confident about speaking up if they had concerns.

Good



Is the service well-led?

The service was well led.

The registered manager provided good leadership to the staff team.

Good



Summary of findings

The provider and registered manager promoted a positive culture whereby people who used the service could readily give their views and opinions, which influenced how the service was provided.

There were effective systems in place to check on the quality of care being delivered including meetings with people and staff, surveys, audits and checks on the care provided to people.

Lifeways Community Care (Sunderland)

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 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 10 and 12 February 2015 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team consisted of two adult social care inspectors and an expert-by-experience with experience of this type of service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We received a Provider Information Return (PIR) before we carried out this inspection. A PIR is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to tell us within the required timescale. We also contacted the local authority commissioners and safeguarding team, as well as the clinical commissioning group and the local Healthwatch. Local Healthwatches have been set up across England to act as independent consumer champions to strengthen people's voices in influencing local health and social care services and to help people find the right health and social care services. We did not receive any information of concern from these organisations.

We also sought opinions from representatives of five other local authorities who commission services from this location and obtained opinions from three of them.

We visited four people in their own homes and spoke with ten people by telephone. We also spoke with the registered manager, and thirteen members of the staff team. We observed how staff interacted with people and looked at a range of records, which included the care records for five of the 53 people who received personal care from the service, medication records and records about the recruitment and training of staff.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. Their comments included, “I am well looked after and they do a good job. I feel safe here,” and “Staff are nice. They are nice, not nasty”.

We saw that people’s support plans clearly showed that ‘keeping safe’ was discussed with them, so that people knew how to raise any concerns about their care. Staff were well informed about keeping people safe and were fully informed about specific areas of risk and how to protect people from harm. They had been given training about safeguarding people from abuse. We spoke with a health professional who supported people who used the service. They told us, “I am very satisfied that good and effective effort is made to keep clients safe and protected from avoidable risks and the risk of abuse.” A local authority care manager commented, “In my experience I have felt that the service users are very much safe. The carers have an extremely good understanding of their needs and associated risks and how to support their service users.”

We saw that thorough assessments had been undertaken to identify any areas of risk and ensure the right sort of support to reduce the likelihood of harmful events occurring. For instance, we saw that where someone was at risk of self-harm, the service had arranged an appropriate level of support from trained staff who had been made aware of the signs that might indicate the person was becoming distressed and had clear information about how to respond to any concerns. It was clear that a good balance was struck between keeping people safe, whilst also supporting them to live their lives in the way they wanted. We saw that risk assessments also took account of people’s environment and protecting them from harm. For instance, risk assessments gave advice to staff about protecting people from burns, scalds and falls.

The registered manager carried out a monthly audit of any incidents, accidents, and safeguarding matters. This included analyses of the causes and outcomes of these events to establish if further action was needed.

People told us they were satisfied with the support they received from staff. The amount of support people received varied according to their needs; some people had staff support all of the time. One person commented, “I’m very happy with my staff. They do loads for me.” Another person

told us, “They support me as well when I’m out and about and its 24-7. They help me go places.” We saw from people’s assessments that the service clearly identified how much staff support they would need with their personal care, which also took account of the person’s wishes in relation to their care and any areas of risk. This ensured people got the right level of support.

We also found that the service supported people to choose their own staff where possible. For instance, one person was to start receiving a service and in preparation for this had interviewed some of the care workers and decided which ones they would prefer to have in their support team. This meant they had been able to choose staff of the same gender, and age group, who would share similar interests. Another person had requested staff that could drive and would enjoy visiting museums. We spoke with staff who confirmed people using the service had chosen their staff teams. The staff support arrangements also took account of the risk of unexpected staff absences, so that suitable replacement staff could be drafted in when needed.

Staff confirmed there was an ‘on call’ system, whereby team leaders would be contacted if staff cover was required in the event of unexpected absences. In addition, a second line of support was also in place whereby senior staff were available on a rota basis in the event of an emergency or more complex issue occurring. Staff told us that senior staff each had a file with information about each person who used the service, so that they had a clear picture of their needs. This meant there were good arrangements in place to support people and staff.

There were thorough recruitment procedures in place which helped to protect people. We looked at records for four recently recruited staff. These showed that checks had been carried out with the disclosure and barring service (DBS) before they were employed to establish whether applicants had a criminal record or were barred from working with vulnerable people. In addition, at least two written references including one from the staff member’s previous employer were obtained. Documents verifying their identity were also kept on their staff records. The provider had obtained a record of their employment history and the reasons previous employments had ended. Interviews with prospective members of staff focussed on their competency and abilities to care for vulnerable

Is the service safe?

people by using scenarios to test out how candidates would deal with the type of situations they would likely meet in their job role. These showed checks were carried out before staff began work.

People told us they got the support they needed with their medicines. One person said, “They remind me about taking my tablets.” Another person told us, “They don’t do my medication but they do remind me. I do my own.” We saw that detailed care plans were in place about people’s use of medicines and the support they required with this. These care plans were reviewed each month. A member of staff told us about the audit processes which were in place to

make sure that people’s medicines had been managed appropriately. They said, “I check to see if staff have done their own checks. I go over and check again; to make sure medicines are logged in and the medication administration records (MARs) are double-signed and no meds have been missed or any errors. If any errors are picked up, we take appropriate action, which might be disciplinary. I would also need to consider putting in a safeguarding alert. I have done this in the past.” We saw that in-depth medicines audits were carried out and any incidents with medicines analysed so remedial action could be taken.

Is the service effective?

Our findings

People told they were very satisfied with the support provided by their staff teams. Their comments included, “The staff are good,” and “I think they look after me well”. The service provided a wide range of relevant training to staff. This included training in a range of health and safety subject areas, such as first aid and safe handling of food. A significant number of staff had attained National Vocational Qualifications in care. In addition, training was provided in specific subject areas, where needed, such as autism awareness, mental health awareness and epilepsy. A member of staff told us, “The training is very thorough. We have an Acquired Brain Injury (ABI) specialist who has developed training for us.”

Staff told us they had been given regular supervision and appraisal, which are methods used to review staff performance and identify any training or other ways staff may need support. Staff expressed positive views about these processes, which they found supportive. One staff member commented, “A lot of my appraisal and supervision is about enabling me to work independently.” The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their ‘best interests.’ The registered manager understood the requirements of the Mental Capacity Act 2005 and had taken action where necessary when concerns were identified about people’s capacity to make their own decisions. This meant the provider was following the requirements of MCA.

People’s support plans clearly identified where they could make decisions, or where they need support from other

people, including advocates, for more complex decisions. Clear information was recorded where people had a Court of Protection appointed deputy. The Court of Protection was established by the government to protect the interests of people who lack capacity to make decisions for themselves. Appointed deputies are people appointed by the court to make decisions on people’s behalf, if they are unable to do this for themselves. People’s support plans showed what they could manage independently and where they needed support, for instance, managing their money. We saw that the registered manager had made appropriate referrals for capacity assessments. For instance, action had been taken where it was felt one person needed additional support from staff as they were considered to be at risk.

People told us they felt involved in decisions about their care and lifestyles. Their comments included, “(Staff) always ask me about things and I do loads of stuff,” and “I have a care plan, and I go through it again now and again with staff.”

People told us they got the support they needed to eat and drink enough. One person commented, “I’ll get my tea first tonight as part of my plan. The staff will let me have meals in my office if I choose.” Another person told us, “They help me with my meals. The meals are lovely.” Care records had clear information about people’s nutritional needs. For instance, where people needed special diets or where there were any risks around eating and drinking fluids. Specialist advice had been sought from dietitians where appropriate.

People’s care records showed people were supported to attend GP appointments and have regular check-ups, with opticians and dentists. People told us their staff teams supported them with their health care needs. One person said, “They get us a doctor but we have our check-ups like the dentists as well.”

Is the service caring?

Our findings

People told us that they liked the staff who supported them and staff treated them with kindness. One person said, “I have no problems with the staff and they are very polite and friendly and nice with me.” Another person said, “They talk to me politely.”

We also sought the views of local authority care managers who knew the service. They told us, “Overall I feel that Lifeways Community Services provide a high level of care. They are very person centred in their approach and aim to maintain the independence of the service users they support. The services I have observed treat the service users with kindness and respect.” Another care manager commented, “From what I have seen the staff appear to be very caring and respecting of the service users. There have been no issues reported.”

People’s care plans clearly identified their preferred communication styles and gave staff good information about people and what was important to them. The care plans clearly showed how people were involved in deciding how they wanted to be supported. We asked people if staff discussed with them how they wanted to be supported and

received positive responses from them. For instance, one person said, “Yes, we sit and look at the plan and discuss things.” Another person told us, “I have a care plan and I go through it now and again with them.” This showed that people felt listened to by the staff. Staff we spoke with clearly understood how people wished to be supported and the importance of involving people in decisions about their care.

Some people had independent advocates to speak up on their behalf. One person commented, “I have an advocate and she helps me.” This showed the service recognised the importance of ensuring people got the support they needed to express their views.

People told us their privacy and dignity was respected by staff. One person told us, “They respect my privacy.” Another person commented, “People knock on the door.” A care professional who had regular contact with the service told us, “I am satisfied that Lifeways treat clients with compassion, kindness, dignity and respect. I have noticed that managers and staff really do go the extra mile here.” This showed staff recognised the importance of respecting people’s privacy and treating them with respect.

Is the service responsive?

Our findings

We contacted several local authorities who commissioned care from the service; all expressed positive views about the care provided to people. One commented, “I have felt that the service delivery has been person centred and specific to the needs of the service users within the particular services. They engage in a number of activities and are well valued members of the community which indeed impacts on their quality of life.” Another care professional who visited the service told us, “I am satisfied that the service meets my client’s needs and that all best efforts are made to ensure clients have the best possible quality of life.”

We looked at five people’s support plans which gave comprehensive information about them and how they wanted to be cared for. This included details of their preferred communication methods, their preferred name, their spiritual and cultural needs, the support they required with their health and wellbeing, their medicines, nutrition and mobility, amongst other things. We saw there were clear agreements made with people where they gave explicit consent for aspects of their care to be managed by staff, for instance in relation to management of their finances or medicines.

We spoke with a member of the staff team about the methods used to plan the care for a new service user. They explained how a “Getting to know you” event had been held which was used to establish what was important to the person and plan how their care needs would be met. This included giving the person the opportunity to choose their personal staff team.

People told us they had been involved in deciding how they wanted to be supported, and this was recorded in their care plans. We found staff were well informed about the people they supported, which enabled them to provide a personalised service to people.

People told us the staff helped them to be as independent as possible. For instance, one person told us, “I can come and go as I want. The staff are there if I need help.” Another person commented, “They help me go to classes for reading and writing at college. I’ve done okay and now I can read more.”

People told us their needs were regularly reviewed with them and this was evident in their care plans. One person

told us, “When we have reviews, I think they take things I say on board.” A local authority commissioner of the service said, “Yes, the service communicates well with the care manager and ensures that he is made aware of any changes and responds appropriately.”

Another care manager told us, “I am satisfied that the service is able to respond quickly and effectively. I am in very regular contact with staff and managers, often with some difficult and complex requests on behalf of my clients. I have found the service to be prepared to do difficult and time consuming tasks with a very good grace and very quickly.” This showed the service ensured people’s care was centred on their needs and adapted as necessary.

People told us they were very satisfied that the staff supported them to follow their interests and take part in social activities. Their comments included, “We visit places and go on trips out. I really enjoy this,” and “They help me go out. I like to go to the pictures, to bowling and they help me with shopping”. A local authority care manager confirmed this. They said, “They support social inclusion and maximise opportunities for service users to access a range of work, leisure and training events whilst interacting with their peer group.”

Detailed support plans were in place to guide staff as to how their care should be provided. It was clear from our communication with people, that they had been involved in drawing up their plan of care. As a consequence, the support provided to people reflected their wishes and aims. This meant people got the support they needed and wanted. For instance, people were able to get out into the community and enjoy their preferred social activities or go to work. This showed the service provided the personalised care people wanted.

People told us they were happy with their care and were also confident about how to raise any concerns if they had any. They said, “I’ve had no complaints. I would do so if needed, and I would speak up if I was not happy.” People were given information about the service including how to raise concerns in formats which used photographs and symbols to help people understand it. We saw that the registered manager analysed any complaints and this showed the service had investigated these, put remedial action into place where appropriate, and checked whether people were happy with the outcome.

Is the service well-led?

Our findings

The service had a registered manager. We asked local authority care managers for their views about the management of the service, which were all positive. One commented, "I am satisfied that the service is well led. I have found the management team to be very responsive and genuinely very well interested in my clients. I have regular meetings with managers and consider they spend significant amounts of time working hard to get client services right." Another care manager told us, "In my experience the management have been open and approachable. They are happy to help and are well informed."

Members of the staff team also gave positive views about the way the service was run. One member of staff commented, "My personal experiences have been really, really positive. All the managers communicate really, really well. As staff, we have some influence about the service."

Staff told us there was good communication within the service, so they had an up to date picture of people and how they were doing. One staff member said, "We have regular meetings. We discuss any 'on call' reports from the weekend and catch up with what is going on. We regularly meet at the start and end of the week."

The registered manager had submitted statutory notifications to the Care Quality Commission. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. The submission of notifications is important to enable us to monitor how well the service cares for people.

We found that the service had a clear vision and set of values, which was well understood by staff. This was confirmed by other care professionals who gave us their opinions of the service. For instance, a local authority care manager told us, "The management team that I had involvement with were proactive in seeking appropriate support when required and appeared to provide strong leadership and guidance to the staff teams." This showed the service promoted a positive culture that was focussed on providing personalised care to people.

We found that the service sought people's views. We saw the results of a satisfaction survey of people carried out in 2013, where positive responses had been received from people in relation to being able to choose their own staff, their staff having the right skills to support them and staff listening to them and treating them well. We saw that the 2014 survey was underway at the time of our inspection. The survey used pictorial symbols to help people understand the questions asked.

People were very happy with their care and told us they could give their views about the service and they felt listened to. For instance, one person said, "I feel very safe and they check out my feelings about things." Another person told us, "Yes, they ask me about things and how it is going."

Staff told us about the methods used to check the quality of the service provided. A member of staff who oversaw a range of services told us, "I spend three days a week out checking the services provided in several local authority areas. I do health and safety checks, as well as checks on medication and people's finances. I also check whether people are getting reviews, and their paperwork is in place, as well as staff supervision. I check service users have attended hospital appointments. We talk to people and observe their care and I check staff are up to date with their training. I also carry out unannounced spot checks."

A member of staff told us, "We have a quality auditor who comes round annually. She visits every service and speaks with people and their staff."

We saw that in addition to the above quality assurance methods, the registered manager completed a monthly on-line 'workbook', which was a comprehensive quality audit of all aspects of the service. For instance, the audit included analyses of any accidents, incidents, complaints, staff training, audits of medicines and environmental safety checks. This document was then submitted electronically to the provider to give them information about the service's performance. These systems showed that the provider had effective processes in place to ensure the service delivered good quality care. A care manager summed up their view of the service as follows, "All in all, I think Lifeways provide a good quality service."