Lifeways Community Care Limited

Lifeways Community Care (Exeter)

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

The inspection took place on 15, 20 and 24 April 2015. The first day of the inspection was unannounced.

Our previous inspection of the service was on 4, 7, and 8 August 2014 when we found the service was in breach of regulations 10: assessing and monitoring the quality of service provision, 20: records, and 23: supporting workers. The provider wrote to us with an action plan of improvements they intended to make. Since the last inspection we received some concerns about the safety and quality of the service. During this inspection we checked to see if actions had been taken by the provider out to improve the service.

Lifeways Community Care (Exeter) provides personal care and support to people with learning disabilities and mental illness living in their own homes in Exeter, Mid Devon, East Devon, North Devon and the Newton Abbot areas. At the time of this inspection there were 46 people

Summary of findings

who received support with their personal care from Lifeways Community Care (Exeter). Some people lived in shared houses and flats and others lived in single accommodation.

The support people received ranged from a few hours each week to 24 hours a day. This type of service is often referred to as a supported living service. Most people had a tenancy agreement with a landlord and received their care and support from Lifeways Community Care (Exeter). As the housing and care arrangements were entirely separate people could choose to change their care provider if they wished without losing their home.

There was a registered manager in post who also had responsibility for Lifeways Plymouth branch as well as the Exeter branch. 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.

We visited by agreement, three properties, one in Tiverton and two in Exeter and met five people who lived there. Some people we met were unable to communicate verbally and so we observed staff interacting with them. We saw staff supporting people in a caring and respectful manner. Staff supported people to lead active and fulfilling lives, keep in touch with family and friends, and go out and about in the local community.

People and staff told us things had improved since our last inspection. One person told us their care was poor last year but "Things are now lovely." Comments from staff included "It's good – getting better" and "Things are a lot better." However, the registered manger and staff acknowledged they still had more to do. Staff morale had improved significantly and there was a positive attitude among the staff team. New staff had been recruited and this meant there was less reliance on agency staff to cover shifts. Safe recruitment procedures were followed.

Staff training was improving. All staff received training at the start of their employment covering essential health and safety topics. Some staff had also received training on other relevant topics. Approximately 40% of staff held, or were in the process of achieving a relevant qualification such as a National Vocational Qualifications (NVQ).

Medicines were generally managed safely. Records of medicines administered were completed accurately. However, there were no systems in place to monitor or check stock levels. People's consent had not been obtained to allow their medicines to be stored and administered by the staff. The training records showed staff had received training where necessary on emergency medication administration for epileptic seizures. After the inspection we were given information to show they had taken prompt action to address the issues raised including an assurance that all staff had received training on safe medication administration.

There were robust systems in place to ensure people's cash or savings were managed safely.

The manager and staff were aware of the Mental Capacity Act and the need to apply to the Court of Protection where people's liberty had been deprived. Applications had been submitted for some people whose liberty had been restricted and the manager was aware they may need to submit more applications. However, staff had not always fully consulted with people when assessing their support needs. Some people may have been at risk of their liberty being restricted or restrained because their capacity to make decisions had not been assessed. Staff had not sought relevant advice or best practice agreement from relevant professionals for some people.

People were involved and consulted in meal planning and preparation as far as they were able. Staff had a good awareness of people's individual likes, dislikes and dietary needs although for some people the variety could be improved. People who were at risk of choking had been assessed by relevant health professionals. Staff had received training and guidance on how to reduce the risk of choking, although we found this was not always followed safely placing some people at risk.

Care records had been improved and were easy to read. The office records had been updated and now matched the information held in each person's home. Support plans contained detailed up-to-date information about each person. There was evidence to show some people had been involved in their support plans, depending on

Summary of findings

their ability to communicate. However, some plans had not been drawn up to meet individual communication needs and this meant some people had not been involved or consulted. Staff told us a new and improved support planning system was about to be introduced and they were intending to involve people in this process. Prompt action had not always been taken to review, update and action care plans when necessary which meant some people may not have received the appropriate care.

The service was generally well-led. People told us they had confidence in the new management team to listen to any concerns or complaints and to take prompt action to address them. There were systems in place to monitor all routine tasks and make sure the service was running smoothly. However the quality audit process had not been effective in identifying or challenging the practices and issues we have raised in this report

We found a number of breeches of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).You can see what action we told the provider to take at the back of the full version of the report

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?

Requires improvement

The service was not completely safe. Risks to people's health and safety had been assessed and reviewed, although some risks such as falls had not been reviewed promptly after incidents occurred. Where people were at risk of choking specialist assessment and advice had been obtained, although this had not always been followed safely.

The provider had systems in place to make sure people were protected from abuse and avoidable harm. Staff were aware of how to recognise and report signs of abuse.

There were enough staff to ensure people received the support they needed. Thorough checks were carried out on new staff to ensure they were suitable for the job.

Medicines were generally stored and administered safely. Some procedures had not been monitored regularly, although the provider took prompt action to address this following our inspection.

Is the service effective?

Requires improvement

Some aspects of this service were not effective. People with poor communication skills had not always been involved or consulted in their care. Some people may have been at risk of their liberty being restricted or restrained because their capacity to make decisions had not been reviewed recently. Staff had not sought relevant advice or best practice agreement from relevant professionals for some people.

People saw health and social care professionals when they needed to. They received prompt care and treatment.

Staff received supervision and on-going training to make sure they had the skills and knowledge to provide care for people.

Most people received a varied and healthy diet that met their individual needs, although some people may have benefitted from greater variety.

Is the service caring?

Requires improvement

The service was not always caring. Although most people were treated with dignity in respect we found this was not the case for everyone.

People were supported to keep in touch with their friends and relations.

Is the service responsive?

Requires improvement

The service was not fully responsive. People's support needs had been assessed and reviewed and staff had access to detailed and up-to-date information about all aspects of each person's needs.

Summary of findings

Some people were not always involved in planning and reviewing their support needs. Support plans had been drawn up using text and a few symbols, but alternative communication methods had not been considered for those people unable to read text to enable them to have greater involvement in planning their support needs.

People were supported to lead active and fulfilling lives.

There were effective procedures in place to enable people to make complaints and to ensure these were listened to, investigated and acted upon.

Is the service well-led?

Requires improvement 

The service was not fully well led. Improvements to the quality monitoring systems had recently been made. Issues had been identified but actions to address them had not been fully completed at the time of this inspection.

There were clear lines of accountability and responsibility within the management team.

Records such as support plans and supervision records had been improved and were up to date.

Staff told us the management of the service had improved recently. They had confidence in the management team to ensure the service ran smoothly.

Lifeways Community Care (Exeter)

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 checked 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.

The inspection took place on 15, 20 and 24 April 2015. The first day of the inspection was unannounced. The inspection was carried out by one inspector. The purpose of the inspection was to check breaches in the regulations we found during our inspection of the service on 4, 7, and 8 August 2014 had been addressed. We also followed up on notifications of incidents and information of concern we had received since the last inspection. We found that actions had been taken to improve the service. Two compliance actions had been met for regulations 10 and 20. Despite improvements they were not yet fully compliant with regulation 23 – Supporting staff.

Before the inspection we looked at the information we had received on the service since the last inspection. The service had been subject to a whole service safeguarding investigation in November 2014 when a person suffered pressure wounds. Lifeways had failed to monitor the care the person had received adequately. During the investigations we were satisfied Lifeways had reviewed their procedures and that no other people were at similar risk of poor care.

Lifeways has notified us appropriately of incidents or accidents and we have been assured that they have taken appropriate action to reduce the risk of recurrence.

We visited three properties, one in Tiverton and two in Exeter and met five people who lived there. We also spoke with the registered manager, eight staff, and the quality assurance manager.

We observed staff interacting with people during our visits including those people who were unable to communicate verbally. After the inspection we spoke with one relative and one further member of staff.

We reviewed the records of care for five people received a personal care service. We looked at medicines stored and administered in people's homes. We checked to see how people were supported to manage their money. We looked at records relating to the supervision and training of staff. We looked at the recruitment records of two staff employed since our last inspection.

Requires improvement

Is the service safe?

Our findings

Risks to people's health were not always managed well in two shared houses. Assessments had been carried out on all potential areas of risk, such as the risk of choking, falls and the risk of pressure sores. Where incidents had occurred risk assessments had usually been carried out before and after the incidents, and staff had been made aware of the risks and any actions they needed to take. However, one person we met had recently fallen in their bedroom and suffered some injuries. They had been seen by a doctor promptly to ensure the injuries did not require further treatment. The risk of falling had not been discussed with them or reviewed promptly to consider the risk of further falls or any necessary action. We spoke with the registered manager who assured us they reviewed the person's falls risk assessment after our visit and they planned to refer the person for further medical assessment to consider any action that might be taken to reduce the risk of falls.

People at one shared house who were at risk of choking were not fully supported to understand how to reduce the risks. Staff were not following guidance provided by a speech and language therapists to help minimise people's risks. Where people were at risk of choking they had been assessed by a speech and language therapist (SALT) and advice on suitable food and drinks had been given. This advice was readily available to staff in each person's care file. However, two people regularly ate foods which were contrary to this advice and may place them at risk of choking. Staff told us they always observed these people while they were eating and drinking and were confident they were able to eat these foods safely. However, they agreed to seek further advice from the SALT team on the foods that may cause a risk of choking. After our inspection we spoke with a SALT therapist who confirmed the foods we had noted were unsafe. They told us they had provided training to staff in the past and had recently provided telephone guidance to staff.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014). Safe care and treatment.

We spoke with the registered manager who said they would make sure a member of the management team contacts the SALT therapist again for further guidance and training.

People were supported and provided with enough food and drink to ensure they were not at risk of dehydration or malnutrition. Where people were at higher risk of this, food and fluid charts were maintained. Staff were able to describe safe limits of food and fluids and the actions they should take if people had not eaten or drunk enough.

At our last inspection we found people were receiving a safe service. However, after that inspection we received information that indicated staff morale was low and staff turnover was high. We also received concerns that one person had become unwell and Lifeway Community Care (Exeter) had insufficient staff to meet their increased needs .They made arrangements for some shifts to be covered by other agencies but initially this was chaotic and had resulted in significant risks to the person's health and wellbeing because agency staff did not understand their care needs. During this inspection we met the person. They told us the number of staff employed by the Lifeways had improved significantly in the previous six months and this meant they now received support from a consistent staff team who knew them well. They told us "Things are now lovely." Since new staff had been recruited their care had improved, their health had improved and they were much happier.

Staff told us since staffing levels had increased they felt much more confident the service was able to meet people's needs safely. There was a much lower reliance on using staff from other agencies, although they still used staff from other agencies from time to time to cover shifts. They were in the process of recruiting more new staff and they expected the use of staff from other agencies will be further reduced.

Staff told us they were confident they could raise issues with management and their concerns would be listened to and addressed. Staff had received training on safeguarding at the start of their employment. They told us they would have no hesitation in speaking out if they had any concerns about possible abuse, neglect, or risk of harm to any person. They knew who to speak with and were confident their manager would listen and take appropriate action. There was a 'can do' attitude from all members of the staff team, including managers. Staff had been given details of a new whistle blowing hotline they could call in confidence if they had any concerns about the service people received.

People were supported by enough staff to meet their needs. Staff's work rotas were arranged so that people

Requires improvement

Is the service safe?

received assistance at the times they requested. Staff were flexible and willing to adjust their working hours to meet any requests from people for support on different days or times. The service managers had recently adjusted staff rotas to make sure people received most of their support from staff who lived locally. This had reduced the number of staff who regularly travelled long distances and meant the service was more efficient and reliable.

People were protected from the risk of abuse because safe recruitment processes were followed before new staff began working with people. This included completing Disclosure and Barring Service (DBS) checks and obtaining sufficient references, including from their previous employers to check on their experience and suitability for the post. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. Recruitment was carried out by local teams with specific local knowledge, in close co-operation with the local management team. There were effective systems in place to make sure the provider's recruitment procedures had been followed and new staff were entirely suitable for the post.

Medicines were generally managed safely in three houses we visited, however in two shared houses they were managed, stored and administered by staff. People were not fully supported to manage their own medicines where appropriate. In one house all medicines were stored in a locked cabinet in the staff sleeping-in room and in another house medicines were stored in a locked kitchen cabinet.

After the inspection the registered manager gave us information about training on safe administration of medicines showing that all staff had received this training.

Medicines were supplied in four weekly monitored dosage systems by a local pharmacy. The pharmacy also supplied medication administration records (MAR) printed with information about each prescribed medicine. The records had been signed by staff after administering. We saw a few unexplained gaps, for example some gaps were noted for one person whose care had been provided by staff from a different agency the previous day. A member of staff who regularly supported the person told us the person was able to tell them if they had not received their medication and therefore they were able to check that the medications had been given safely.

Where staff were responsible for managing people's creams they had not ensured they had a system of knowing when they should be disposed of. This meant creams that were no longer effective could remain in use.

In one shared house, amounts of medicines not supplied in four weekly blister packs had not been recorded or carried forward on the MAR sheets. This meant there was no system for monitoring stock levels. Some stocks were higher than necessary for the following months. We talked to staff about stock control including using stocks date order, stopping further prescription delivery or returning stocks. Staff told us they did monitor the stock levels, but there was no system in place for recording the checks. After the inspection we were given information to show they had taken prompt action to address the medicine administration issues we had found. The quality assurance manager showed us monitoring checklists that will be used by senior staff to make sure all aspects of medication administration and storage are carried out safely in future.

We looked at the way people were supported to manage their money. Where people were unable to manage their money safely Lifeways acted as their appointee for their benefits, savings and paying their bills. They also made sure people received the money they needed each week to pay for items such as food, transport, entertainment, clothing and personal expenses. When people wanted to buy items such as clothing there were safe systems in place to make sure people were able to spend their money as they wished. These included best interest agreements with relevant people who were able to make decisions on their behalf. Safe systems were also in place for handling cash on behalf of people. Receipts were retained and balances were checked and recorded. The registered manager told us that Lifeways were in the process of handing over responsibility for appointeeship to relatives where possible.

We recommend that the provider reviews their policies and procedures on the storage and administration of medicines in people's own homes in line with pharmaceutical guidelines.

We recommend that the provider reviews national guidance on how supported living services can support people to manage and keep their medicines independently if they choose.

Requires improvement

Is the service effective?

Our findings

Assessments had been carried out for some people who were at risk of their liberty being deprived or restricted and applications had been submitted to the Court of Protection for authorisation. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Where a person is being deprived of their liberty authorisation must be given by an appropriate authority. In this case the appropriate authority is the Court of Protection. However, during our inspection we met further people whose liberty may also have been restricted or deprived, for whom applications had not been submitted.

This was a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014). Safeguarding service users from abuse and improper treatment.

The registered manager told us they were aware more applications may need to be submitted and they were in the process of identifying these people through their support plan review process.

During our last inspection on 4, 7, and 8 August 2014 we found the service was in breach of regulation 23 because staff had not been supervised or supported adequately. Staff morale was low. During this inspection we found two new senior staff (known as the service manager and senior service manager') and six new team leaders had been recruited. They had begun to implement regular supervision sessions and staff meetings. Staff told us this had made a significant improvement to the effectiveness of the service. Staff morale had improved and staff were much happier and more positive in their work. Communication had improved and they could contact a member of the management team for advice or support at any time. They had confidence in the management team to address any concerns. They told us the new management team were approachable.

The frequency of staff supervision was being addressed and staff told us they had received at least one supervision in recent months. This was confirmed by the records of supervision we were shown. Comments from the staff included "Things are now lovely" "It's good – getting better" and "Things are a lot better." The registered manager told us they were in the process of ensuring all outstanding supervisions would be completed in the very near future. They planned to provide regular individual supervisions to each member of staff every three months in future.

Eighty seven staff were employed. Of these, 36 held, or were in the process of completing, a relevant qualification such as National Vocational Qualifications (NVQs) or diplomas. A training matrix showed that all staff had received training and updates on mandatory health and safety related topics. In the last year the number of courses attended by staff had increased, and there were plans for further improvements to the training in the coming year. This was confirmed by the staff we spoke with who told us the training had been relevant and interesting.

New staff received induction training at the start of their employment and there were plans to improve the quality and depth of the induction in the near future. The training consisted of classroom based sessions, computer based training, reading and observing experienced staff. Topics covered included safeguarding, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DOLS).

Staff offered people support and observed their responses to gain their consent before support was given. Support plans explained each person's capacity to make decisions about most aspects of their support needs. However, there were some practices that were that of a care home rather than a supported living service. For example, people had not be consulted about how their medicines would be managed and administered. Medicines were stored centrally rather than considering storing them in people's rooms. Staff were unsure how these decisions had been reached and they thought this had been decided some time ago and had not been reviewed recently.

Each person attended an annual health check with their doctor. Where signs of illness have been noted they had been seen by a doctor promptly. Care plans explained each person's diagnosed illnesses and also explained the support they needed to manage their illnesses. Staff confirmed people attended regular check-up such as dental appointments. However, we found that one person had attended an annual health check in January 2015 and this had identified the need for the person to be referred for

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Is the service effective?

a dental check-up, a cervical smear test and a mammogram but this had not been acted upon. This meant this person's health needs were not being monitored appropriately.

People were involved and consulted in meal planning and preparation as far as they were able. Staff had a good awareness of people's individual likes, dislikes and dietary needs. Most people received a varied and healthy diet, although we saw some variations. For example, one person told us staff knew what they liked to eat, and gave examples such as egg mayonnaise sandwiches and fruits they enjoyed. They also told us about the foods they ate when they attended a day centre and this demonstrated they ate a healthy and balanced diet to suit their preferences. However, in one house the records showed people had been offered pizza twice in one week. The people in this house had no verbal communication skills and therefore staff used their knowledge of each person's likes and dislikes when drawing up the weekly menu. The registered manager told us they had revised the meal plans after our visit to ensure people were offered greater variety and choice.

Care plans contained documents known as 'hospital passports' containing essential information about the person. This document was intended to be taken with the person if they required urgent hospital treatment to ensure information about the person was passed to other professionals.

Requires improvement

Is the service caring?

Our findings

Most of the interactions we observed between staff and people who used the service were caring, friendly and supportive. However, we saw a member of staff speaking to a person with complex support needs in a curt manner. The person was instructed to do things such as take their cup to the kitchen, or go to their room in a 'parental' manner. The person was not offered choices. Their care plan referred to their behaviour in a parental manner for example "I am well behaved when…" We discussed their support needs with the registered manager and with a senior member of staff. They explained how the person's behaviour could often cause offence to other people. They told us they had previously been advised by a professional to give the person clear boundaries, not to give choices, and to give short and clear instructions. However, this advice was not documented in their care records and had not been reviewed to ensure it was in line with current legislation or best practice. They had not sought specialist advice recently to help them consider ways of positively supporting the person in a more caring manner.

This was a breach of Regulation 10 (1)and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014). Dignity and respect.

After the inspection the registered manager confirmed they had referred the person to the local learning disability team to request a review of the person's support needs and to advise them on current best practice methods to support the person.

One person told us about the support they had received from the staff in the last year and how this had improved since permanent new staff had been employed. There were two staff who had supported them for many years and understood their needs very clearly, and we heard how these staff had demonstrated close friendship, empathy and caring for the person. They had supported them to complain when the service had been poor. The person was also very happy with the support they received from new staff recently recruited. They gave us a 'thumbs up' sign to confirm the new staff team were all caring, willing to listen, and understood their needs. One relative praised the staff team for the care they provided.

We also observed two staff supporting people in a gentle, positive and encouraging way. They were attentive, and offered each person choices. For example, a member of staff explained they were about to prepare the evening meal and asked "What do you fancy?" One person replied "Soup". The staff explained how the other person (who was unable to communicate verbally) made choices by pushing away the things they did not want, for example food or clothing.

A person we met had complex support needs and was unable to communicate verbally. The staff demonstrated a very good understanding of the person, the things the person liked, and the things that upset them. They explained how they supported the person to prevent them becoming distressed or harmed. The person's care plan also explained the person's needs in detail. This included information on how staff should support the person if they became anxious or agitated. Staff were encouraged to consider physical reasons such as pain, and if this had been ruled out, to offer reassurance, comfort, or to take the person out for a drive to help take their mind off things. There was detailed information on how to offer reassurance and comfort, and how to support the person with their personal care needs to help them maintain privacy and dignity.

Care plans explained how staff should communicate with people. For example, 'Please use speech to communicate with me. Use simple words and short sentences'. The plans also explained how people wanted to be comforted or reassured, for example, 'Usually I prefer not to have people touch me. If I want touch I will come to you and stand close – I like you to put your arm around me for a short while.' During our inspection staff were sensitive to each person's individual need for personal space. Where people needed support to move around the house safely staff did so gently and respectfully.

A relative told us they had been concerned about lack of communication by the provider in the past, particularly around the restructuring of the organisation as this had resulted in many staff leaving the organisation. The quality of the support people received had suffered as a result but this had improved again in recent months and they said "The care is now fine. The staff are excellent." However, they were not confident that the organisation will involve or inform relatives about important changes to the organisation in future. The registered manager told us they had received other similar concerns from relatives and they were taking action to ensure communication is improved in

Requires improvement

Is the service caring?

the future through newsletters and telephone contact. They were also mindful of those people who were able to make decisions and said they had to consider if it was always appropriate to involve relatives.

Requires improvement

Is the service responsive?

Our findings

People were not always supported to be involved in drawing up their care plans. Each person had a support plan that gave detailed information about all aspects of their care and support needs. Page two of each plan was entitled 'How I was involved', and the form asked 'Was I asked to help?' Where people had good communication skills the documents showed they had been involved and supported in the development of their plans. However, for most of the plans we looked at the answer to this question was 'no' and the reasons given were 'not enough capacity to understand'. However, elsewhere there were statements such as 'I verbally communicate and understand simple, clear speech'. This meant the person may have had capacity to be involved to some extent in drawing up their support plan if suitable communication tools had been used.

Pictures were used in the headings of each section, but no further use had been made of suitable tools such as photographs, audio or visual aids to help people understand and be involved in the support plans. Families or relevant professionals had not been asked to help drawing up the support plans, even though there were statements such as "My relationship with my mother (is important to me)". At our last inspection we found support plans were available in text, diagram or symbol versions according to individual communication needs. However, four people we met during this inspection had limited communication skills but their support plans had been drawn up using text.

This was a breach of Regulation 9 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014). Person-centred care

We discussed the development and review of the support plans with the registered manager and senior staff. They told us the support plans we had read during our last inspection had been out of date and care records were poorly organised. Their priority had been getting the information in the support plans up to date and in sufficient detail to ensure staff had all the information they needed to meet each person's needs. At the time of this inspection they had completed all of the reviews of care plans and the information was up-to-date. They were planning to introduce new support plans in the near future and they expected this to be a fairly straightforward process of transferring computer records from the current support plans to the new ones. They planned to involve people and their families or representatives in the review of the support plans once this process of transferring the information to the new support plan format has been completed.

The registered manager told us they regularly contacted relatives of those people who required support to communicate with families and friends. After the inspection we spoke with one relative who confirmed they had spoken with the registered manager twice in the last year.

Each person's social, work and learning needs had been assessed, and staff supported them to lead active lives doing the things they wanted. One person we met regularly attended a day centre and they talked about some of the things they enjoyed doing there. Workmen were in the process of creating ramped access to their home to make it easier for them to go out, or to use the garden. Other people attended day centres, social clubs, pubs, restaurants and other activities in their local communities. One person we met had chickens in their garden they enjoyed caring for, and some enjoyed walks or car rides. Staff told us about the things people enjoyed doing when they were at home, including listening to music, singing, playing games or watching television. This was also documented in their support plans.

The registered manager gave us information about the complaints they had received and how these had been investigated and addressed. We were satisfied these had been addressed satisfactorily. A person we met told us they were confident they could raise any complaints or concerns and explained how they would do this. They were confident any complaints they made to staff would be passed to the management team to be addressed. However the complaints policy was in a written format which may not suit everyone's communication needs.

Requires improvement

Is the service well-led?

Our findings

The management of the service had improved since the last inspection. Issues we had found at the last inspection had been, or were in the process of being addressed. Whilst it was clear things had improved and they had identified areas for further improvement, they had not shown they had sustained the improvements yet or that their systems were proven to be fully effective. During this inspection we looked at the way four people with little or no verbal communication were supported. We found some practices had been carried on for many years without question, for example medicines were held centrally by staff instead of supporting people to hold and manage their own medicines. We also identified some people were placed at risk due to care staff not following guidelines. Since our last inspection the quality monitoring process had been strengthened and improved. The quality monitoring team carried out detailed checks and monitoring processes on all areas of the service provision. However the quality audit process had not been effective in identifying or challenging the practices and issues we have raised in this report.

Records had been improved since our last inspection. Information in each person's support plan had been reviewed and updated and they had taken action to ensure the same information was available in the agency office as was held in each person's home. This meant the management team and on-call staff had access to up-to-date information at all times. However prompt action had not always been taken to review, update and action care plans when necessary.

During this inspection comments from staff included "Things are a lot better" and "It's brilliant". A person who used the service told us that problems they had experienced in 2014 had been addressed by the new management team and they were very happy with the service they were receiving.

The registered manager also covered the Plymouth branch of Lifeways Community Care. Since our last inspection the management structure had been strengthened, with new service managers and team leaders recruited. Management tasks such as recruitment and supervision of staff had been delegated and there were systems in place for the registered manager to check on a weekly, monthly and annual basis to make sure that all delegated tasks were completed satisfactorily. For example, recruitment had been delegated to the service managers. the registered manager carried out checks on the recruitment procedure for each new staff before signing to agree that new staff could be offered employment.

Surveys were sent each year to people who used the service and their relatives to gather their views on the service. The surveys for people using the service were in easy read format. We were shown the results of the 2014 survey which showed the responses from six people who used the service of the 2014 survey were positive. There were some negative comments by relatives, mainly relating to poor communication by the service. The registered manager told us they had improved their communication with relatives since the survey was carried out. A relative told us "Communication has got better in the last couple of months."

Staff told us they were able to raise issues, or make suggestions about the quality of the service to the new management team, either through supervision sessions, team meetings, or through other contact with the management team. They told us communication had improved and they felt involved and consulted. Lifeways Community Care Limited also produced quarterly newsletters for people that used their service and for staff.

Team leaders, service managers and the registered manager all carried out daily, weekly and monthly monitoring checks and the information from these was passed to the quality monitoring team which was in turn passed to the provider. The checks were carried out by completing comprehensive workbooks which covered all aspects of the management of the service. We saw evidence to show that the provider took action promptly to address issues in each branch. Action plans were drawn up and the provider checked to make sure these were completed satisfactorily.

The quality monitoring process also involved visiting each house and meeting the people who lived there and the staff who worked there. A member of staff told us they had met with a quality assurance manager who visited a house where people they supported lived. They told the quality assurance manager about the things they were concerned about. They were satisfied that actions had been taken. The quality assurance manager showed us how they had identified areas that required improvement and actions

Requires improvement

Is the service well-led?

they had taken to address them. Actions had included improvements to the support planning systems, and the provision of a new centralised computer system to streamline information systems.

A group of people who used services provided by Lifeways throughout the country (known as the Quality Focus group) had drawn up a questionnaire to be completed prior to an annual audit being carried out by somebody from the Quality Team. The aim was for the form to be completed by people who used the service. The form had been drawn up using text. The form covered a wide range of questions about the service including questions about the complaints system. If people needed additional support with completing this service review, staff were advised to help the person identify the most suitable person to offer this e.g. a member of their family, a friend, an advocate, or a member of staff. People were told the overall results of the audit by letter using pictures as well as simple text.

Where the audit had identified things that needed improvement the letter explained they had drawn up an action plan. However, it did not give any detail about their findings or the things they planned to do.

The registered manager told us about plans to provide more opportunities for people who used the service, and they were exploring ways of making this happen, for example through the creation of a foundation.

Staff meetings and management team meetings were held regularly. This meant staff were able to raise issues around working practices such as rotas, recruitment, and good practice.

Accidents and incidents were recorded and seen by the registered manager, area manager and head office. The information was analysed to highlight any trends or patterns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment People were not adequately supported to make decisions about their support or treatment needs that were in their best interests in accordance with the Mental Capacity Act 2005. This was a breach of regulation 13(5) HSCA (RA) Regulations 2014

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People were not adequately supported to draw up and agree an assessment of their needs or to support them to express their preferences. This was a breach of regulation 9 (3) HSCA (RA) Regulations 2014

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Risks to people's health were not always reviewed promptly after incidents occurred. Advice from specialist health professionals on how to reduce risks such as choking was not always followed effectively. This was a breach of Regulation 12 (1) (2) (a), (b) and (h)

Regulated activity	Regulation
Personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

This section is primarily information for the provider

Action we have told the provider to take

Some people did not always receive support in a respectful, caring or dignified manner. This was a breach of regulation 10 (1) and (2) of the HSCA (RA) Regulations 2014