

Lifeways Community Care Limited

Lifeways Community Care (Poole)

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 ●

Summary of findings

Overall summary

About the service

Lifeways Community Care (Poole) is a supported living service for adults with a learning disability in Poole, Bournemouth, Christchurch, Sherborne and Hampshire. At the time of the inspection it was providing personal care to 11 people in their own homes. The main office is in Poole.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

People and relatives expressed confidence they or their loved one were safe from abuse and avoidable harm. People had enough staff working with them who understood their support needs, both employed and regular agency staff. The management team ensuring all overdue staff completed their outstanding online training.

People told us they liked and felt comfortable with their staff. Staff recognised the importance of treating people respectfully, upholding their privacy, dignity and independence. The way they spoke about people reflected this. Staff recognised people should have every opportunity to make choices, with support if necessary, even if they could not verbalise these.

People and relatives praised their or their family member's care. People had thrived with support from staff they knew and trusted. Staff felt supported, including through training and supervision. The service worked collaboratively with people's health and social care professionals. People got the support they needed to manage their health.

Support plans were comprehensive, personalised and up to date. Staff encouraged and supported people to keep in touch with their family and friends. People received support to pursue hobbies and interests, and to take part in education and work. People told us about holidays they had been on or were planning, with support from staff.

People, relatives and staff were confident in the leadership of the service. There was an open culture with an emphasis on person-centred support. There were regular audits to check the quality of care and support provided and identify areas for improvement. People and relatives regularly spoke with managers to give their view of the service. They said they would feel comfortable to raise any concerns.

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

Rating at last inspection

The last rating for this service was good (published 5 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lifeways Community Care (Poole)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, so they can live as independently as possible. Some of these are flats in a complex of supported living housing, while others are individual houses and flats that people were renting. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with CQC, which is a condition of the provider's registration. Having a registered manager means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The last registered manager had left the service and had applied to cancel their registration in October 2019. A replacement manager was in post and had commenced the process of applying to register as manager.

Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 20 February 2020 and ended on 19 March 2020. We visited the office location on 20 February and 4 March 2020.

What we did before the inspection

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

During the inspection

We met six people who used the service and spoke with two of them, and with a relative, about their experience of the care and support provided. We spoke with three support workers, a manager for the service in one of its localities, the office manager, the manager of the service overall and the area manager.

We reviewed six people's care records including their medicines records, two staff files and a variety of records relating to the management of the service. These included complaints and compliments, safeguarding records, quality information and management reporting.

After the inspection

We had telephone calls with two relatives, who provided their views of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt they or their loved one were safe and well supported.
- Staff received training about safeguarding adults and understood signs that might indicate abuse. They knew the procedures to follow if they had concerns about possible abuse.
- There were suitable safeguarding policies and procedures in place. These were readily available to staff.
- When appropriate, referrals were made to the local authority safeguarding teams to help keep people safe.

Assessing risk, safety monitoring and management

- People were supported to take positive risks to enrich their lives and to increase their independence. For example, some people had got more involved in preparing meals. People had started new hobbies such as baking and cycling.
- Risks for people were assessed and managed in the least restrictive way possible. Risks were documented in people's support plans, with clear guidance for staff about how best to provide support.
- Risks were assessed in relation to all aspects of people's care and support. This included mobility, behaviour that could challenge others, and health conditions. Staff had a good understanding of people's risks.
- People's home environments were also risk assessed. People had personal emergency evacuation plans, which detailed the support they would need in event of a fire or similar emergency at home.

Staffing and recruitment

- The provider followed safe recruitment practices to ensure staff employed were suitable for the role and not barred from working with adults in a care setting.
- People had enough staff working with them who understood the support they needed. This included both employed and regular agency staff.
- Staff vacancies existed in some parts of the service, and these were covered with agency workers. There were ongoing efforts to recruit suitable staff. A staff member commented that they tried as best they could to provide a lot of the cover that was needed themselves, so the person they supported had a more stable staff team.
- Staff, including agency workers, who were new to working with particular people had an induction and shadow shifts with them first. This gave people and staff a chance to get to know each other.
- Staff had the training they needed to work safely and effectively. This included safety-related topics such as protection and safeguarding, fire awareness, manual handling and health and safety.
- Some staff refresher training was overdue. The management team were taking steps to ensure all overdue

staff completed their outstanding online training.

Using medicines safely

- People's support plans set out what assistance they needed with their medicines, both regular medicines and those taken as and when required. People had their medicines when they needed them, in ways that suited them.
- Staff who handled medicines were trained and assessed as competent to do so.
- There were frequent checks to ensure medicines were administered as prescribed and were recorded correctly.
- Systems were in place to flag up any medicines errors and take the appropriate action, such as additional staff training and competency checks.

Preventing and controlling infection

- Staff received training in food safety and infection control.
- Personal protective equipment, such as disposable gloves and aprons, was available for staff, who knew how and when to use this.

Learning lessons when things go wrong

- Managers reviewed accidents and incidents to identify any patterns and measures to prevent reoccurrence. Where necessary, procedures were changed as a result of an adverse incident.
- Any learning from these adverse events was shared with staff through team meetings, supervision and general communication as appropriate.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People and relatives told us they were pleased with their or their family member's care and support. Comments included: "From my point of view, it's absolutely brilliant", "He's very well looked after" and, "[Person's service manager] has really transformed everything".
- People had thrived with support from staff they knew and trusted. For example, a person who previously had few interests was now active with a range of their chosen outside activities and enjoyed helping organise social gatherings. They and others had developed skills that enabled them to be more independent.
- People's needs were assessed holistically and formed the basis of their personalised support plans. They were kept under review as part of the care planning process, to ensure the service was continuing to provide suitable support.
- Assessments and support plans were consistent with current legislation, standards and good practice.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported through training and supervision. A support worker praised the service's "amazing trainer", who they said made even the less interesting topics fun and that they always learned something new.
- Staff did much of their core and refresher training online through the provider's training portal. A support worker explained staff could request additional training also and that there was a range of interesting training online: "Anything you want, it's there".
- New staff who did not have qualifications in health and social care were expected to complete the Care Certificate. This represents a nationally agreed set of standards for health and social care work. It was covered in the provider's induction.

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

- People were involved in choosing, shopping for and preparing their food and drink.
- A person who used the service told us they were pleased with the significant weight loss they had achieved over the last couple of years. The person had received advice from a dietitian. Staff had supported them by ensuring they had healthy options to choose from and treats in moderation.
- Support plans included details of people's dietary needs and preferences and any risks related to eating and drinking. Staff were knowledgeable about the support people needed. This included people at risk of choking, for whom speech and language therapists had devised safe swallow plans that specified the texture of the food and drink people should have.

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

- Staff monitored people's health and any concerns were referred promptly to the appropriate health professionals, such as GPs and community learning disability professionals.
- A person who used the service told us they were pleased to have received the all clear after being seriously ill and having hospital treatment. This had entailed the service working collaboratively with the person's health professionals.
- People had health action plans and care passports, which clearly set out what would be important for paramedics and hospital staff to know about the person if they needed emergency care or an admission.
- People had care plans for long term conditions such as epilepsy. Care records also contained relevant information from people's health professionals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Care and support were provided with people's consent, if they were able to give this. Staff had a good understanding of their role in supporting people's rights to make their own decisions wherever possible.
- Some people's learning disabilities affected their ability to make decisions about their care and support. Mental capacity assessments, and where people lacked capacity best interests decisions, were undertaken and recorded in line with the MCA. Examples of mental capacity assessments and best interests decisions related to medication and wearing a lap belt in a wheelchair.
- The management team had identified where people were deprived of their liberty. They had correctly raised this with the commissioners of those people's care who would make the necessary applications to the Court of Protection to authorise the deprivations of liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked and felt comfortable with their staff. They talked about their staff by name and had a good rapport with the staff we met. Similarly, a relative told us how they were on first name terms with their family member's staff.
- The service's regular staff knew people well and understood their preferences. People had known some staff for many years but had also got to know staff who had joined more recently. The service had had to use agency staff to cover staff vacancies in some areas, but wherever possible these were staff who regularly worked with those people.
- Staff recognised the importance of treating people respectfully. The way they spoke about people reflected this.

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

- Staff recognised people should have every opportunity to make choices, with support if necessary, even if they could not verbalise these.
- People told us about choices they made, such as about menus, activities and how their home would be decorated. A person who liked to have a weekly takeaway discussed with their support worker what sort of meal they were going to have that evening.
- A support worker explained how a person, who did not speak, would not eat something if they did not like or want it. At lunchtime, they therefore offered the person something they knew they liked, and if the person rejected it, would try something else.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and upheld people's privacy and dignity. For example, everyone we met wore clean, well-fitting clothes they looked comfortable in. Throughout our conversations, staff described how they promoted people's privacy and dignity, such as remembering they were in the person's home and respecting it accordingly.
- Support workers and managers recognised the importance of promoting people's independence, particularly as many people who used the service had spent years in institutional care. A support worker commented, "It would be much easier for us to do things for [person], but that's not giving him a sense of achievement."
- There were multiple examples of people developing independence. Using a piece of special equipment, a person had started walking again after 15 years. Staff told us the person had previously not been involved in food preparation and had not fed themselves. We saw them make a sandwich with assistance from staff and

pick it up themselves to eat.

- Personal records were stored securely and only accessed by staff who understood they must keep the information confidential.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support plans were comprehensive, personalised and up to date. They reflected people's involvement in planning care and support, highlighting what was important to them and what they wanted to achieve.
- Staff knew about people's life histories and understood their likes, dislikes, strengths and areas in which they needed assistance. This helped staff provide care and support in a way that suited people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Assessments considered people's sensory and communication needs, which were detailed in their support plans. For example, a person-centred plan highlighted the person's visual impairment and the support they needed with this.
- Where people did not communicate verbally, their support plans set out how they communicated and how staff should support them with this. For example, a support plan reminded staff that a person had a communication passport that set out the gestures and signs the person used.
- Staff had a good understanding of people's communication styles and the support they needed with communication.
- One person's emergency summary of care needs, for sharing with ambulance or hospital staff, did not highlight their visual impairment. The management team said they would ensure such information was always included in future.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received support to pursue hobbies and interests, and to take part in education and work. A person talked about how they enjoyed their voluntary work at a charity shop. They had told staff they would like a job and staff supported them to find one. This person described a range of other activities they regularly enjoyed.
- Even where people could not tell us themselves, staff described how they supported them to take part in hobbies, community events and trips out. There were photos of people enjoying themselves on these occasions.
- One person liked to be involved in organising and running social events where they lived, such as a summer barbecue. They also made a point of visiting other people who used the service who lived nearby,

which staff supported.

- People told us about holidays they had been on or were planning. Staff supported people to prepare for and go on holiday. A support worker talked about currently researching accessible venues for someone to have a holiday.
- People took part, as they were able, in everyday activities that were necessary to daily life. For example, we met someone who was getting ready to go out with their support worker to do their weekly supermarket shopping.
- Staff encouraged and supported people to keep in touch with their family and friends. People talked about going out and seeing friends and relatives or having them visit. A support worker told us how staff supported a person to visit their elderly parent who lived in a different part of the country.

Improving care quality in response to complaints or concerns

- Details of how to raise a complaint were provided to people and their families.
- People and relatives told us they would feel comfortable to raise a concern if they had one.
- Complaints had been acknowledged and addressed promptly, in line with the provider's complaints procedure.

End of life care and support

- No-one was at the end of their life during the inspection.
- The service had, during the past year, supported a terminally ill person at home through the final days of their life. Staff had liaised with the person's health and social care professionals, including the palliative care team, to ensure they were receiving all the care and support they needed for a comfortable and peaceful death.
- Each person had an end of life plan, which formed part of their person-centred plan. This was based on discussion with them and their family about their wishes for the end of their life and in the event of their death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff expressed confidence in the way the service was run.
- The service had an open culture and placed importance on care and support being tailored to the person.
- Staff we spoke with were content in their work. They were positive about the management team and the culture of the service. Comments from staff included: "We're quite open and transparent here, we feel like people", "We all respect each other. They [managers] really do care about the clients", "[Manager] is always at the end of the phone or in the office, and there's always someone about to talk to", and "[Manager] is one of the best service managers".
- The management team had regular contact with people who used the service and staff. People knew the manager of their service by name and were comfortable with them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team recognised and honoured their duty to be open and honest with people and their families about anything that had gone wrong with a person's care and support.

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

- The previous registered manager had left the service. They had recently been replaced by a new manager who had started the process of applying to register with CQC.
- The new manager and their manager, the area manager, were both recently appointed. They were clear about what their roles entailed. This included producing monthly management reports to support the provider's oversight of the service.
- There were regular audits by managers within the service and by the provider to check the quality of care and support provided and identify areas for improvement. Issues arising were included in an action plan, which was monitored to ensure improvements were made.
- Staff understood their responsibilities. They had regular supervision meetings with their line manager to discuss and receive feedback on their work.
- Lessons had been learnt regarding data security. The service had devised a clearer procedure for sharing information with other providers who were taking over someone's care. This clarified how it should share documents with the new provider, and which records it should retain.
- The service had otherwise met legal requirements, such as notifying CQC of certain significant events, such

as safeguarding referrals.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives had regular conversations with managers to discuss what they thought of the service and the support they or their loved one received. There were also team meetings for staff in localities. A support worker commented that at their monthly meetings, they "talked then and there" about any issues. This all helped managers keep abreast of any issues in the service.
- The service was involved with the provider's co-production programme, and had hosted forums for people, families and staff in the past year. Co-production is about people and families having a say in the service and working together with the provider, as equals. There was a co-production ambassador, who used the service; they represented the views of others and worked on getting people interested in co-production. The co-production champion fulfilled a similar role from the perspective of staff.
- An annual satisfaction survey was sent out to people and their families. The 2020 survey had recently been issued. The results from 2019 were mostly positive, any negative comments prompting an explanation from managers and action as appropriate.
- Some people who used the service took an active part in staff recruitment interviews for staff to work with them.
- The service worked collaboratively with health and social care professionals to help ensure the best possible outcomes for people.