

Lifeways Community Care Limited

Lifeways Community Care (South London)

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

We inspected Lifeways Community Care (South London) on 8 and 9 June 2016. The inspection was announced 48 hours in advance because the service provides care to people in their own home and we needed to be sure the registered manager would be available to speak to us.

At the previous inspection in June 2015 we found breaches of the legal requirements in relation to how the provider assessed people's needs, supported staff and managed the service. We asked the provider to send us an action plan setting out how they intended to make the required improvements. These actions have been completed. The necessary improvements have been made and the provider is now meeting the relevant requirements.

Lifeways Community Care (South London) is a service which provides personal care to adults with a physical and/or learning disability who live in London and the South East. At the time of our visit there were 45 people using the service, many of who had complex health and communication needs.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were safe. Staff had good knowledge about how to identify abuse and report any concerns. People had risk assessments which gave staff sufficient information on how to manage the risks identified.

Staff arrived on time and stayed for the allotted time. Staff were recruited using an effective procedure which was consistently applied.

There were appropriate arrangements in place for the ordering, storing, administration and recording of medicines. People told us they received their medicines safely.

Staff knew the people they were caring for well and people were satisfied with the quality of care they received. People's care plans were up to date and reflected their current needs.

Staff were supported by the provider to deliver effective care through induction, regular training, supervision and appraisal. The registered manager and staff understood the relevant requirements of the Mental Capacity Act 2005 and how it applied to people in their care. Staff felt supported by the registered manager and understood their roles and responsibilities.

Staff supported people to have a nutritious, well balanced diet. Staff worked with a variety of healthcare professionals to support people to maintain good health. People had up to date health action plans and

hospital passports.

People told us that they were treated with respect and staff were kind and caring. People were supported to be as independent as they wanted to be. People felt able to contact the service's office to discuss their care.

The registered manager had worked in the adult social care sector for many years. She understood what was necessary to provide a quality care and had acted on feedback from external organisations to improve the service.

There were systems in place to assess and monitor the quality of care people received which identified areas of the service which required improvement. Where areas for improvement had been identified an action plan was in place which staff implemented.

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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.

The risks people faced were adequately assessed and managed. The service had policies and procedures in place to minimise the risk of abuse which staff were familiar with. Staff had good knowledge about types of abuse, how to recognise it and who to report their concerns to.

Staff arrived on time and stayed for the time allocated. Staff were recruited using effective recruitment procedures. People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

The provider supported staff through induction, regular relevant training, supervision and appraisal.

The registered manager and staff understood the main principles of the Mental Capacity Act 2005 and knew how it applied to people in their care. People were supported to attend healthcare appointments and maintain good health.

People were supported to have a nutritious, balanced diet and sufficient amounts to eat and drink.

Is the service caring?

Good ●

The service was caring.

Staff were caring and treated people with kindness and respect. People received care in a way that maintained their privacy and dignity.

People felt able to express their views and were involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People were satisfied with the care they received. People received care which met their needs.

People were given the opportunity to make suggestions and comments about the care they received which staff used to improve the quality of care.

Is the service well-led?

Good ●

The service was well-led.

There were systems in place to regularly monitor and assess the quality of care people received.

We saw evidence of learning from concerns raised and that concerns were acted on.

Lifeways Community Care (South London)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise is adults living with a physical disability.

As part of the inspection we reviewed all the information we held about the service. This included routine notifications received from the provider, safeguarding information and the previous inspection report.

We looked at six people's care files and six staff files which included their recruitment, supervision and training records. We looked at the service's policies and procedures. We spoke with six people using the service and two of their relatives, five staff members and representatives from two local authorities which have regular contact with the service. We also spoke with the registered manager about how the service was managed and the systems in place to monitor the quality of care people received.

Is the service safe?

Our findings

At our previous inspection we found that the arrangements in place to enable staff to protect people from avoidable harm required improvement and some people's risk assessments were not up to date.

During this inspection we found that care was planned and delivered to protect people from avoidable harm. Staff arrived at the time they were due and stayed for the time allocated. People had individual risk assessments and care plans gave staff detailed information on how to manage identified risks such as, how to support people safely in the community. People's risk assessments were conducted in a way which helped to ensure their safety whilst respecting their right to independence. The risk assessments we saw covered a range of daily activities and their associated risks including risks posed by people's environment, going out into the community and the risk of financial abuse. We saw that where there was a change in a person's circumstances their risk assessment was reviewed or a new risk assessment conducted.

Equipment used to support people was checked during the risk assessment process to ensure it had been serviced recently and was in good working order. Before staff used equipment they were required to check the equipment and whether it was safe to use. Service managers regularly visited people's homes to help ensure staff were taking account of people's risk assessments in the way they provided care.

People told us they felt safe. One person told us, "I am safe." People were protected from abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The service had policies and procedures in place to guide staff on how to protect people from abuse. The provider's safeguarding policy set out staff responsibility to prevent and minimise the risk of abuse. Staff had been trained in safeguarding adults and demonstrated good knowledge on how to recognise abuse and report any concerns.

Staff told us they would not hesitate to report another staff member if they had any concerns about their conduct when supporting people. Records indicated that staff knew how to and did report concerns regarding their colleagues conduct when appropriate. Where allegations of abuse had been made, the service took appropriate steps internally and fully cooperated with the investigating authority. The provider made appropriate referrals to local authority safeguarding teams and supported people through the safeguarding adults process.

There were systems in place to help keep people safe in the event of an emergency. People's care files contained "missing person information" for staff and the emergency services should a person not return home when expected to. People also had personal emergency evacuation plans to enable staff to support them to leave their home as safely as possible in the event of an emergency such as, fire.

Staff assessed people's needs before they began to use the service. The number of staff required to deliver care safely to people was also assessed. There was a shortage of permanent employed staff and the provider was in the process of recruiting more permanent staff. In the meantime, agency staff were used to support people which meant that there were a sufficient number of staff to help keep people safe.

The provider operated an effective recruitment process which was consistently applied. Appropriate checks were undertaken before staff began to work with people. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant's previous employers which commented on their character and suitability for the role. Applicant's physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

There were appropriate arrangements in place for people to receive their medicines safely which staff followed consistently. People's care files had detailed information on the medicines they were taking, what they were for, possible side effects and how and when they should be taken. The provider had a medicines management policy which gave staff detailed guidance on how to safely support people to take their medicines. Staff were familiar with the policy and gave examples of how they followed the policy day-to-day. Staff had been trained in medicine administration and there was a system in place to check staff competency to do so. Staff were required to complete medicine administration record charts. The charts we reviewed were up to date and fully completed. There was a system in place to ensure that staff were aware when people's medicines were due to be reviewed by their GP. These measures helped staff to support people to take their medicines safely.

Is the service effective?

Our findings

At our last inspection, we found that the provider was not adequately supporting staff through regular training, supervision or appraisal.

During this inspection we found that staff were supported by the provider to provide effective care. Staff were required to complete mandatory training as part of their induction. Thereafter, staff received training in the areas essential to their role. This included areas such as infection control, safeguarding adults, treating people with dignity and respect and the safe administration of medicines. There was a system in place to enable the registered manager to identify staff training needs. Staff who were due training were sent invitations to and reminders for training to minimise the risk of them missing essential training..

Records indicated that staff attended supervision meetings and "job chats" with their line manager where they discussed issues affecting their role, their professional development and were given guidance on good practice. Individual staff performance was reviewed during an annual appraisal. At team meetings staff were updated on developments within the service such as staff recruitment and discussed ideas on how the care they provided could be delivered more effectively. The provider supported and encouraged staff to obtain further qualifications relevant to their role.

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 people lack mental capacity to take particular decisions, any made on their behalf must be made in their best interests and as least restrictive as possible. We saw that best interest meetings were held as required.

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. Any application to do so must be made to the Court of Protection. We checked that the service was working within the principles of the MCA. Staff understood their responsibilities under the MCA and knew how it applied to people in their care. They demonstrated a good understanding of the importance of gaining people's consent to the support they received and what they should do if they had any concerns about people's capacity to do so.

People received the support they needed in relation to nutrition and hydration. Records demonstrated that staff assessed the support people required to eat and drink as part of the assessment process before they began to use the service. For example, some people's assessment stated they required support with the preparation of their meals. People's preferences were catered for. One person told us, "They help me to prepare the things I like to eat." Staff knew what represented a balanced diet and told us how they encouraged people to eat and drink healthily where appropriate.

Staff supported people to maintain good health and have access to healthcare services. People were supported to attend their healthcare appointments and outcomes from these visits were documented. Changes or additional support needed as a result of these visits were communicated between staff. Staff

were in regular contact with people's GP's and specialists and people had regular well-person checks. Staff promptly involved the relevant healthcare professional where there was a change or deterioration in a person's health.

People had health action plans. Health action plans are personalised plans which give people information about how to achieve and maintain good health and the help available to do so. People also had hospital passports. These gave healthcare professionals information on the person, what was important to them, their personal preferences and routines, and how best to communicate with them. This helped to ensure that people received person-centred care when attending hospital appointments.

Is the service caring?

Our findings

People spoke fondly about the staff and told us they were kind and caring. Comments included, "I am happy with them. [The staff member] is really nice" and "I like [the staff members]". A relative told us, "[The person] and I am happy with the current carers."

Many of the staff had worked at the service for several years. They had a positive attitude to their work and enjoyed working for the service. One staff member told us, "It's not easy but I enjoy my job." Staff spoke about people in a caring and respectful manner. A senior staff member commented, "I'm proud of the fact that we work well as a team and go above and beyond for service users."

The provider had a dignity and respect policy which people had contributed to. The policy stated the standard of conduct expected from staff when attending people's homes and when interacting with people. Staff respected people's wishes and privacy. Staff were able to describe how they maintained people's privacy and dignity for example, by not unnecessarily exposing people while they were being supported with their personal care. One person told us, "They treat me good." A relative told us, "The carers are respectful to [the person] and to us when we've had any dealings with them."

People told us and it was evident from their care plans that people who were able to, were involved in their needs assessments and in making decisions about their care. Staff had good knowledge of people's care plans and knew the people they were caring for well. They were able to tell us about their life histories, important relationships and health conditions. Staff knew people's routines, dislikes and preferences and this contributed to people receiving consistent care and feeling they mattered. One person told us, "[The staff members] knows what I like." Services managers visited people's homes and observed staff interaction with them to assess staff competency in how they maintained people's dignity and privacy.

The provider ensured people were given information to help them understand the care and support choices available to them before they started using the service. People told us they had been given a booklet about the service which helped them understand what they could expect from the service. People and their relatives knew how to make contact with the service manager and office staff if they wanted to discuss their care plan or make a change to it.

People were supported to be as independent as they could and wanted to be. Care plans contained information about people's level of dependency and stated whether people needed to be prompted or assisted. Staff were encouraged to prompt people to do as much for themselves as they could, to enable them to retain control and independence over their lives.

People's values and diversity were understood and respected by staff. Where a person had requested staff who understood their culture and who could speak the same language, this was arranged by the service. People were supported to eat meals which reflected their preferences and cultural backgrounds.

There were arrangements in place which enabled people and their relatives to express their views. People

who were able to had the opportunity to raise issues about their care plan during care plan reviews and an annual survey. The service supported people to access information relevant to the care they received and in order to make decisions about their care. Where necessary, people had access to documents in an easy read format. Many people had relatives who were regularly in contact with the service and some acted as their advocates. An advocate is a person who is independent of the service and helps people to express their views or speaks on their behalf.

Is the service responsive?

Our findings

At our last inspection we found that the care planning process needed to improve.

During this inspection people and their relatives told us they were involved in the care planning process. People's needs were assessed before they began to use the service and reviewed thereafter. People's assessments considered their personal targets as well as their dietary, social, personal care and health needs. People's specific needs and preferences were taken into account in how their care was planned. People received person-centred care. Care plans had special instructions for staff on how the person wanted their care to be delivered, what was important to them and detailed information about how to meet people's individual needs. For example, people who required support to maintain a healthy weight had a plan and goals set out in their health action plan. People who had displayed behaviour that challenged others had behaviour support plans. These measures assisted staff to deliver appropriate care.

People told us that staff provided care that met their needs and that they were satisfied with the quality of care provided. People told us, "I'm happy with the way [staff members] look after me" and "I'm alright."

People were supported to follow their interests, go out as often as they wished and spend time day-to-day in the way they preferred. One person told us, "I like going out and I go out every day." Another person told us, "I like to go to college and shopping and I go every week". The way people spent their time reflected their age, gender and culture. Staff supported people to keep in touch with the people who mattered to them most. We saw evidence that people were supported to visit their relatives and contact them by telephone. This helped to ensure that people did not become socially isolated.

People who were able to and their relatives had opportunities to give their views on the care provided during annual surveys and at review meetings. Some people who lived in close proximity to each other met their service manager as a group to give feedback and discuss how the service could be developed. Relatives told us they were given the opportunity to make suggestions and comments directly to the service manager and that they had done so.

The provider had an effective complaints procedure which required senior staff to log, investigate and respond to complaints in a timely manner. Records indicated that when a complaint had been received, the provider had consistently followed the procedure. The service gave people and their relatives information on how to make a complaint. People told us they knew how to make a complaint and would do so if the need arose.

Is the service well-led?

Our findings

At our last inspection we found the provider did not operate effective systems or processes to assess, monitor and improve the quality and safety of the service provided. We were also concerned about the standard of record keeping.

During this inspection we found there were appropriate arrangements in place for checking the quality of the care people received. A variety of quality audits were conducted by the provider, registered manager and service managers. As part of their regular checks, service managers observed staff interaction with people and checked their care and medicine records, staff training and supervision.

The provider used the information gathered from its internal audits and recommendations made by external organisations such as local authorities and the CQC, to make improvements to its policies and staff practices and to improve the quality of care people received. We saw that an internal audit of the records of care completed by staff identified that they were not sufficiently detailed and did not always reflect the care provided. Records showed that these shortfalls in performance were raised with staff during team and supervision meetings and then monitored. As a consequence of this, the standard of record keeping had improved.

We found that people's care and medicine records and staff records were well organised, fully completed and up to date. They were appropriately stored and only accessible by staff, to ensure people's personal information was protected. The records we requested were promptly located.

There was a clear staff and management structure at the service which people using the service and staff understood. People knew who to speak to if they needed to escalate any concerns. Staff knew their roles and responsibilities within the structure and what was expected of them by the management and people using the service. There were clear lines of accountability in the management structure. Records indicated that where staff performance was not of the required standard, the registered manager took prompt action including disciplinary action where appropriate. One staff member told us, "Everyone knows what their responsibilities are now and we are all much more accountable." This helped to ensure that people received safe and appropriate care and treatment.

The registered manager was well-supported by the provider. Staff felt supported by the registered manager. Staff told us, "We've had a lot more support over the last year and things have really improved" and "[the registered manager is very supportive]". The provider's plans for the service were passed on to staff through the management structure during team meetings and "job chats". One service manager told us, "I meet with [the registered manager] every month and we discuss everything that needs to be cascaded down. I then meet with the support staff to share the information." Staff felt able to discuss issues which affected their role and had the opportunity for personal and professional development.

Registered providers such as Lifeways Community Care must notify CQC about certain changes, events or incidents. A review of our records confirmed that appropriate notifications were sent to us in a timely

manner. The registered manager also routinely updated CQC on the outcome of local authority safeguarding investigations.

The manager sought to improve the quality of care people received by obtaining feedback from people, their relatives and staff, and acting on it. Staff also had the opportunity to give feedback during team meetings and "job chats". The minutes of one team meeting showed that staff gave their feedback on staffing numbers and the development plans for the service. They also had the opportunity to give feedback on any aspect of the service during supervision meetings.

The registered manager had plans to develop the service and improve the care people received. These included recruiting more permanent staff and increasing the staff competency checks. We saw that steps had been taken to implement these plans.