Lifeways Community Care Limited

Lifeways Community Care Limited (Walsall)

Inspection report

West Plaza
144 High Street
West Bromwich
West Midlands
B70 6JJ

Tel: 01215414000

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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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 20 and 25 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to speak with people in their own homes and the provider needed to gain people's consent. The last inspection that was carried out on the 7 February 2017 rated the service as Good overall.

Lifeways Community Care (Walsall) is registered to provide personal care services to people in their own homes or supported living. People the service supports have a range of needs including physical disability and learning disability. 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.

On the day of the inspection there were 88 people receiving support. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported safely by care staff who knew how to keep people safe and the actions they needed to take where people were at risk of harm. There was enough care staff to support people and the support was given in a timely manner. Care staff had the right protective equipment to reduce the risk of infection while supporting people. People's medicines were administered as it was prescribed.

Care staff were given the skills, knowledge and support to be able to meet people's needs. People had choice and control over the support they received from care staff and they decided how they would be supported. People's consent was sought and the Mental Capacity Act (2005) was adhered to, to ensure people were not restricted unlawfully.

Care staff supported people in a kind and caring manner. People were involved in the assessment and support planning process. Care staff supported people in line with Equality Act (2010). People's privacy and dignity was being respected.

The provider had a complaints process in place to enable people to share any concerns.

The provider carried out spot checks, monitoring and audits to ensure people received the support they wanted. However, they were not effective in ensuring the environment in which people lived respected their privacy and dignity.

The provider did not ensure that the care records and documentation they used to show how people were being supported was kept consistent in line with their expectations.

People were able to share their views by way of completing a questionnaire, but feedback was not always made available consistently.

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.

People were supported safely.

Medicines were administered in a safe manner.

Care staff had access to appropriate protective equipment to reduce any risks of infection to people.

Is the service effective?

Good

The service was effective.

Staff received supervision as part of the support they received to meet people's needs.

The Mental Capacity Act (2005) requirements were being adhered to and people's consent was being sought.

People were able to see a health care professional when needed.

Is the service caring?

Good

The service was caring.

Care staff were kind and compassionate toward people.

People made decisions as to how they were supported by care staff.

People's privacy, dignity and independence was respected.

Is the service responsive?

Good

The service was responsive.

People were able to share their views as part of the assessment and support plan process.

People were able to make a complaint if required.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider's use of spot checks, monitoring and audits to ensure the quality of the service people received was still not effective.

The provider did not ensure that the care records and documentations used within the service was consistent and in line with their expectations.

People were able to share their views by completing questionnaires but the outcome was not consistently being feedback to them.

Lifeways Community Care Limited (Walsall)

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.

Our inspection site visit was on the 20 and 25 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to speak with people in their own homes and the provider needed to gain people's consent.

The inspection was conducted by one inspector.

This service provides care and support to people living in a supported living environment, so that they can live as independently as possible. 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.

A Provider Information Return was not requested as this inspection was partly prompted by an incident which had a serious impact on a person using the service and that this indicated potential concerns about the management of risk in the service. We took the issues around the incident into account as part of planning this inspection.

We reviewed information we held about the service this included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law.

As part of our planning for this inspection, we also requested information about the service from the local authority. They have responsibility for funding and monitoring the quality of the service. The information we

were provided with we used as part of the planning for this inspection.

We visited the provider's main office location and we visited people within their homes where we spoke with six people. We also spoke to three relatives, six members of the care staff, the registered manager and the recently appointed regional manager. We looked at the care records for six people, the recruitment and training records for three members of the care staff and records used for the management of the service; for example, staff duty rotas, accident records and records used for auditing the quality of the service.

Good

Is the service safe?

Our findings

At our last inspection in February 2017 we rated the registered provider as 'Good' in this key question. We found at this inspection they had sustained this rating.

People we spoke with told us they felt safe. A person said, "I am very happy and I feel safe". Relatives we spoke with consistently told us that their relatives were safe within the service. Care staff we spoke with, were able to explain different forms of abuse and discrimination which showed they would recognise abuse if it happened. Care staff were also able to explain the actions they would take if they found people were at risk. One care staff member said, "I would report to my manager and if they did nothing I would call the police". We found that safeguarding training was made available to care staff, which care staff confirmed. The registered manager explained the process they followed when reporting any abuse, which was to raise an alert with the local authority.

A relative said, "I have a copy of the risk assessment it was done when the service started".
Care staff told us how they managed risks and that risk assessments were in place. We were able to confirm this from the records we saw. We found where risks were identified an assessment of the risk was carried. For example, where a person was at risk of falling measures were put in place to reduce the risk. We found that risk assessments were in place where people were at risk when medicines were being administered, choking during meals or even when they went out of their home. We found from the risk assessments we saw that the provider had systems in place to manage risks to people and there were clear instructions to staff as to how to reduce the risk to people.

We found that systems were in place to record accidents and incidents. Care staff we spoke with were able to explain the steps they would take when an accident or incident had taken place. A care staff member said, "We have a form to complete which show the action we took when an accident happens. We also have to complete the accident book and show on a body map where the person may have injured themselves". The registered manager described the process used to monitor all accidents and incidents for trends as a way of trying to reduce the amount of accidents.

People we spoke with told us there was enough care staff to support them. A person said, "There is enough staff. Staff can't do enough for me". Another person we spoke with told us there was enough care staff and that care staff were always with him on time. A relative said, "There is definitely enough staff, I have no concerns with that". Care staff we spoke with confirmed this. A care staff member said, "I would say there is enough staff". We found from the evidence we saw that there was enough care staff to support people safely.

Care staff told us they were required to complete a Disclosure and Barring Service (DBS) check when they were recruited. This check was carried out to ensure that care staff were able to work with people. We found that references were also sought as part of the recruitment process to ensure care staff had the right character to work with people. We found that the provider checked that skills and knowledge of potential care staff through the recruitment process and where gaps in knowledge were identified relevant support

was made available to the staff.

We found that the provider had a medicines policy in place to support care staff when they administered people's medicines. A person said, "Staff always give me my medicine on time at meal times". A relative said, "I don't have any concerns with how staff support my son with medication". Care staff we spoke with told us they were not able to administer medicines until they had completed their training. The record we saw confirmed this and the registered manager told us that care staff competency was also checked. A care staff member said, "My competency is checked regularly". We saw evidence to support what we were told and found that the appropriate checks were being conducted to ensure care staff administered medicines safely.

Where people were prescribed medicines to be taken 'as and when required' we found that the appropriate guidance was in place to ensure these medicines were consistently administered especially where people lacked the capacity to take their own medicines.

We found that care staff had access to the appropriate personal protective equipment to reduce the risk of infection when supporting people with personal care. Care staff confirmed this. We found that care staff were aware of the importance of infection control and told us they had received the appropriate training, which we were able to confirm. This reduced the risk of infection being transferred, so people could be supported in a safe manner.

We found that within the service care staff knew their responsibility to raise concerns when they arose. Systems were in place so lessons could be learnt by information being gathered through logs and checks carried out by management. Where other organisation needed to be involved we found that this did take place. We saw that investigations were carried out where this was necessary and as a result of the outcome appropriate action then took place. The registered manager was able to explain these processes and give us examples where this had happened previously.

Good

Is the service effective?

Our findings

At our last inspection in February 2017 we rated the registered provider as 'Good' in this key question. We found at this inspection they had sustained this rating.

People told us that care staff supported them how they wanted and had the skills to do so. A person said, "Staff have all the skills to support me". A relative said, "The staff have all the skills they need I am very pleased with them". A care staff member told us they felt supported and was able to get support when needed.

We found that care staff received supervision. A care staff member said, "I do get supervision and staff meetings do take place along with staff appraisals". We were able to confirm this from the care staff records we saw. We found that staff training was being provided. A care staff member said, "Training as improved from the way it was several years ago. We can access training when we want". We found from the evidence we saw that training happened on a regular basis and staff were able to gain the right skills and knowledge to support people appropriately. We saw that care staff had received training in health and safety, food awareness, and manual handling, however we saw no training being offered in falls prevention. While we saw no evidence of risks to people, we discussed this with the registered and regional manager in light of the concerns identified with us about the management of falls within the service. They told us that they had taken action to improve care staff knowledge around the management of falls by offering falls prevention training to all care staff. This will improve the knowledge and expectation of how care staff manage situations where people fall in future. We also found that job specific training was also made available to support people where they had specific support needs for example, where people had epilepsy, autism and choking risks.

Care staff told us they had to attend induction and shadow more experienced care staff before they could support people on their own. We were able to confirm this and found that the provider used the care certificate as part of their induction training. The care certificate is a national common set of care induction standards in the care sector, which all newly appointed staff are required to go through as part of their induction.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We found that the provider worked within the legal framework of the MCA. Where people lacked capacity and care staff needed to act in a person's best interest, the court of protection authorisation was required to do so. We saw that the appropriate documentations was in place to show where the local authority had sought authorisation through the court of protection for someone's liberty to be restricted. Care staff we

spoke with were aware of the MCA, its purpose and was able to tell us whether people they supported were having their liberty restricted through a court of protection authorisation and why it was in place. A care staff member said, "I have received training in the MCA and DoLS". We were able to confirm this.

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

People told us their consent was being sought. A person said, "Staff always ask me before they do anything. The staff here are really good". Relatives told us that their observations of staff were that people's consent was sought. We observed care staff asking people questions and checking what they wanted to do as part of seeking consent.

A person said, "I can eat and drink what I want and staff take me out to buy what I want to eat".
Care staff we spoke with were able to explain how people were supported to eat and drink what they wanted and had a good understanding around nutrition. Care staff explained how people were encouraged to make choices as to when they hate but they would monitor and encourage people to eat healthy meals. A care staff member gave us an example of person who had decided to monitor what they hate by going on a diet and they supported them to lose some weight. We found where people had specific risks to how care staff supported them to eat that staff were aware of the risks, they were identified in people's care plans and care staff were able to explain how they supported people to eat and drink.

We found that people's health care needs were met. A person said, "I get support to go hospital". Another person said, "Staff support me when I need to see the doctor". Care staff we spoke with understood people's health care needs and was able to explain the support people needed. Care staff told us that health action plans, hospital and communication passport were being used. A care staff member said, "I have returned from holiday with a service user and we brought their hospital passport in case they were ill and needed to go to hospital". We were able to confirm that these documents were in place and being used. We found that people were able to see health professional when needed for example, a doctor, dentist optician or even a chiropodist. When these visits took place a record of the visit was noted and any actions required. We also found that people had access to well person's visits. These visits are carried out annually where people see a doctor to check their general health and wellbeing.

Good

Is the service caring?

Our findings

At our last inspection in February 2017 we rated the registered provider as 'Good' in this key question. We found at this inspection they had sustained this rating.

A person said, "The care is fantastic staff are like my mother". The person explained that care staff were kind and caring like their mother. Another person said, "Staff listen to me and are kind". A relative told us that, "Staff are kind, caring and professional. We observed the way care staff were towards people we spoke with and we found staff to be compassionate and gentle toward people while supporting them.

We found that care staff took time to sit and get to know people. Time was spent listening to what people had to say and how they wanted to be supported by care staff. A relative told us that care staff spent time sitting and talking to their relative [person receiving service]. The relative also told us that care staff kept them informed and made them feel welcome when they visited.

We found that the provider ensured people were able to communicate by offering a number of ways to encourage this. People were able to share their views by using online services, pictorial methods, local user groups and using advocate services made available to people within the service. These systems reduce barriers to people communicating as required within the Equality Act (2010). We found that people's preferences to how they wanted to be supported was identified within the support plan process and Care staff knew whether people wanted to be supported by male or female care staff.

We found that appropriate systems were in place to meet the data protection requirements. Peoples support plans, medical information, financial documents and records were kept locked away including so only appropriate care staff could access them. This ensured people's information was treated confidentially at all times.

A person said, "Staff do respect my dignity and privacy". Care staff we spoke with told us that people's privacy, dignity and independence was respected and that they received training in ensuring they understood how to respect people's privacy and dignity. We were able to confirm that training took place. A care staff member said, "I do respect people's privacy and dignity. I always ensure where people can manage that I leave the bathroom when they are having a shower". One person explained to us how they were able to go out to work and be as independent as they wanted. We found that care staff supported people in a way that respected their privacy, dignity and independence.

We found where people lacked capacity that they were still being encouraged to live independently by doing as much as they could for themselves while care staff were available to support if needed. We found this within people's support plans to ensure care staff respected people's independence and care staff we spoke with were able to explain how they encouraged people's independence.

Good

Is the service responsive?

Our findings

At our last inspection in February 2017 we rated the registered provider as 'Good' in this key question. We found at this inspection they had sustained this rating.

A person said, "My views were considered during the assessment of my needs". We found that people had a copy of their assessment and support plan documents where they lived. Care staff we spoke with confirmed they were also able to access these documents when needed. Relatives we spoke with told us that they were able to attend regular reviews and share their views as to the support their relatives [person receiving service] received. We found that the assessment and support plan process involved people so they could share their views and people's support plans reflected the support they received. Care staff we spoke with knew people's support needs and were able to explain the support people received. Care staff were also able to explain people's religious beliefs and whether they wanted to be support by male or female care staff.

The provider told us they had an equality diversity policy which we were able to confirm and care staff confirmed the training they had completed. This ensure the support people received reflected their diverse support needs. We saw that care staff were required to complete training as part of the induction process and their vocational qualification (NVQ). The registered manager told us that a more robust package of learning was being developed via portal system so care staff could access development when needed more flexibly. We were unable to see this has it was not available until after our inspection.

The provider had a complaints process that people were made aware of upon joining the service as part of the service users guide they were given. People we spoke with told us while they had never made a complaint they knew how to complain. One person said, "If I had a complaint I would speak to the service manager". A relative told us that they did know how to complain and had raised a complaint in the past which was dealt with appropriately. We found that the complaints process was made available in more than one format and systems were in place to log complaints when received and manage how the complaint was handled. We found that trends analysis was undertaken so complaints could be reduced where possible.

We found that information pertaining to how people preferred to communicate as part of their communication passport met with the requirements of the Accessible Information Standard (AIS). We saw that this information guided care staff and other professionals as to how people should be communicated with and what they preferred. Care staff we spoke with confirmed this.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in February 2017 we rated the registered provider as 'Required Improvement' in this key question. We found at this inspection they had not improved sufficiently to be rated Good. We found that checks and audits were still not effective to ensure the care records we saw were consistent from one service to another. For example, care records being used varied from the care records the provider told us they had implemented for care staff to use. The provider had updated/improved their care records and care staff were not consistently using them. We saw gaps within care records where care staff had not completed vital information to ensure the support people received would be consistent.

We found at a supported living scheme that the environment people lived in did not respect their privacy and dignity. We found that there were no curtains at windows to ensure people's privacy and dignity would be respected especially during personal care. We discussed what we found with the registered manager and while they were aware of the issue they had not taken any action. They explained due to an issue as to who would pay for the curtains between themselves and the housing provider curtains were not yet fitted. By the end of our inspection the registered manager confirmed curtains would be fitted as a matter of urgency.

The registered manager knew the circumstances in which they should notify us. Where deaths, incidents of concern and safeguarding alerts happen within the service there is a requirement within the law that we are notified. We noted the concern identified with us that led to this inspection and we were only notified once we prompted the registered manager. We found that notifications were normally submitted to us in a timely manner.

We found that people were able to share their views on the service by completing questionnaires. People were sent a questionnaire along with relatives and care staff. A person said, "I get a questionnaire annually". A relative told us that while they completed their questionnaire they were never sent information by the provider to explain how the information was being used or any outcome. We shared this feedback with the registered manager and while we have seen the information gathered from the provider's surveys it was not being shared consistently. We also found that people were able to share their views using an interactive online service.

People told us they were relaxed around care staff and they felt they could get support when needed. People told us the service was well led. A person said, "The service is well led I can't praise the service enough". A relative said, "The staff where my relative [person receiving service] lives is warm and welcoming". Care staff we spoke with all told us the service was well led. A care staff member told us there was a marked improvement in how the service was now managed since the registered manager started. We found the environment of the supported living schemes we visited were warm and welcoming. People who lived there spoke freely to us and were calm and friendly around the care staff we saw. This showed people were happy in their surroundings.

People we spoke with had a mixed view as to whether they knew who the registered manager was. A person said, "Yes I know who she is, she visits us regularly". Another person said, "No I am not sure who the

registered manager is". Relatives we spoke with all knew the registered manager. Care staff we spoke with knew who the registered manager was but we found that while staff knew the role and may have spoken with her on the telephone they had never met her. We raised this with the registered manager as an area for improvement.

We found that the provider had an out of hours on call service. This enabled people and staff to be able to contact a manager during the times the office was closed. For example at weekends, bank holidays and on an evening. Care staff member we spoke with confirmed they were able to access managers outside of office hours.

We found that there was a whistle blowing policy in place so where people were at risk care staff could raise these concerns in confidence. A care staff member said, "Yes I am aware of the policy and how and when I would use it".

It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We found that the provider had displayed their rating as required.

The provider worked with a range of partners from the local authority who commissioned their services to nurses, hospital staff, doctors, advocates, social workers and the police. We found that where these partners needed to be contacted as part of how people were supported and kept safe that this was done. The registered manager and care staff we spoke with were able to explain the circumstances in which they liaised with partner agencies.