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?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced, we told the provider two days before that we would be coming. This was so we could arrange to visit some people in their own homes to hear about their experiences of the service and to ensure the manager was available for our visit to the agency's office. This service was previously inspected on 07 and 09 January 2014 and no concerns were identified about the care provided by the agency to people.

Summary of findings

Lifeways Community Care Exeter is a domiciliary care agency, run by the provider Lifeways Community Care Limited. It provides personal care and support for people in their own homes, for people with learning disabilities and people with significant physical and mental health needs. The care ranges from 10 hours of support a week up to 24 hour care for people in supported living. A supported living service is one where people live in their own home and receive care and support in order to promote their independence. People have tenancy agreements with a landlord and receive their care and support from the domiciliary care agency, Lifeways Community Care Exeter. As the housing and care arrangements are entirely separate, people can choose to change their care provider without losing their home. We visited three supported living settings, one in Newton Abbot and two in the Exeter area. In each of these, people live in a shared house with their own bedrooms and shared the other parts of the house with staff supporting them throughout the 24 hour period. Some of the people agency staff supported lived in their own homes and staff visited them to provide care and support.

The agency does not have a registered manager, the previous one left at the end of May 2014. However, a new manager was appointed in May 2014 and has applied to register. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider.

The quality assurance systems in use were inconsistent and were not fully effective. People were not fully protected against the risks of unsafe care because the care records at the agency's office in Exeter could not be relied upon as an accurate and up to date record. The electronic care record system was not being fully utilised and the arrangements in place for updating people's electronic care records meant there were delays. This was a risk because the manager and provider could not be confident people's electronic care records had the most up to date information about each person's care and support needs. In addition, the manager responsible for the Exeter office was also responsible for another branch and was working across two offices so needed that information to be available to them electronically. Out of hours, on call staff, responsible for providing advice to staff supporting people across Devon, could not access up to date information.

Annual audit visits of each supported living service were carried out and showed people were positive about the care and support provided. However, further improvements identified through these audits were not being followed up to ensure they were addressed. Other quality monitoring systems used also needed improvement such as those used to monitor staff supervision and appraisals.

The provider had implemented major organisational changes in February 2014, which staff told us they were very unhappy about. These included changes to roles and responsibilities for senior staff, such as team leaders, but these changes had reduced their capacity to undertake some of their management duties. We found these had resulted in staff not receiving support through regular supervision, appraisal and staff meetings and in delays in updating office based records. As a result of these changes, some staff had left and others were less willing to work additional hours, which had increased the use of bank and agency staff to support people's care.

People said they felt safe and confident with the staff that supported them. Staff demonstrated they could recognise signs of abuse and took appropriate action to report any concerns. People were supported by staff that were compassionate and treated them with dignity and respect. They were involved in planning and making decisions about their care and staff listened and acted on their views. Staff were following the principles of the Mental Capacity Act 2005. They knew how to make sure people, who did not have the mental capacity to make decisions for them, had their legal rights protected.

People were supported by experienced and trained staff that had a good knowledge of each person's care needs and how to meet them. Staff undertook a broad range of training relevant to the needs of people they supported. People were supported to maintain and improve their health by staff that supported them to attend regular health appointments. Staff referred people to other health and social care professionals, when their needs changed and worked in partnership with them to support people's care.

People spoke positively about the way staff treated them as an individual and about the support they received to live independently. Staff enabled people to do as much

Summary of findings

for themselves as possible. They understood the importance of supporting people to fulfil their goals and ambitions and took positive action to help people lead fulfilling lives.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this 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?

Good

People who used the service were safe. The provider had arrangements in place to protect people from avoidable harm. Staff could recognise signs of abuse and were confident the provider took appropriate action whenever they raised any concerns.

People told us they felt safe, and felt well supported by staff they knew well and trusted. There were sufficient numbers of staff to keep people safe and meet their needs. The service was meeting the requirements of the Mental Capacity Act 2005 for people who lacked capacity to make decisions about their care.

Is the service effective?

Requires Improvement

The service was not always effective. This was because staff did not received regular appraisals and supervision to support them to meet people's care needs and improve practice.

The provider had a comprehensive staff training programme relevant to the care and health needs of people they supported and which promoted independent living skills.

People's healthcare needs were assessed and staff prompted people to stay healthy. People were referred to healthcare professionals appropriately and staff followed any advice given.

Is the service caring?

Good

The service was caring. People were supported by staff that were compassionate and treated people with dignity and respect.

People were involved in planning and making decisions about their care and staff listened and staff acted on people's views. Staff supported people to fulfil their goals and ambitions and took positive action to help people lead fulfilling lives and be as independent as possible.

Is the service responsive?

Good

The service was responsive. Each person had a detailed assessment of their care and support needs, which were reviewed and updated regularly. People were assisted to identify their goals and objectives and what aspects of their life they needed staff to support them with. Staff were knowledgeable about the needs and wishes of each person and they received individualised care that met their needs.

People were supported by staff that were trained to use a range of communication tools to help them express their needs and wishes. People choices and preferences were acted on. People knew how to raise concerns and these were addressed.

Summary of findings

Is the service well-led?

The service was not well led. The provider's quality monitoring systems were inconsistent and were not fully effective. People were not fully protected because their electronic care records at the agency's office in Exeter could not be relied upon as an accurate and up to date record about their care. The systems for monitoring staff support needed to be improved and for ensuring actions in response to audits were completed.

Staff were unhappy following recently organisational changes implemented by the provider, which they said were not working well. Staff said they felt their concerns were not being listened to. These changes had reduced capacity for day to day management and leadership at the Exeter office.

Staff said they felt well supported by local managers and were working hard to ensure the changes didn't affect people's experiences of care. The provider outlined a number of further service improvements planned in the forthcoming year.

Requires Improvement

Lifeways Community Care (Exeter)

Detailed findings

Background to this inspection

We inspected Lifeways Community Care Exeter on 04, 07 and 08 August 2014. The inspection team included 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 service.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. This enabled us to ensure we were addressing potential areas of concern. We also reviewed other information we held about the agency, including any notifications we had received. A notification is information about important events which the service is required to send us by law. We contacted local authority commissioners of the service and other health and social care professionals to obtain their views about the agency.

At the time of the inspection, the agency supported 27 people with their personal care needs across Devon. We visited three supported living settings in Newton Abbot and Exeter on 04 August 2014. We spoke with eight people who lived there and with nine staff who supported them. We also spoke with three people and their relatives by telephone. We visited the agency's office in Exeter on the 07 and 08 August 2014, and spoke with the manager, a member of the training department and of the quality team and three office based staff. We looked at six people's care records, eight staff records and at a variety of documents about how the agency was managed.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People said they felt safe with the team of staff who supported them, and were confident any concerns raised with staff were dealt with. The provider had policies and procedures about protecting people from abuse and had trained their staff in using them, as appropriate to their role. Staff knew how to recognise signs of abuse, and confirmed they could raise any concerns in confidence. The provider followed up any safeguarding concerns, contacted the local authority safeguarding team, and notified us, outlining any actions being taken to protect vulnerable people. Any concerns that related to staff were dealt with through the provider's employment procedures.

The provider followed the principles of the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to people's consent or refusal of care or treatment. Staff demonstrated they knew how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected. For example, staff told us about a person who had surgery to treat a medical condition. They told us how a health professional had undertaken an assessment of the person's mental capacity, which showed the person was unable to weigh up the risks and benefits of the proposed surgery. The person's relative told us how they were involved in a meeting with the person's doctor, social worker and staff from the agency about the proposed surgery, and they decided the person should have the surgery in their 'best interest'. Staff worked with the person, the family and hospital staff to prepare them for their stay in hospital, and supported them throughout. This was in accordance with the requirements of the MCA.

Staff undertook comprehensive risks assessments for each person, which identified individual risks, and how to support and reduce them. The support measures in place were documented in people's care records and communicated between staff, as people's needs changed. For example, staff told us about one person in a supported living service that was at risk of harm. Their risk assessment identified how staff would recognise situations that increased risks for the person, such as anxiety. Staff described how they worked with mental health professionals to support the person to reduce these risks. For example, by keeping them busy and by using distraction techniques, which was in accordance with what we read in their care plan. Staff had undertaken training in positive behaviour support, a method that aims to assist a person to reduce challenging behaviour and increase their quality of life through teaching them new skills to promote positive behaviour changes. Staff told us the person had made good progress because their risky behaviours had significantly reduced recently.

People were supported by staff that kept them safe and met their needs, although the manager described recruitment as a "challenge". The local authority had identified how much support each person needed and the manager confirmed the number of staff hours provided matched those commissioned. Staff told us the support hours needed, in the three supported living houses we visited, meant there was always staff in the each house because of the complex needs of the people who lived there. The staff hours included one to one time for each person to support them with personal care, daily activities such as housework and laundry. They also included time to support people to pursue leisure interests, access the community, provide psychological support and for record keeping.

Each person's support needs were reviewed annually with the local authority and whenever a person's needs changed or increased. For example, the manager told us they were negotiating more support hours for one person who was currently in hospital. This was because their support needs had increased and they would need more support hours when they were discharged from hospital. This showed the agency worked in partnership with the local authority to review and change people's support hours, when needed, to make sure their needs were being met.

The manager told us about on going efforts to recruit more staff and confirmed three new staff had recently been appointed and were due to start work, once their employment checks had been completed.
Meanwhile, some staff worked extra hours and the service used bank and external agency staff to main the support hours needed. The manager explained that following the recent organisational changes, staff were less willing to work additional hours, and the use of agency staff had increased. This meant senior staff were spending more time arranging staff cover, which we observed during our visit.

Good

Is the service safe?

The manager confirmed they ensured staff providing care could meet the needs of the people they were supporting. For example, where agency or bank staff were used, they worked alongside more experienced staff in the supported living houses to minimise the impact for people. For example, in one supported living house we visited, three or four staff might be in the house at the same time to support people's individual needs, depending on their plans for that day. Staff explained how they might use an external agency staff member to support one person who was at home for the day, whilst a second staff member supported another person within the house whilst a third staff member went out with a person. These arrangements helped maintain continuity for people and made sure there was an experienced staff member who knew them well in their home, that worked alongside agency staff to support them.

People were protected because the provider had robust recruitment procedures to assure them about the fitness of applicants. We looked at records of staff recruited over the past year, and found all new staff were interviewed, references sought and appropriate background checks made to confirm they were suitable to work with people. Staff did not start work until all checks made were completed and satisfactory results obtained.

Requires Improvement

Is the service effective?

Our findings

People were supported by experienced and trained staff that had a good knowledge of each person's care needs and how to meet them. However, the arrangements for ensuring people were supported by staff who received regular supervision and appraisal, needed to be improved.

Only two of eight staff records we looked at showed staff had received any individual supervision this year. Supervision involves individual staff, meeting with a more senior member of staff at regular intervals throughout the year, to discuss their work and explore any issues that may have arisen to improve their practice. Senior staff explained they were unable to provide regular staff supervision because they no longer had enough management time to do so.

Staff said although they were not receiving regular supervision, people were well supported because staff had day to day opportunities to discuss people's needs and any changes with senior staff. This was because, in each supported living setting we visited, people needed 24 hour staff support. This meant staff had regular face to face contact with their team leader, who also worked there and with service managers via phone and through their regular visits to the service. However, this was not the case for all staff who worked for the agency. Similarly, none of the eight staff we looked at had received their appraisal in the previous 12 months. This meant staff were not receiving opportunities or to identify any training and professional development needs to enable them to provide people's care and treatment to an appropriate standard.

This is a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of this report.

One health professional gave us positive feedback about the knowledge and skills of staff. They said, "They were really on the case in dealing with him, they've been fantastic". Most staff had a qualification in care and the provider had a comprehensive training programme for staff. For example, all staff were trained on person centred care, (an approach that aims to ensure a person is an equal partner in their care), health and safety, food hygiene, first aid and safeguarding adults. Specific training was also provided to meet people's individual needs, such as about diabetes, epilepsy, and autism. An electronic training database monitored and recorded all staff training and alerted managers when staff needed update training. Staff records showed all new staff undertook an appropriate induction programme, for staff working in supported living settings. A recently appointed member of staff said they worked with more experienced staff to get to know people, when they first started, before they worked independently. The manager sought feedback from people and experienced staff about new members of staff during their probation period. This meant checks were made to ensure new staff had the required interpersonal skills, values and competencies to work with people they supported.

People's care needs were assessed and any risks identified before they received support from the agency. Care records included detailed care plans for each person about their needs and preferences. In the supported living services we visited, most staff had supported the people who lived there for a number of years, which meant there was a stable staff team who knew them well. One person said, "Everything is good", another said, "Very happy yes, very nice staff." A relative said, "Staff keep us informed about what is going on or if there are any concerns but he has his own life and routine."

Care records we looked at included ways to improve people's health. For example, one care plan showed staff were supporting a person to maintain and improve their mobility through regular exercise and by encouraging them to use their standing frame each day. People were supported to attend regular health check appointments, for example, with their GP, dentist, and the learning disability specialist nurse. Staff referred people for other specialist advice as needed, such as , to occupational therapy services for advice about equipment. This showed staff identified people's changing health needs and sought specialist advice appropriately.

For example, staff told us about a person with complex mental health needs. They told us how the person had become very unwell and they contacted the mental health services for advice as they were concerned and wanted to try and help the person. Staff told us they used a range of different approaches to help the person improve their wellbeing, which were documented in a detailed care plan. They told us how important consistency between staff was in managing and supporting this person. Although staff

Requires Improvement

Is the service effective?

said they found the person very challenging to support, health staff told them they had done "amazing" work with the person, which made them more confident in their practice. This showed staff worked in partnership with other health and social care professionals to help this person.

People were supported to make healthy food choices. Staff training incorporated Department of Health recommendations and staff and people did lots of cooking "from scratch". People were supported to eat a varied diet, which included fresh fruit and vegetables. Staff supported some people in making their own meals, according to their ability. For example, one person helped with preparing the vegetables, another set the table and helped with shopping for food. In one supported living setting, people told us they liked to share an evening meal together and agreed in advance what meals they wanted, so they could plan the weekly shop. Staff knew about people's dietary preferences and about any food or drink they were not supposed to have, for health reasons. For example, one person could only drink a limited amount of fluid each day and couldn't eat certain foods because of their medical condition. Care records in people's homes included relevant information about each person's nutritional needs as well as their food likes and dislikes. Where needed, people's nutrition and weight were monitored regularly and action taken to address any significant changes. One relative told us staff monitored what the person ate and checked the person's weight regularly, as they had previously lost a lot of weight. They said, "He is fine now, his weight is OK."

Good

Is the service caring?

Our findings

People spoke positively about the way staff treated them as an individual and about their support to live independently. In each service we visited we found a relaxed and friendly atmosphere. One person said, "They (staff) help me to go to my bedroom to watch my telly when I want." A relative said "Staff are nice, they look after him, and treat him well." Staff were committed and enthusiastic about the people they supported and demonstrated a very positive regard towards them. One member of staff said, "It's a joy to be at work", another said, "I love it, it's the best job I've ever had", a third said, "People are enjoying their life".

Staff knew about each person and what was important for them. One person said, "I get on with them all (staff). They are very friendly and they get my shoes." Staff explained to us this person particularly valued the support staff gave them with putting on their shoes, as they could not manage this without help and wearing their shoes was important to them. One person used some of their staff support hours to enable them to go to the cinema regularly and another to go to church as they liked listening to the hymns. Two other people we met had their own car and use some of their staff support hours so staff could drive them wherever they wanted to go.

We observed staff treated people with dignity and respect and supported them in a caring and compassionate way. The provider supported staff training on dignity and respect during which staff were encouraged to explore what that meant in practice.

One staff member told us how a neighbour had complained they could see into a person's bedroom from their house. In response, staff arranged with the landlord for the person to have an adhesive film fitted on the inside of the bedroom window. This meant the person was able to continue to look out of their bedroom window at the garden, which they enjoyed but maintained their privacy. Staff told us about how they supported another person with their personal hygiene, who regularly refused help with their personal care. They told us about the various approaches they tried to get the person to accept help and how they tried to reduce the impact for other people who lived with this person. This showed staff respected the person's decisions but achieved a balance between the rights and wishes of that person and other people they lived with.

Staff told us about how they had arranged for a person who lacked capacity to have a local authority independent advocate to support them to express their wishes. This related to ensuring the person's wishes and rights were considered in relation to moving house, as their landlord had served notice on their current home. This meant the person had a say about where they would move to and about and about who they wanted to live with. Staff told us this person had very definite views about their future, which the independent advocate was helping them to voice by speaking up on their behalf to local authority representatives.

Staff supported people to do as much for themselves as possible. In one house people contributed to the shared household chores, one person did the vacuuming and another did the polishing with staff support. In another household, people were supported to do their own laundry and we saw a staff member helping a person to remove their clothes from the tumble drier and put them away. Another person told us how staff supported them with their personal care, ran the water into the sink for them but said they were able to wash by themselves. One person we met had their own chickens in their garden and enjoyed collecting the eggs. Each week, this person used some support hours to get a staff member to help them clean out the chicken coop. This showed people used their staff support hours to help them with independent living skills.

People were supported by staff to take some risks in order to lead more fulfilling lives. One member of staff said, "You have to be willing to experiment and let people try new things." For example, one person living with epilepsy experienced a lot of fits but liked to go out regularly. Staff told us they supported the person to get out and about regularly. Staff were confident to go out with the person because they were trained to support them in the event of an epileptic fit and could administer their emergency rescue medicine, if needed. This showed staff understood the importance of supporting people to fulfil their goals and ambitions and took positive action to manage risks to help people lead fulfilling lives.

Good

Is the service responsive?

Our findings

People received individual care and support that reflected their needs and preferences. One person told us how staff were helping them manage their anxiety. They said, "If I worry about things I can talk to people (meaning staff), yes, they do help". Another person said, "I get on with them all. A third person said, "I'm a new man, got my own room and a telly. I have a jukebox and have parties sometimes." Health and social care professionals gave us very positive feedback about how well staff worked with them and followed their advice. One social care professional told us how one person now needed less support hours than previously as the support they had received from staff had helped them gain self-confidence and increased their independence.

Before the service commenced, staff met with the person and their family (if they wanted), to get more information about them and their support needs. The assessment included information about the person, any preferences, which aspects of care they could manage independently, and which they needed support with. The Provider Information Review (PIR) outlined that person centred care plans and life maps tools were used to encourage each person to think about various aspects of their life. These helped people to identify their goals and objectives and identify what aspects they needed staff support to achieve them. For example, in relation to their aspirations about different aspects of their life such as about their home, health, relationships, leisure, travel and managing their money. We saw people used their care plans and life maps in the supported living services we visited and found staff were knowledgeable about their needs and wishes.

Some people actively contributed to their care records. They included a section entitled, "What is important to me", which people used to communicate their individual preferences to staff. For example, the importance for one person of making sure their clothes and belongings were tidied away in the right place. Another person had written, "Listen to me, really listen, follow my support plan, I wrote it" and they confirmed to us that staff supported them in the way they wanted them to. People were consulted and involved in making decisions about their care and support needs. One person said, " I make my own choice about going out", another said "I go to the pub and play bingo." Staff told us about how people in one house chose what meals they wished to eat for the week. This was because people liked to eat together in the evening and staff supported them to plan their meals in advance and helped them with the shopping, food preparation and cooking.

People had a range of communication abilities and the provider used a range of methods to help them express their needs and wishes effectively. For example, by using Makaton (sign and symbol language), simple sign language, and picture symbols. Care plans were available in plain, diagram and symbol versions. One staff member told us how they were supporting a person to communicate by using their iPad, and how much the person was enjoying using it to tell other people about themselves.

Where people had limited or no verbal communication skills, staff demonstrated they knew the person well and could tell how the person was feeling by their facial expressions, body language, and by their behaviours. For example, one person didn't speak but staff said, "He makes sounds we understand and will lead you to what he wants." This showed staff understood the person's non-verbal communication signals.

Staff supported people to go out into the wider community, make friends and maintain relationships with family as well as pursue their leisure interests and hobbies. One person, that loved going to the cinema said, "Sometimes, people stare at me." Staff told us how they had reassured the person who then relaxed and enjoyed the film. People told us about recent holidays they had enjoyed and about future holidays they were planning with staff support. People attended a variety of groups and classes supported by staff. One person showed us their collection of beautiful cross stitch pictures, they had made. Another person was looking forward to going to the motor racing at the weekend and to seeing their favourite band, events which staff were supporting them to attend. A third person said, " I love my swimming, art group and horse riding." These examples were in accordance with people's individual goals and showed how staff supported people to pursue their interests and hobbies.

Staff worked in partnership with other professionals to support people's needs. For example, staff told us about a person they supported had swallowing difficulties and were at increased risk of choking. Staff described how they had worked with a speech and language therapist who

Good

Is the service responsive?

taught them how to prepare the person's food and drink so that it was at the recommended consistency. Staff also told us about techniques they learnt to help the person swallow safely which reduced their choking risks.

In the supported living services we visited, we saw each person had a "grab sheet" with information hospital staff would need to support the person, in the event of an emergency admission. These included key information about the person, their communication needs, any health problems, medicines and any allergies. This meant that hospital staff had key information available in an emergency.

The provider sought feedback from people, families and care managers via an annual satisfaction survey. Feedback from the survey was overwhelmingly positive, although some relatives said they would like to be more involved in reviews of the person's care. The manager told us the provider was making improvements in the assessment and review documentation, which would help support staff with this. This showed further improvements were planned in response to people's feedback.

People and relatives knew how to raise any concerns and were satisfied with how these were dealt with. One person said, "I did that before. I know how to do that." Another person said, "I made a complaint before and got a good result. I went to higher level, above the team leader to the service manager. They all came down, we had a meeting and we resolved it. They listened to me and it was all sorted out." Staff told us about another person who was unhappy about the proposals made for their future, who needed additional support to raise their concerns. The person had no relatives and lacked capacity to fully weigh up the risks and benefits. Staff arranged for the person to have a local authority independent advocate to support them. They helped the person to express their wishes and to communicate they didn't wish to choose the option being proposed. The advocate said, "Staff ensured he got his voice heard about what he wants about where he will live in future''.

All complaints received were logged on a database, monitored and reported to the provider. The complaints database showed appropriate actions were taken to address concerns. Complaints were discussed at quarterly meetings with senior staff, minutes of which showed how staff responded to people's concerns and made any improvements required.

Requires Improvement

Is the service well-led?

Our findings

The systems in place to update people's care records at the agency office were not fully effective. People's care records held at the agency office were computerised. When staff reviewed and updated people's care plans and risks assessments in their homes, any changes made were sent to the office for updating on the electronic care records system. There was a time delay in updating people's care records as team leaders did not visit the office very often and because organisational changes had further reduced the capacity of senior staff to keep office based care records up to date. The manager explained that, currently, the office computerised record system were not being used to its full potential as all relevant information about each person was not kept in their electronic care record. For example, the manager referred us to a service manager for more up to date further information about one person's support package as this was not available in their electronic care records. The provider had recently arranged further training for senior staff to assist them to utilise the electronic record system more fully.

Staff also told us about a lack of availability of Information Technology (IT) to update the office records remotely. For example, one member of staff said although they had a laptop they had "given up" trying to get it to connect with the office system. These issues meant we could not be confident that people's electronic record held at the Exeter office represented the most up to date record about each person's care needs and any risks. Two senior staff, based at the office, had an up to date knowledge of significant changes or risks relating to people, and actions being taken to address in their areas of responsibility. However, out of hours, on call staff responsible for providing advice and support to all staff supporting people across Devon might not be aware of the most up to date information because of a lack of access to up to date information. Also, the manager responsible for the Exeter office was working across two offices so needed access to comprehensive up to date care records electronically. The current arrangements meant people were not fully protected against the risks of unsafe care because their care records held at the agency office could not be relied upon as an accurate up to date record about their needs and risks.

This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of this report.

The quality assurance systems used were not fully effective. The agency had a range of quality monitoring systems, some of which worked well. However, we found further improvements were needed, for example, in the systems used to monitor staff support through supervision and appraisals.

There were a variety of management information systems in use at the office for maintaining staff records, which made it more difficult to access up to date information about individual staff. These included individual staff files, a database of staff training records and a spreadsheet showing the dates of most recent staff appraisal and supervision. We could not tell from the information we looked at which information was the most accurate and up to date about the eight staff we looked at. Following the visit, we requested confirmation from the manager about our findings, which confirmed those staff were not receiving regular supervision and appraisal. This showed the monitoring systems used to monitor this were not effective because they had not highlighted the problems we found to the manager. Since then, the manager has made the provider aware of our findings and confirmed they were taking action to address this.

The provider undertook an annual survey to seek people's views about the service, although the report could not be located when we visited. They told us the 2013 survey showed that people were happy with the service, and any actions taken were related to individual people's feedback.

Each supported living service had an annual audit visit, which included talking with people who lived there, seeking feedback from people's relatives as well as health and social care professionals. The visit included observations of practice, looked at care records and at local monitoring checks and audits. We looked at the audit completed in April 2014 for one of the supported living services we visited. This showed people's experience of the service was very positive and the service was performing well. The audit also highlighted some areas for improvement, such as in relation to staff support through supervision and appraisals. However, staff at that service had not completed the required action plan to show what improvements were being made in response to the visit.

Requires Improvement

Is the service well-led?

This s non-response had not been followed up. Similarly, when we looked at the 2013 supported living audits, we found they had made similar recommendations about staff support. This demonstrated the provider's quality monitoring systems were not fully effective because the improvements required had not been addressed.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of this report.

The provider had implemented major organisational changes in February 2014. The manager told us some staff had left and others were less willing to work additional hours and their use of bank and agency staff had increased as a result. Staff told us, as part of the organisational changes, the provider had redefined the roles and responsibilities of senior staff. For team leaders, this had reduced their responsibilities and the time available for them to undertake their management duties from a day a week to a day a month. This meant some of their previous roles had to be done by the two service managers, in addition to their own work. One senior staff member said, "It's difficult to fit everything in." The recently appointed manager was managing two offices, one in Exeter and one in Plymouth, which meant they were dividing their time between both sites and two staff teams. This meant there was less capacity for day to day management and leadership at the Exeter office.

Following the recent organisational changes, most staff we spoke with were very negative about the changes introduced which had affected staff attitudes towards the provider, Lifeways. One staff member said, "I've lost a lot of my responsibilities, I feel undervalued and deskilled", a sentiment echoed by most of the staff we spoke with. Another staff member said, "The reorganisation has impacted on staff morale." Staff told us they thought the consultation and communication about the changes was poor. All of the senior staff we spoke with reported the changes were not working well and they were struggling with high workload levels. Several staff commented they felt the provider "wasn't listening" to their feedback or taking action to address the difficulties they were experiencing.

The manager thought the providers changes were not well understood by staff. They explained the changes were related to the need for efficiency savings and to standardise the roles and responsibilities at each branch within the provider group. The manager confirmed the provider was aware of the difficulties being experienced locally. They told us they met with their area manager weekly who was supporting them during this period of managing change.

Staff told us they felt well supported by their local managers who provided day to day leadership and were available for advice and support, including out of hours. Staff told us there was a "good atmosphere" in their local team. The manager told us how they were trying to ensure the recent changes didn't affect people's experiences of care.

The service had a reporting system through which staff reported any accidents or incidents that occurred. We looked at some incident reports, which showed action being taken to address any risks for people. For example, following a recent accident by a person caused by faulty hand grip on their wheelchair rim, staff checked all other wheelchairs to ensure they were in good working order. Accidents and incidents were discussed regularly at managers meetings and were analysed to identify any themes or trends. Following some recent medicines errors, the manager told us they had arranged for some staff to undertake further medicines management training. This showed the incident reporting system was used effectively reduce risks for people and ensure lessons were learned.

The manager told us senior staff at Lifeways Community Care Exeter were appointees and were responsible for managing the finance and benefits for a large number of the people they supported. We saw robust audits were undertaken to monitor of how staff supported people with their finances and accounted for all expenditure. In the supported living services we visited, staff showed us audits of medicines management and regular health and safety checks undertaken. These showed remedial actions were taken to address any problems identified. For example, in one house we visited, the emergency light had failed, staff had reported this and were awaiting a contractor to repair it.

The provider promoted high standards of care in a variety of ways. We spoke with a staff trainer about the Lifeways staff training programme. They told us the provider regularly reviewed their training to ensure it is updated to reflect developments and best practice guidance. They showed us the staff induction training which included

Requires Improvement

Is the service well-led?

communicating the vision and values of Lifeways and explored with staff what that meant in practice. For example, through getting new staff to practice using tools such as life maps and person centred plans to help each person identify their physical and emotional wellbeing support needs.

The provider had a quarterly newsletter, entitled "Lifelines" which was distributed to people and staff in each supported living service. This included articles and photographs about what people and their support staff were involved in across the country and other useful information. For example, the summer 2014 newsletter included a joint venture with Lifeways, commissioners and a housing association to provide a purpose built facility for people with physical and learning disabilities in Yorkshire. Also, about a pilot scheme to develop a recruitment toolkit to help people be involved in decisions about the recruitment of their support team and about a staff award scheme for promoting best practice. These showed how the newsletter was used to share good practice examples within the group. However, at the Exeter branch staff told us they did not have regular opportunities to meet to discuss good practice issues, no recent staff meetings had been held. This meant there were limited opportunities for staff to provide feedback to the manager and the provider about the service.

In the Provider Information Return (PIR) we received, the manager also told us in addition to the existing policies and procedures, Lifeways were planning to introduce a phone line to make it easier for people and staff to raise any concerns directly with the provider (known as whistleblowing). They also confirmed staff at the Exeter branch were working with some people to prepare them to become more involved in the recruitment of support staff.

The provider had updated key policies, known as the "big eight", and had introduced a scheme whereby service managers discussed these with individual staff who signed to confirm they had read and understood them. These included for example, the Mental Capacity and Decision Making policy, although service managers were reporting difficulties with finding the time for this. The manager also told us about plans for management information systems to become more electronic based and about efforts underway to improve monthly reporting systems. This showed the provider was committed to ongoing improvements.

People were supported by staff who worked in partnership with other health and social care organisations. Staff referred people appropriately to health and social care professionals and worked with them to support people's individual care needs. For example, staff told us how they had worked with the social worker, psychologist, and psychiatrist to agree a support plan for a person with lifelong mental health needs. The manager told us senior staff spent a lot of time working with social care housing providers about the needs of people they supported. For example, to support people that needed adaptions to their home because of their changing health and mobility needs. Also, to help people find a new home suitable for their needs when they wanted or needed to move house. This was because most of the people they supported were not able to organise this for themselves. The manager also told us about the challenges of local authority financial constraints, and ongoing reviews of people's individual care and support packages. They told us how they supported people to challenge some proposed changes, and worked with commissioners to try and minimise the impact of any reductions in people's funding on their care and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 10 HSCA 2008 (Regulated Activities) Regulations 2010. Assessing and monitoring the quality of service provision. How the regulation was not being met: People and others were not fully protected against the risks of inappropriate or unsafe care because the quality monitoring systems in place were inconsistent and were not fully effective. Regulation 10 (1) (a) (b)

Regulated activity	Regulation
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010. Supporting staff. How the regulation was not being met: The arrangements to ensure staff are properly supported to provide care and treatment to people who use services needed to be improved. This was because staff did not receive regular supervision and appraisal. Regulation 23 (1) (a).

Regulated activity	Regulation
Personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010. Records. How the regulation was not being met: People were not protected against the risks of unsafe or inappropriate care arising from a lack of proper information about them. This was because the arrangements for keeping people and staff records up to date at the agency's office needed to be improved. Regulation 20 (1) (a).