

Lifeways Community Care Limited

Church View

Inspection report

Kings Road
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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Church View is a 'supported living' service providing personal care to people with a learning disability and/or autism living in their own tenancies in bungalows and flats in 'supported living' settings. The service was supporting three people with personal care at the time of our inspection.

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

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

Right Support

- People were supported and encouraged to follow their goals and aspirations. They tried new things and learned new skills. People were encouraged to push themselves, balancing risks with increasing independence.
- People took pride in their homes; they had personalised them inside and out.
- People were supported to access health and social care support. They experienced some good health and wellbeing outcomes through working with external healthcare professionals.
- Staff supported people to take their medicines in their preferred way, and to have their medicines needs reviewed, in line with good practice guidance.

Right Care

- Staff were sufficiently skilled and experienced to meet people's needs. They understood that people had very different levels of independence and helped them accordingly.
- People had made friends and saw their relatives regularly. They were protected from the risk of social isolation.
- Staff understood people's communication styles and had a good rapport with them.
- Support plans and risk assessments reflected people's needs. Support plans which set out people's goals were not always updated in a timely fashion, although people did meet the goals they set for themselves.
- Staff were kind, patient and took a genuine interest in people. They respected people's privacy and dignity.
- Staff worked well with other agencies to keep people safe. They had relevant training on safeguarding and how to report suspected abuse.

Right culture

- The ethos, values, attitudes and behaviours of the management and staff were in line with the key principles of guidance such as Right Support, Right Care, Right Culture. The manager was relatively new and was not always fully aware of some relevant best practice, but they were keen to develop and had made a range of improvements at the service. Staff felt well supported by the manager and could raise any issues. External professionals provided positive feedback regarding the manager's approach.
- People and those important to them were involved in planning their care. Care plans were reviewed regularly.
- Staff knew people well and were responsive to their support needs.

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

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, Right care, Right culture. This was a planned inspection based on when the service first registered with us.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led section below.

Church View

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector carried out the inspection.

Service and service type

This service provides care and support to people living in 'supported living' settings, 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was no registered manager in post. The manager had applied to register with CQC and the application was pending.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the settings are small, and people may have been out, and we wanted to be sure there would be people at home.

Inspection activity started on 20 July 2022 and ended on 22 July 2022. We visited the office location on 20 July 2022.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service, their relatives and an advocate. We spoke with the manager, regional manager, two support staff and the health and safety champion. We contacted five more staff via email, and four more health and social care professionals via email and telephone.

We reviewed a range of records. This included three people's care records and samples of medication records. We looked at two staff files. A variety of records relating to the management of the service, including auditing, training data, policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff kept people safe. Risk assessments were in place for people and reviewed regularly. Staff were aware of the risks people faced and helped them minimise these risks. One person said, "The staff look after me." One relative said, "They are much safer there."
- Staff had access to useful 'at a glance' risk information as well as more detailed guidance about how to support people to stay as safe as possible.
- Staff knew about positive risk taking. They helped people try new experiences rather than focus on limitations. For instance, helping one person to try to walk further and further. One relative said, "I'm surprised how much more they have been able to do – the staff have been very good in helping them."
- Staff recognised when people were anxious, and how to help calm them. One relative said, "[Person] is a lot calmer and staff have been very patient."
- Staff completed a range of checks to ensure people's flats and bungalows were safe. There was a health and safety champion who maintained oversight of maintenance and safety matters.

Using medicines safely

- Medicines were managed safely. The manager had acted in line with the principles of STOMP (Stopping over-medication of people with a learning disability, autism or both). They ensured medicines reviews had taken place. We reviewed a sample of medicines records and found no errors.
- Staff received annual medicines refresher training and the manager completed competency assessments. They were responsive to feedback about changing the timing of these competence assessments to more fairly test staff competence.
- The manager completed medicines audits regularly to ensure records were completed and accurate. They identified ways of making medicines administration safer and implemented these changes.

Staffing and recruitment

- Staffing was safe. There were sufficient staff numbers to support people safely. People felt safe and told us there were always staff available if they needed help at any time of the day. One person was keen to show us how effective their lanyard was. Relatives raised no concerns about staffing levels. One said, "There are always staff when they need, and they can call for more help whenever."
- The manager responded to external advice to ensure one person had a core team working with them, to reduce the potential for anxiety. This had a positive impact on the person's mood.
- Staff were recruited safely. The provider had carried out pre-employment checks of new staff and ongoing competence assessments and supervisions.

Preventing and controlling infection

- The provider had effective infection, prevention and control measures in place to keep people safe, and staff supported people to follow them. People were supported to keep their homes clean and completed a range of tasks to help with this.
- Effective measures were in place to help prevent the spread of infections such as COVID-19. These included the use of Personal Protective Equipment (PPE) and following government guidance around staff testing for COVID-19.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse and lessons were learned from incidents to prevent similar incidents occurring. Staff had received safeguarding training. They were confident in how to report concerns if needed and understood the organisation's whistleblowing policy. The manager used a new reporting system which helped them ensure all necessary actions were taken following incidents, accidents or safeguarding matters.
- The manager used the same system to see an overview of the type and number of such incidents, to help identify and potential patterns.

Is the service effective?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to see health and social care professionals. The manager was conscious of the impact of the pandemic and was working proactively to ensure people had relevant reviews of their health needs. One professional told us, "The service have informed us of any concerns with mental and physical health in a timely manner and have acted appropriately in terms of their care."
- People were encouraged to live the lives they wanted to. Where there were opportunities to help people learn new skills, staff supported this, for instance, baking.
- People had experienced positive health and wellbeing outcomes since using the service. All relatives we spoke with felt staff advocated for people well and made sure they received the right health care.
- Staff worked well with external health and social care specialists, such as speech and language therapy and occupational therapists.

Staff support: induction, training, skills and experience

- Staff were well supported through initial induction, ongoing training and supervisions. One staff member told us, "The training has been comprehensive and the manager is good at reminding us when it needs doing."
- Staff received training in core areas and additional areas specific to people's needs. These included moving and handling, epilepsy awareness, mental health awareness and fire safety.
- Staff gave good feedback about their training, induction and support. Staff agreed the provider had kept them up to date with training via online training, but they were looking forward to more face to face training.

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

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff worked within the principles of the MCA, for instance respecting where people with capacity may choose something unwise. Decisions were made with the involvement of people and those who knew them well, for instance relatives and advocates. Information was shared with people in a way they could understand to help them make decisions.
- Care and support documentation did not always record the consent of the person involved in the decision. The manager and nominated individual agreed to rectify this as a priority.
- Staff helped people make day to day choices in a respectful way that had regard to how people were best able to make those choices (for instance being given a clear choice of two options rather than open questions).

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

- People had their needs and choices assessed and staff demonstrated they worked in line with the principles of Right Support, Right Care, Right Culture and how this should underpin the support people received.
- People planned goals meaningful to them and achieved them with staff support. Support plans were goal focussed. Documentation was not always updated in a timely enough manner to reflect this. The manager and provider agreed to address this.
- Staff completed an assessment of people's physical and mental health needs prior to them using the service. They worked well with people's relatives and specialists to ensure they were able to support people.

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

- People were supported to eat and drink in line with their preferences and needs. One person told us. "[Staff member] is going to show me how to make a victoria sponge so I can do it myself."
- People enjoyed going out for meals and being in control of their own shopping and meal planning. Staff helped them maintain a balanced diet.

Is the service caring?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partner in their care.

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

- People told us they were "in charge" and were fully involved in their care planning. People had set themselves specific goals and these were integral to how staff supported them. One relative said, "They love it, they've been getting out and about more."
- Staff had worked with people for a long time in some cases and knew people extremely well. They could anticipate people's needs in some cases. They prompted and were patient in helping people choose day to day things, such as clothing, meals, activities. Relatives felt this continuity of care had a positive impact on people. One external professional said, "[Person] has really thrived with the changes they have put in. They really listened."

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified way and their independence was promoted by staff. Staff interacted warmly with people, using humour and speaking in ways people could understand. People were treated respectfully and patiently. One person said, "The staff are fantastic. They have been lovely, there are no problems whatsoever." Staff knew what was important to them. One external professional said, "They've got to know [person] really well – [person] has a great life."
- People had achieved new levels of independence and confidence. One person was regularly going to football matches and others had made new friends whilst living at the service. One person said, "I love having people round, having tea outside on the patio. [Person] from up the road is always popping in." Staff recognised the significance of the achievements people made and celebrated with them. The manager recognised there was an opportunity to use photographs more to help celebrate and document these achievements.
- People felt at home and had relatives visit whenever they liked. One relative told us, "I can pop in whenever I like. I'm there most days."
- People had their own space but also the opportunity to meet new people and be part of the community. One person said, "The best thing is the peace and the space to myself." Another person said, "I like meeting other people and having a chat."

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people in line with their needs and preferences. They demonstrated an understanding of what was a good or more difficult day for people, and how they could react to those. Care plans were regularly reviewed and updated. They contained useful 'at a glance' information at the front, then more comprehensive plans.
- People achieved a range of goals with the help of staff. These included greater independence with household tasks, increasing mobility, going to football matches, going shopping, going in day trips and holidays, having a cat, going on a night out to bingo. This latter event was supported by staff in their own time and demonstrated a genuine interest by them to help people live the life they wanted to. Staff understood that independence was different for everyone and helped people accordingly.
- The provider ensured reliance on agency staff was minimal by ensuring people had a consistent staff team, wherever possible. One external professional said, "[Person] used to have a core team and they made sure they had this in place for them – this has really helped settle them and reduce anxieties."
- People were proud of their homes and what activities they spent their time doing. We visited people's homes and were welcomed by them.
- Staff worked flexibly in the interests of people. For instance, one person was feeling increased boredom and isolation at a weekend, so staff worked with social workers to ensure any support hours not used during the week could be utilised on a weekend. The person told us, "It's much better now."

Meeting people's communication needs

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

- Staff spoke with people in a way they could understand, in line with people's assessed communication needs. Where people preferred visual prompts/picture for making choices and expressing feelings, these were in place. Staff anticipated people's needs well.
- People's support plans were written from their perspective and contained a good amount of person-centred information. The manager agreed to use more photographs to document people's journeys toward their goals.
- Key procedures and policies were available for people in a number of different formats, including easy-read.

Improving care quality in response to complaints or concerns

- The provider had appropriate complaints procedures and policies in place. There had been no recent complaints.
- People were encouraged to raise any queries or concerns they had and were given access to advocacy support. All relatives we spoke with felt comfortable raising any issues with the manager and had confidence in them dealing with any issues.

End of life care and support

- Nobody in receipt of care required support regarding this aspect of care. People who wanted to make future plans had done so.

Is the service well-led?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was sometimes inconsistent.

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

- The manager was not yet aware of some good practice guidance regarding how best to support people with a learning disability or autism. For instance, Right Care, Right Support, Right Culture, STOMP (Stopping the Over Medication of People with a Learning Disability and/or Autism). We have signposted the manager to a range of best practice guidance for them to review. We recognised that they had, across a range of practices, been working in line with the principles behind these good practice documents.
- Audits were in place but had not always been effective. For instance, records regarding goal planning and people's consent had not been updated in line with the provider's policies. The manager recognised this and assured us this documentation would be reviewed and updated promptly. They also had plans to improve the person-centred nature of daily notes, which at times were brief.
- The provider had invested in staff training and support. Staff gave positive feedback about the range and standard of training they had received.
- Staff were clear about their roles. They shared the provider's stated goals to help people increase independence and achieve their aspirations. People had achieved a better quality of life since moving to the service. Staff took professional pride in helping people achieve things they had previously not had the opportunity to do.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager had improved the culture at the service. Documentation did not yet reflect the extent of positive work staff did with people, but people had experienced a range of improved outcomes recently. Staff told us, "The service needed a change and they are bringing lots of positives. It's for the better." Staff confirmed they felt supported by the manager and had the confidence to raise questions; they felt a part of how the culture was changing. One external professional said, "The new manager has put in some really person-centred solutions to some older problems."
- People and relatives knew who to contact. They found the manager approachable and accessible. External partners provided similar feedback, with one stating, "The manager is understanding of the service users and pro-active in their approach."
- Relatives felt involved. One said, "They are always very welcoming. They ring me if there are changes or things we need to talk through." The regional manager visited the service twice a year to speak with people and understand their experiences of the service.

Working in partnership with others

- The service worked responsively and openly with other health and social care organisations to ensure people's changing needs were met and their aspirations explored. The manager had built good relationships with local businesses, such as a local events centre. They hoped to build more and to give people more opportunities to take part in the local community.

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

- The manager knew about their responsibility to notify CQC of notifiable events, in line with regulatory requirements. We noted one of these had been delayed – they actioned this immediately. External professionals gave consistent feedback about how openly the new manager had interacted with them. When we identified areas for improvement, the manager was responsive to feedback.