

Lifeways Community Care Limited

Lifeways Community Care (Doncaster)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Lifeways Community Care provides personal care to people living in their own homes, including supported living schemes. They support people living with a learning disability. At the time of the inspection there were 73 people receiving care and support.

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

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.

Right Support

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People and their relatives confirmed this. A relative said, "The staff are brilliant with [Relative]. The staff are trying to make them independent. It's a lot of relief for me as I know they are being well looked after."

People were supported to maintain and pursue their interests and to achieve their aspirations and goals. The service made reasonable adjustments so people could be fully involved in discussions about how they received support. People received their medicines as prescribed. We identified some minor documentation issues at one scheme, which was rectified by the registered manager immediately.

Right Care

People received care and support from staff who knew them well and understood their needs and considered their preferences. Staff interacted positively with people and had a caring and respectful approach. Staff understood people's individual ways of communicating. Staff could recognise and report abuse and there were enough appropriately skilled staff to meet people's needs and keep them safe.

Staff sought appropriate advice from healthcare professionals in a timely way and staff ensured this was followed. Feedback from health care professionals was very positive and confirmed staff met people's health needs.

Right Culture

The culture of the service was open and empowered individuals to express their views and be in control of their lives with the support of staff. People received support based on inclusion, respect and transparency. People and their relatives told us they felt confident to approach the management team and that their suggestions would be heard and responded to. A range of quality checks with oversight at provider level helped to maintain and improve the service and the lives of people supported

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 December 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook this focused inspection to check they had continued to make improvements that were identified from the information we held about the service. This report only covers our findings in relation to the Key Questions, Safe, Effective, Responsive and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lifeways Community Care (Doncaster) on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lifeways Community Care (Doncaster)

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 26 '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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave short notice of the inspection to arrange visits with the registered manager as we wanted to be sure

there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since they registered. The provider was 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.

During the inspection

We spoke with 12 people who used the service and 10 relatives about their experience of the care provided. We spoke with 10 staff including the registered manager, a line manager, team leaders and support workers. We also contacted health care professions and obtained feedback from 3.

We reviewed 4 people's care records, medication records, daily records. We reviewed records associated with the management of the service, which included policies, procedures, audits, and checks. We looked at staff recruitment details, training, supervisions, appraisals and checks to determine staff were competent in their roles.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of abuse. A relative said, "[Name] is safe. They are always staffed on a one to one. They are never alone. They [staff] are aware of their vulnerability."
- Staff had received training in safeguarding and understood how to recognise signs of abuse and what actions to take to safeguard people from avoidable harm. Staff told us they felt assured the registered manager would act on any concerns if raised.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support were identified and appropriately managed to keep people safe. A relative said, "Important things aren't overlooked [by staff]. [Relative] health condition is complex and they [staff] manage it very well."
- Risk assessments included keeping safe in the community, risks in relation to health conditions and positive behaviour strategies.
- Staff were very knowledgeable about people's risk assessments and supported people in line with them.

Staffing and recruitment

- Staffing levels were determined by assessing people's needs, and staffing was maintained to ensure people's safety. Staff confirmed there was always appropriate staff on duty to meet people's needs.
- Relatives told us staffing was maintained at appropriate levels. However, some relatives told us there appeared to be a high turnover, we discussed this with the registered manager who sent information that showed vacancies were low and the provider had recruited successfully in the last year.
- The provider had a recruitment system in place which enabled them to recruit people safely. The recruitment process included pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Where people required support to take their medicines people told us this was completed safely. A relative said, "[Relative] medicines change regularly, they [staff] are aware and they double check everything."
- Where people were prescribed 'when required' (PRN) medicines, for example, paracetamol, there were protocols in place for staff to ensure manufacturer's instructions were followed.
- Medication administration records (MAR) were completed where people required support. MAR were checked for accuracy and staff understood the importance of comprehensively maintaining these records.

We identified some minor issues at 1 scheme, this was discussed with the registered manager and it was rectified immediately.

- Staff received required medicines training and checks were completed to ensure staff continued to follow best practice when supporting people to take their medicines.

Preventing and controlling infection

- The service had systems in place to manage the control and prevention of infection (IPC). Staff were kept up to date with latest guidance and requirements.
- Staff followed infection prevention and control procedures. People we spoke with confirmed this. A relative said, "When it is necessary, they [staff] wear PPE. If they take [relative] in the shower they wear it. When COVID was rife they wore the appropriate PPE."

Learning lessons when things go wrong

- The provider had systems in place to ensure lessons were learned when things went wrong. For example, 1 health care professional told us, they had identified staff were not completing records consistently to be able to effectively review. They discussed this with the registered manager, it was dealt with promptly and resolved, staff were supervised to learn and improve the systems.
- Accidents and incidents were individually monitored and analysed to identify trends. The staff were then supported to implement different approaches to minimise risk and improve outcomes for people.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed a comprehensive assessment of each person's physical and mental health and took the time to understand people's behaviours.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person. A relative told us, "The staff are brilliant. The staff are trying to make [name] independent. It's a lot of relief for me as I know they are being well looked after. They [staff] are very caring and [name] is safe there. It is a nice feeling place it feels like home. [Name] is settled. They [staff] have a laugh and joke with them which they really like."
- Staff explained how they involved people in making choices about their care and promoted independence. We saw evidence of this in people's care plans and their monthly support review.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and required training. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have.
- Staff also received specific training. For example, staff told us 2 people they supported were living with dementia, they had asked for training in understanding dementia, which had been facilitated. A staff member said, "I found this very useful to understand and manage how they presented, to improve their quality of life."
- Relatives told us staff were well trained and understood people's needs. A relative said, "They [staff] know what they are doing, they are well trained."
- Updated training and refresher courses helped staff continuously apply best practice.
- The registered manager checked staff competencies to ensure they understood and applied training and best practice. Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- People received support to eat and drink enough to maintain a balanced diet and were involved in choosing their food, shopping, and planning their meals. A person we spoke with told us how they really enjoyed their shopping trips with staff. A relative said, "The staff have taught [relative] to do cooking and take them shopping."
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. People could have a drink or snack at any time, and they were given guidance from staff about healthy

eating. A relative said, "I have been there at lunchtime and they [staff] always ask [name] what they would like. [Name] has lost a lot of weight the last year, they [staff] have done well with that." They explained how they needed to lose weight for health reasons and they staff were supporting this in a positive way.

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

- People were supported to live healthier lives and access healthcare when needed. A health care professional told us, "I find that referrals are always appropriate and timely and communication with managers of the service is very good."
- Care plans included input from a range of specialist health professionals which helped staff with information to support people to live their best lives.

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 MCA 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 Mental Capacity Act (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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- The registered manager and staff understood the requirements of the MCA and the importance of supporting people to make their own choices and decisions wherever possible. A relative said, "[Name] has limited understanding but they [staff] always ask. The staff communicate very well."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- Care plans were personalised with a social history and information about how best to support the individual. Care plans included information on people's interests, likes and dislikes, and healthcare needs.
- Regular reviews were completed to ensure care and support remained personal and care staff told us care plans were regularly updated with any changes.
- Relatives we spoke with were complimentary about the service and the support their family member received. They thought support was appropriate and that staff facilitated people to be the centre of their own care and as independent as possible. A relative said, "The staff are excellent. Certain members of staff go the extra mile. Staff do their absolute best under very stressful conditions. [Relative] gets everything they need nothing is too much trouble. As their condition gets worse staff accommodate the changes."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's support plans and information throughout the service were written in an accessible format.
- Care plans detailed how to communicate effectively with people.
- Staff were very knowledgeable on people's communication methods. For example, 1 relative told us, "[Name] isn't able to verbally communicate, but they [staff] know by their mannerisms what they are wanting or if they are consenting."

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

- People were supported to enjoy interest and hobbies of their choosing.
- Care plans included details of activities for people with information for staff to use to help people meet their identified needs and outcomes. These were reviewed each month with people to ensure their interests were still relevant.
- Staff supported people in a way that enabled them to stay living as independently as possible in their own homes, avoiding social isolation. A relative said, "The staff help [name] with their choices. They support them as much as they can. They like to go bowling, play pool, go out for something to eat and out and about on the bus. They [staff] facilitate this."

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. For most people, this concept would be difficult for them to comment on. Essential information such as who to contact in the event of illness and death were clearly recorded.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People were involved in regular reviews of how the service could improve. Any concerns were investigated comprehensively, and feedback was given, and lessons learnt. The registered manager was passionate about learning from complaints and improving the service and outcomes for people.
- We received some minor concerns from relatives during our inspection, which the registered manager was not aware of. Following discussion with them they took appropriate action to investigate and resolve the issues.
- Staff involved people, healthcare professionals and relatives, as appropriate, in ongoing discussions and formal reviews which gave them the opportunity to speak on behalf of people and voice any concerns.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team and staff showed a passion to support people to meet their outcomes and enjoy a life they had chosen.
- People and their relatives told us the service was managed well with caring staff. A person said, "The management are excellent, they are all contactable by phone."
- Staff told us senior staff were approachable which resulted in good communication and support for the benefit of people receiving a service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team consisted of the registered manager, line managers and team leaders. The team understood their roles and were aware of their regulatory duties.
- People and their relatives felt the management team and staff were very approachable. A relative told us, "I have a good relationship with management."
- The registered manager was aware of their responsibility to notify the relevant authorities including the CQC of important events that happen in the service. For example, any safeguarding concerns, service changes and serious incidents.
- Audits and performance checks were used to manage the service, maintain standards and identify areas for improvement.
- Systems and processes were regularly reviewed with any required improvements implemented in a timely way. For example, staff explained how the cleaning schedules and audits had improved, making staff accountable, which had improved the standards of cleanliness in people's homes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were given the opportunity to feed back on the service they received and told us the senior staff including the registered manager were approachable and responsive. A relative said, "The staff are dedicated. They do extra things. They care. On the whole I am quite happy and don't think it could get any better."
- Management and staff discussed their passion for their roles and the supportive team approach to providing people with consistent care.

- Thorough pre-assessments and reviews of people's needs ensured care was planned to meet any personal characteristics and preferences. People's views were recorded, and where required, adjustments made to ensure care was tailored to meet their needs.
- Systems were in place to monitor the quality of the service. We saw audits took place on a regular basis and action plans were used to address issues and make improvements to the service where needed

Working in partnership with others

- The provider could evidence they worked in partnership with others to ensure people received timely and appropriate care and support. A health care professional said, "I feel I have a very good relationship with this provider and do not have any concerns regarding the care they provide for the service users I have had involvement with."