Lifeways Community Care Limited

Lifeways Community Care Limited (Salford)

Inspection report

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18 September 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 10 and 12 September 2018 and was announced. We gave the registered manager 48 hours' notice so they were available to facilitate the inspection. We made phone calls to people's relatives on 18 September 2018.

This service provides care and support to people living in 11 'supported living' settings, so that they can live in their own home as independently as possible. The properties were situated throughout the Swinton area and each house visited supported either three or four people. People had their own bedrooms and shared communal areas such as lounge, kitchen and bathrooms. There was also an additional bedroom for staff which doubled as an office.

In supported living arrangements, 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.

The service was last inspected on 16 May 2017 when we rated the service as 'requires improvement' overall and in the key questions, effective and well-led. We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding meeting people's nutrition and hydration needs. We also made a recommendation that the provider reviewed its governance and auditing systems in relation to people's specific dietary requirements.

Following the last inspection, the provider sent us an action plan detailing what they would do and by when to address the breach identified. At this inspection we found the provider had made the necessary improvements and was meeting all the requirements of the regulations.

At the time of the inspection the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the service had an up to date policy and suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. Recruitment procedures had been followed and employment checks had been completed prior to staff commencing in post.

The management of medicines promoted people's safety. Appropriate arrangements were in place to ensure that medicines had been ordered, stored and administered appropriately.

People and relatives spoken with told us people were safe because of the care and support received. People were supported by staff that were creative in their ways of communicating with people to ensure they understood and met people's needs.

There were comprehensive risk assessments and measures identified to reduce risks. Changes in risk were identified and support plans reviewed and updated to meet people's needs. People and their relatives' views and decisions about care provided were listened to and acted upon.

Staff demonstrated they provided care in line with people's preferences and ensured the service was responsive to people's individual needs.

Staff were working in line with the Mental Capacity Act (2005) and people were supported to make their own decisions. When required we saw evidence of best interest decisions being made and these were clearly documented to demonstrate the process followed.

People and their relatives praised the staff and were complimentary about the care they provided. Relatives were pleased they had some continuity of staff and felt this was imperative when caring for their loved ones.

The houses visited during the inspection were relaxed and people and staff were observably happy in each other's company. We saw staff responded appropriately to people when upset or distressed and people were comforted and provided reassurance.

People's privacy and dignity was maintained and opportunities explored to promote people's independence. Staff spoke about people positively and were motivated to make a difference to people's quality of life.

Stimulation, outings and activities were provided on an individual basis depending on people's one to one hours and interests. Staff also supported people with activities of daily living and indoor activities such as movie nights and games to provide regular engagement.

The service had a complaints procedure in place and we saw complaints received had been responded to within required timeframes.

Staff completed 'My Lifeways' training which was an online programme that identified training requirements depending upon the staff members role within the service. Regular supervision and annual appraisal provided staff with the opportunity to explore training and development opportunities.

Staff spoke highly of the registered manager and the positive changes to the service under their leadership. There had been significant changes within the management team and delays encountered establishing a full management compliment which had resulted in some inconsistencies in the houses. However, at the time of our inspection this had been addressed and there were service managers and team leaders identified to provide operational oversight and support.

The service had a range of systems and procedures in place to monitor the quality and effectiveness of the service. Audits were completed both internally and at provider level, with action plans and checklists completed to ensure improvements were made.

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.

Processes were in place to ensure people's medicines were managed safely.

Risk assessments were reviewed regularly and updated to meet people's changing needs.

The service had arrangements in place for recruiting staff safely and there were enough staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective.

People's nutrition and hydration needs were appropriately assessed and guidance from health professionals sought and followed.

The induction in to the service was aligned with the care certificate and electronic training was provided through 'My Lifeways training'. Bespoke training was also completed depending on people's specific needs.

People were provided choice and supported to make decisions about their life to maximise their autonomy.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively of the staff and the care received.

We observed positive interactions and comfort offered by staff to people which demonstrated caring relationships had been developed.

People's privacy and dignity was maintained and people were provided care and support in line with their wishes and preferences.

Is the service responsive?

Good

The service was responsive.

People, their relatives and/or representative were fully involved in planning their care and support, which ensured people felt listened to, valued and empowered.

Social and leisure activities were provided based on people's individual needs and preferences. People were supported to maintain relationships, learn new skills and attend activities of their choosing.

The service had an effective complaints procedure in place, with all complaints being investigated within required timeframes and outcomes documented.

Is the service well-led?

Good

The service was well led.

Staff spoke highly of the registered manager. Staff felt valued and attributed service improvements to the current leadership.

There was an open and honest culture which acknowledged issues and implemented positive change to prevent re-occurrence.

Internal and external quality monitoring was completed to assess the quality of the service. Staff were informed of required action and demonstrated during inspection that they were motivated to drive improvements to obtain better outcomes for people.

Lifeways Community Care Limited (Salford)

Detailed findings

Background to this inspection

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

The inspection site visit took place on 10 and 12 September 2018 and was announced. The provider was given 48 hours' notice because the location provides a 'supported living' service and we needed to be sure someone would be in the office to facilitate the inspection. Telephone calls were made to relatives of people using the service on18 September 2018.

The inspection visit was conducted by one adult social care inspector from the Care Quality Commission (CQC).

Before this inspection, we reviewed notifications that we had received from and about the service. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, and tells us what the service does well and the improvements they plan to make. We also checked with the local safeguarding and commissioning team whether they had any concerns about the service. All this information was used to plan the inspection.

During the inspection, we visited four houses in which 12 people were receiving supported living services. We spoke to five people receiving support, two relatives and discreetly observed staff interactions with people. We did not complete a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. This was because it was felt to be intrusive in people's own homes so we spoke with their relatives to ascertain this information.

We spoke with the registered manager, regional manager, two service managers, three team leaders and four support staff. We looked at various documentation to ascertain how care and support was assessed, planned and delivered. We looked at six care files and other associated documentation including medicine administration records (MAR).

We reviewed six staff recruitment files, supervision notes, training, induction process, staff rotas, minutes of meetings, audits, quality performance reports and policies and procedures. We used this information to inform our inspection judgement.

Good

Is the service safe?

Our findings

We asked people and their relatives if they felt people were safe because of the care and support provided. A person told us; "I feel safe. If I need staff at night, I knock on their bedroom door and I say that I need help. They're always here for us." A relative said; "I have absolutely no safety concerns. [Name] is very happy with the staff. I tell the Local Authority they should visit this house as it is an excellent example of how care should be."

We found suitable safeguarding procedures in place designed to protect vulnerable people from abuse and the risk of abuse. The registered manager was proactive in changing processes and implementing systems to ensure people were protected when issues had arisen. Staff confirmed receiving safeguarding training. They were confident at identifying what could constitute abuse and they knew how to report concerns and measures they could implement if concerns arose to ensure the person was protected.

Effective procedures were in place to monitor safeguarding concerns, accidents or incidents. Events or incidents that occurred within the service were recorded on an initial accident form which was accompanied by a full investigation report. The accident analysis captured additional information including contributing factors and actions taken. This meant the service could monitor any re-occurring trends, promote learning and reduce the risk of future re-occurrence.

We looked at whether there were sufficient numbers of staff on duty to meet people's needs and keep them safe. Staffing was determined depending on the hours commissioned by the Local Authority and staff shift patterns were developed around this. We saw staffing numbers changed depending on the day and whether people had hours scheduled for one to one support. There was always one staff member through the night and the number of staff varied in the day depending upon people's needs. People and their relatives said there were enough staff on duty to keep people safe. However, they did say they would like their relative to have more one to one time but acknowledged this was not down to the service and commended the staff for all that they did for their family member. A relative said; "The more staff you've got, the more you can do but I have never felt like there was not enough staff."

We asked the team leaders how they ensured people were continually supported by staff with the required skills and attributes when unforeseen shortages occurred due to sickness. Staff in two of the four houses told us they covered for each other. In one of the houses, the team leader told us agency staff had been used. Two of the people in this house told us they preferred their regular staff but agency use was rare and said when agency staff had been required that the staff had been 'alright'.

We looked at five staff personnel files and found appropriate recruitment procedures in place. A disclosures and barring service (DBS) check had been completed, appropriate references obtained and work history explored before new staff commenced with the service. This helped to keep people safe and ensured appropriate recruitment decisions were made when employing staff to work at the service.

People using the service had varying degrees of involvement in recruitment. People completed ''choosing my support staff' which enabled people to express what they did and didn't want from their support staff. This included hobbies, interests, skills and personal characteristics. Two people we met during house visits explained how they had been involved in the recruitment process and had chosen the support staff member they wanted to work with them.

Care files were organised and easy to navigate to ascertain information. We saw people had risk screens in their care files, which indicated whether there was an identified risk or not. If there was a risk, details of the risk, contributing factors and control measures were identified. The risk screen also identified whether staff needed any specific training to support the person and the timeframe for ensuring this was obtained.

We saw people's files contained a personal emergency evacuation plan (PEEP) when this information was required. The PEEPS contained guidance and the arrangements regarding evacuation, assistance and equipment required in the event of an emergency.

Health and safety was managed at each house. We saw service and maintenance certificates were up to date and consideration had been given and risk assessments formulated for household substances. The houses visited were homely, clean and tidy without appearing clinical and people spoke proudly of where they lived. Staff were responsible for maintaining the cleanliness of the houses but one of the houses visited, two people described how they were responsible for household chores and voiced how they were supported to achieve this.

We found medicines continued to be managed safely. We looked at how the service managed people's medicines in the four houses visited. We found medicines were stored, administered, recorded and disposed of safely. Care files detailed people's support needs, who was responsible for ordering medication and detailed the specific guidance on administration for each person. Medication entering the house was counted and signed and medication returned to pharmacy was documented and signed by the pharmacy as verification that it had been received.

We checked medicine stocks and records and determined they tallied to confirm that medicines had been given as prescribed. All staff administering medication had received training and continued to have competency checks completed to determine their skills and knowledge.

Good

Is the service effective?

Our findings

We checked the progress the provider had made following our inspection in May 2017 when we identified a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as we identified gaps in meeting people's nutrition and hydration needs.

During our inspection we checked to see how people's nutritional needs were met and found the provider was now meeting all the requirements of this regulation.

At our inspection in May 2017, we found staff were recognising and monitoring people's weight but we identified staff in one of the houses visited were not following dietician recommendations and were missing opportunities to increase a person's calorie intake. We saw that this person was continuing to lose weight. We visited the person during this inspection and observed they no longer required dietetic services and since our last inspection had successfully gained two stone and were maintaining a healthy weight.

People's dietary needs were clearly detailed in people's risk screens and all the staff we spoke with demonstrated a comprehensive knowledge of the dietary needs of the people they supported. People visited had varying nutritional needs. For example, there were people receiving support that required a percutaneous endoscopic gastrostomy (PEG) which is a medical procedure which involves a tube being passed through the person's abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. We found the staff were knowledgeable and had the necessary skills to manage people requiring a PEG.

Two people visited told us they chose their daily meals together with their third housemate and they discussed their favourite meal options and how staff encouraged them to try healthier versions. They told us the staff had purchased a smoothie maker to encourage them to try different fruits and they had smoothie tasters which they enjoyed. One person was laughing as they explained staff had even put spinach in one smoothie and as much as they had been determined not to like it that they had ended up enjoying it.

We saw further support to maintain good health by the service. People had health action plans in their care files which contained information for staff when supporting people with a learning disability about considering a healthier lifestyle. We saw one person had successfully been supported to reduce their weight following these considerations.

We also saw people had hospital passports in their care files. This provided a 'snapshot' of information concerning the person supported. For example; how best to communicate with the person, help needed with eating and drinking, mobility, medication, pain, hearing and using the toilet. This meant that if a person receiving support required a hospital admission then their support needs would be known by the treating team.

We saw staff were effective when responding to people's healthcare needs. There had been an incident at one of the houses where despite medical professionals visits the person had declined and staff were prompt

at getting emergency services. The staff had been commended by the hospital staff for this. We discussed this with the team leader who told us; "When you work so closely with somebody, you just know when things are not right. I'm just glad they followed their instincts." The person had made a good recovery because of staff's prompt action and was due to return home.

The people and relatives we spoke with told us staff were well trained and had the required competence and skills to care for their family member effectively. A relative said; "I am very confident the staff have the correct knowledge and abilities. My relative is so happy here." A second relative said; "The team really is very good, they know my relative and how to care for them as well as I do."

People's needs had been thoroughly assessed before they received care and support. This ensured the service could meet people's needs before they moved in to the supported tenancy. All elements of the person's health and social care needs had been considered, including; personal information, health needs, personal care, mobility, communication and decision making. Relatives confirmed being involved in the assessment and care planning process.

We saw staff received an induction in to the service and newly appointed staff completed the care certificate. The care certificate assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care.

Staff completed ongoing training through 'My Lifeways' which was an electronic system that identified training for staff to complete depending upon their role within the service. For example; team leaders and service managers would have different training requirements identified than staff providing direct support. Training topics covered mandatory aspects such as the safe handling of medicines, fire awareness, mental capacity and deprivation of liberty safeguards, food safety and safeguarding.

Bespoke training was also completed depending upon people's individual care needs such as; epilepsy awareness, autism awareness diabetes awareness and positive behaviour support. We saw staff at one house visited had recently completed Positive Behaviour Support. Positive Behaviour Support (PBS) is based on the principle that if you can teach someone a more effective and more acceptable behaviour than the challenging one, the challenging behaviour would reduce.

Staff received regular supervision from team leaders and service managers to discuss what was going well and whether there were any issues that needed to be addressed. The service was in the process of completing appraisals and they were scheduled for completion by the end of October 2018. The appraisal had been aligned with 'My Lifeways' so staff had a build up to the appraisal process and could input information throughout the year prior to the scheduled meeting.

We found staff understood the main principles of the Mental Capacity Act 2005 (MCA). The 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.

Where people receive care and support in their own home, and are under constant supervision and control, the authorisation is known as a Deprivation in Domestic Setting (DiDS) which can only be granted by the Court of Protection. We saw the registered manager had informed Salford Local Authority when a person had moved in to the service that they felt had restrictions placed upon them. The registered manager maintained a spreadsheet and submitted this the local authority as the level of restriction placed upon

people occurred. The spreadsheet indicated when the registered manager felt restrictions were low, medium or high and they met with the lead social worker from the DoLS team who was also responsible for overseeing deprivation in domestic settings to discuss whether a court application was required.

Staff demonstrated they were confident to put this into every day practice to ensure people's human and legal rights were upheld. Staff considered people's capacity to make particular decisions and where appropriate knew what to do and who would need to be involved, in order to make specific decisions in people's best interests.

Good

Is the service caring?

Our findings

Without exception, people who used the service and their relatives were complimentary and positive about the staff that supported them. People's comments included; "I love it here. I wouldn't change a thing. We have the best house.", "It's perfect. Everybody gets on and I love the staff." A relative said; "All the staff are absolutely brilliant. They must be a certain type of person because it is hard work. It's a good team here and our [relative] receives excellent care." A second relative said; "The team we've got now are really very good. They understand my [relatives] needs and they are well looked after."

In three of the four houses visited people received care and support from a consistent staff team who understood the needs of the people they supported. In the fourth house the team was relatively new, but it was hoped that the staff would remain and the people would also benefit from the same consistency of staff as observed in the other houses visited.

Staff took time to get to know people's history, likes, needs, hopes and dreams. People completed a matching tool 'choosing my support staff' which considered; personality characteristics needed, skills needed, support needed and shared interests. The staff were matched through application and interview so staff could respond to people's diverse needs and form close bonds and understanding relationships.

We looked to see how the service recognised equality and diversity and maintained people's human rights. We saw initial assessments were designed to capture this information. People and their relatives confirmed being involved in assessments which we saw captured information regarding people's cultural and religious needs and identified whether religion was important to the person and what considerations needed to be taken in to account to maintain this.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure people with a disability or sensory loss are given information in a way that they can understand. We found the service was meeting this standard. We saw people had communication plans in their care files which detailed the most effective ways to support the person to communicate. Individual support agreements and documentation was also available in easy read format.

People visited had relatives involved in their lives who supported decisions and advocated on their behalf. However, staff voiced that there were a few people receiving a supported living service that did not have family involvement and this was when advocates were requested. Information about advocacy services was readily available.

People and their relatives told us staff respected their relative and maintained their privacy and dignity. People confirmed being given privacy when they wanted it and we observed staff knocking on people's bedroom doors before entering. Staff sought people's consent before entering their room and requested the person's permission before showing us around their home.

Where able, people were encouraged to answer their own front door and when doing so they demonstrated

they were aware of maintaining security by asking for our badge and purpose of our visit before clarifying with staff that we could enter their home.

People were proud of their homes and were keen to show us round. The houses were relaxed and there was a positive and lively atmosphere in three of the four houses visited. In one of the houses visited people were having bed rest due to their medical needs and staff were sensitive to this and maintained a quiet atmosphere. In all the homes visited we were made to feel welcome by the people living there and their staff team.

Staff were enthusiastic about the support they provided and were keen to share their experiences with us. Staff spoke with pride about the care and support they provided and the affection they had for the people supported was evident in all the houses visited.

People told us how staff encouraged their independence and two people showed us their rota for completing the household tasks. The rota changed weekly to ensure fair and equitable distribution of cleaning tasks. The people who told us this were observably pleased when we commended the cleanliness of their home and the décor they had chosen.

Staff told us how they supported people on an individual basis and explored opportunities to promote people's independence. We saw one person in one of the houses visited was holding the laundry basket whilst in their wheelchair and they were supporting staff to put the laundry away. Staff told us people's physical needs differed but there were creative ways to ensure people felt engaged in household tasks and decisions regarding their care.

The service recognised the importance of maintaining people's family links. Relatives told us they were welcomed to visit any time. One relative said; "They've given us our lives back. We used to feel that we had to be on-call all the time but that's not the case now. I am confident in the care they provide, it's as good as I would do and that gives me peace of mind." Another relative said; "[Relative] is happier now than they have ever been. I used to feel uneasy leaving them for long periods or going away. I have no unease, I miss them but I am not worried about them."

Relatives commended the staff for their communication with them. A relative said; "Having the consistency of staff means we get to know them as they do us. The communication with us really is very good. They keep us up to date with everything that's going on." A second relative told us; "I can't fault them. The staff know that I would want to be informed of anything so they do just that."

Good

Is the service responsive?

Our findings

We asked people and their relatives if they felt the care provided was responsive to people's individual needs. People told us; "I do what I want when I want. I tell staff what I would like to do the following week and we devise the plan."

We looked at people's care files and saw that each person had received a full assessment prior to support commencing. The initial assessment captured a range of information including; important relationships, people's mental capacity, health needs, mobility, communication, and support needs. From the initial assessment, detailed assessments were undertaken and support plans developed. The support plans included personal histories and background information, and people's preferences were captured regarding how people wanted their care to be delivered. This meant people and families had been provided an opportunity to communicate their needs to inform personalised care planning.

We saw risk screen tools and support plans had recently been updated and developed. The files had been streamlined and organised which made them easier to navigate and ascertain the information required. The support plan documented the level of input and how the person was involved in developing their own support plans. Support plans were detailed and easy to follow, they were person centred and contained the person's goals and aspirations. Support plans included; choice and control, health and well-being, everyday tasks, living safely and taking risks, family and relationships, managing money, community life, learning, leisure and work, behaviour.

People's support plans reflected people's abilities and gave detailed guidance on what people required support with and any associated risks. The sections numbered one to eight included; 'My one -page profile' which detailed what people admire about the person, what is important to them and how best to support them.

People were supported individually to participate in activities of their choosing. At two of the houses visited, two of the people supported were at college. Staff told us people were encouraged to pursue educational, training and employment opportunities. Staff supported people on a one to one basis depending upon their commissioned hours and fostered the friendships within the home and between the supported living houses. Two people were animated when speaking about a recent trip to Southport beach with a tenant from one of the other supported living houses. They told us they'd had an enjoyable day and had a picnic on the beach and pretended to swim in sea puddles.

The people spoken with told us of movie nights they enjoyed with treats and hot chocolate. They recounted the Royal wedding when they had hung flags on the washing line and had a garden party. They'd watched the wedding with staff and told us it had been a special day that they'd enjoyed. They talked of shopping trips to Trafford centre, planning holidays and the Tuesday night disco they attended with their friends.

At another house visited there were pictures on the wall capturing people on outings and day trips. People had been to Southport and at the time of our visit were planning a trip to see Blackpool illuminations.

People frequently went out for walks, cinema, museums and the circus. The staff told us they varied the activities and gaged what people enjoyed. Staff engaged people in activities and provided daily stimulation whilst in their own home. When visiting houses, we observed staff playing games in one house, looking through a holiday brochure with a person supported in another and in a third house there was sand on the floor were a person had been playing and another person had tired themselves out doing floor exercises and being stimulated with different lights and fibre optics. We were delayed visiting the fourth house because the people living there had gone out for lunch and a coffee on the Quays.

The people we spoke with told us they were happy with what they were doing and felt they were given choice about how they spent their time. The relatives spoken with voiced they were pleased with the stimulation the staff provided but wished their relative did have more one to one time to access the community more frequently. They acknowledged the service was not accountable for this and in the main were pleased with what was being provided.

People's relatives told us they had regular contact with the service and were kept informed about their family member and encouraged to provide feedback. We saw there was an effective system in place to deal with complaints. The service had a complaints policy, which gave clear guidance and timescales on how to manage complaints. The registered manager told us the process they would use to investigate complaints and we found they had applied the policy when managing the few complaints received. We saw that responses had been provided to each complainant. We noted there was also detailed information about the nature of the complaint, how it was made, the outcome and what action was taken.

The service didn't as a routine provide end of life care (EoL), however at the time of undertaking the inspection they had been requested to facilitate a hospital discharge to support a person requiring palliative care. The service obtained EoL training which staff attended. The plan was for staff to provide personal care alongside the district nurses who would ensure the person's medical needs were met. Unfortunately, the discharge was unable to be facilitated due to insufficient staffing numbers to provide the increased staff and round the clock care required. The registered manager and staff were visibly upset by this outcome and despite their best efforts to facilitate the discharge and secure additional staff they voiced feeling they'd let the person down.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager and team leader were available throughout the inspection.

The service operational structure consisted of the registered manager, service managers who oversaw several of the supported living houses across Lifeways, team leader at the house and support staff. The benefit to this structure is that it identifies clear lines of accountability and the staff we spoke with were aware of their roles and responsibilities and what was expected of them.

We found the service was willing to learn from mistakes and continuously strove to improve. When things had been identified as not working or there were gaps in processes, the registered manager had been transparent and contacted CQC to keep us informed. There was an acknowledgment that the service had gone through a significant period of change in the management structure and this had impacted upon the consistency of decisions and oversight provided within the houses during this period. The registered manager was working closely with the Local Authority to address any professional concerns received by the Local Authority and had regularly provided CQC with updates of actions taken to address gaps to ensure people were protected.

The management had effective systems in place to assess and monitor the quality of the care provided. The provider ensured governance audit systems were in place. Workbooks were completed by the service manager monthly which included an audit of care files; risk screens, support plans, people's finances, complaints, safeguarding, accidents and incidents. The workbook was submitted to the registered manager for checking to maintain oversight at service level. The information was then used to create a 'data pack' for director level which highlighted anomalies, trends, themes and any actions required. These were then relayed back to the registered manager who disseminated it to the service managers to address within the supported living tenancies.

In addition to this, there was an external audit team from Lifeways which was not directly involved with Lifeways Salford. The external audit team completed an independent audit aligned with our Key lines of enquiry and then gave the supported living tenancy a rating. If the rating was good or above, the external audit team would re-visit after a year. Anything less than good, more frequent audit visits were completed and action plans were sent to support the services to improve the rating. The registered manager had requested the 11 houses within the service were audited to provide a benchmark of the quality of the services provided.

Staff at one of the houses we visited had recently received their external audit rating and had received good. They told us they were pleased but were aspiring to improve the rating and percentage awarded when the audit team returned next year. They had discussed the rating with people living at the service and the staff

team. The people said they knew they had the best house whatever the rating but staff said although they were pleased to be 'good', they wanted better. We found staff were motivated to make a difference, they wanted people within the service to receive the best quality of care and saw this as their responsibility to ensure this.

The service also monitored the effectiveness and quality of the service provided to people through satisfaction questionnaires. People individually rated the services they received which generated an overall score. All the person led ratings viewed were extremely positive. Each house also had resident meetings in which people had further opportunity to provide feedback and influence changes. There were also collective forums that people and staff could attend which were scheduled at different Lifeways sites.

Staff spoke highly of the registered manager and the positive changes they had made within the service over the last year. Staff told us; "Credit has to go to the registered manager. They are a good leader and they have established a strong management team." Another staff member said, "We've had unforeseen things occur which has meant we've only just got a service manager. That said, it has all been unavoidable and we've always felt supported and registered manager to ring."

There were regular team meetings at the main Lifeways office to enable discussion in a safe environment. Team meetings gave service managers, team leaders and staff an opportunity to get together and discuss the house they supported. Service managers could disseminate outcomes from quality audits and care files, compliments and complaints were discussed. Staff had an opportunity to discuss concerns and make suggestions for improvements to the service. Staffing and any issues were discussed, planned outings, holidays 'and events within the houses. Staff told us team meetings were a positive experience and a good opportunity to come together to discuss their houses.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and safeguarding related issues. Records we looked at confirmed that CQC had received all the required notifications promptly from the service.

The rating from our last inspection was displayed on the provider's website, and copies of the report had been shared with staff and people using services. This meant people were able to make informed choices about the quality of the service provided.