Lifeways Community Care Limited

Lifeways Community Care (Chorley)

Inspection report

Tel: 00 000 000
Website: www.example.com

Date of inspection visit: 02/07/15 06/07/15 21/07/15 29/09/15
Date of publication: 13/01/2016

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Inadequate

Overall summary

Lifeways is a national supported living scheme. It provides support for people living in the community with their family or in group home settings and caters for people with a diverse range of needs, such as learning disabilities, autism and acquired brain injuries. People using the service are enabled to live as independently as possible and are supported to maintain their interests on a daily basis. The office is located on the outskirts of Chorley town centre, being easily accessible by public transport. There is ample space to facilitate meetings, hold private interviews and provide staff training. Lifeways (Chorley) provide care and support to people over a wide area, which covers the whole of Lancashire and encompasses several neighbouring counties. At the time of this inspection the service was supporting 113 people living in the community and 194 support staff, including community managers.

Staff working for the agency provide personal care and support for people who use the service, as well as helping with domestic chores. Good support is provided by the administrative staff working in the agency office. Lifeways Community Care (Chorley) is owned by Lifeways Community Care Limited and is inspected by the Care Quality Commission.

Summary of findings

Due to some concerns raised this inspection was conducted over four days, during which time we visited people within the community and we visited the agency office on three separate occasions. We gave the registered manager two days' notice of two of our visits. This was so that someone could be available to access all the records we needed to see. The other day to the agency office was unannounced, which meant people did not know we were going to visit. The registered manager was on duty on our first and third visits to the agency office, but not on the second. 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 and associated regulations about how the service is run.

The management of medications could have been better. Despite clear medication policies and procedures being in place and staff having relevant training we established there had still been 13 medication errors since our last inspection. One recent medication error was reported, as a result of a new and inexperienced employee being assigned duties for which they were not competent. The provider informed us that this member of staff had received the appropriate training and that they had been assessed as being competent. The provider also told us that once the error had ben identified then appropriate action had been taken.

People who used the service had given their consent before care and treatment was provided. Staff were confident in reporting any concerns about a person's safety and were aware of safeguarding procedures. Recruitment practices were robust, which helped to ensure only suitable people were appointed to work with this vulnerable client group.

Staff were seen to respect people's privacy and dignity and it was clear that good relationships had been developed between service users and support staff. In general people were provided with the same opportunities and were usually involved in the planning of their own care.

Records showed new staff received a good induction and that staff were regularly observed at work by supervisors.

The staff team were well trained and those we spoke with provided us with some good examples of modules they had completed. Regular supervision records were retained on staff personnel files and annual self-assessment competency checks had been conducted.

The planning of people's care was based on an assessment of their needs, with information being gathered from a variety of sources. However, the provider did not always have systems in place to identify when people were at risk of unlawful restrictions, which may have amounted to deprivation of their liberty and to ensure any such situations were brought before the Court of Protection (COP). The COP is a high court set up to deal with such issues and protect people's rights.

The plans of care varied in quality. Some were well written; person centred documents, but others we saw provided basic information only and lacked a person centred approach. There were no care files available for three people, at the time we visited them within their own homes. This was concerning as it meant that staff supporting these people were unable to refer to information about the needs of those in their care. This incident is referred to within several sections of this report.

A wide range of policies and procedures were in place in relation to a variety of health and safety topics. Areas of risk had been identified within the care planning process and assessments had been conducted within a risk management framework, which outlined strategies implemented to help to protect people from harm. Complaints were well managed and people were enabled and supported to make choices about the care they received.

We found the service to be in breach of several regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in respect of safeguarding service users from abuse and safe care and treatment.

.

You can see what action we have asked the provider to take at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

Risk assessments reflected any safety issues, but medicines were not well managed despite processes being in place to protect people from the mismanagement of medications.

People had given their consent before care and treatment was provided. People were safeguarded from abusive situations and staff had received training in relation to safeguarding adults.

Recruitment practices were robust and staffing levels were sufficient to meet the needs of those who used the service.

A wide range of health and safety policies were available. Environmental risk assessments were detailed and emergency plans helped to protect people from harm.

Is the service effective?

Requires improvement

The service was not consistently effective.

Although records showed that the staff team were well trained and new staff received a good induction, they were not always well supported to undertake duties beyond their capabilities. Regular supervision records were retained and self-assessment competency checks were evident.

Staff we spoke with were knowledgeable about people's needs and interacted well with those in their care.

Consent was obtained from people before care and support was provided and staff had received training in The Mental Capacity Act (MCA). The provider did not always have systems in place to identify when people were at risk of unlawful restrictions, which may have amounted to deprivation of their liberty and to ensure any such situations were brought before the Court of Protection (COP). The COP is a high court set up to deal with such issues and protect people's rights.

Is the service caring?

Good

The service was caring

Staff were kind and caring towards those they supported and they respected what was important to them. People were usually able to make decisions about the care and support they received and were, in general happy with the service provided.

People were able to develop a good bond with their care workers and their privacy and dignity was consistently promoted.

Summary of findings

Is the service responsive?

Requires improvement

The service was not consistently responsive.

The planning of people's care was usually in accordance with their assessed needs. However, the support plans we saw varied in quality. Some were well written, but others provided basic information only. Three of the people we visited did not have support plans available. This meant staff were unable to refer to important information about people's needs.

People were able to make choices about the care and support they received and staff were kind and caring towards those who used the service.

Complaints were well managed and people were confident to discuss any concerns with the management team at any time.

Is the service well-led?

Inadequate

The service was not consistently well-led.

The processes adopted by the agency for assessing and monitoring the quality of service provided were good. However, these were not always effective, as the concerns we identified in relation to three support plans being mislaid had not been recognised by the management team. This was very concerning, as the records in question contained confidential information about individuals who used the services of Lifeways (Chorley).

People who used the service were asked for their feedback and this was taken into consideration by the management team.

Lifeways Community Care (Chorley)

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

We last inspected this location on 29th April 2014, when we found the service was fully compliant with the outcome areas we assessed at that time. The initial announced visit to the agency office was conducted on 2 July 2015 by two inspectors from the Care Quality Commission. An expert by experience spoke with 13 people who used the service by telephone. An Expert by Experience is a person who has experience of the type of service being inspected. Their role is to find out what it is like to use the service. The inspectors visited eight locations within the community, speaking with a total of 20 people in supported living accommodation, six relatives and 18 staff members.

We visited six locations in the region over two days during our inspection. Concerning information received resulted in us visiting a further two locations within the community and conducting a third visit to the agency office. We visited and spoke with a total of 20 people in supported living accommodation. We also had contact with six relatives and 18 staff members. We observed the approach and interaction of staff towards those they were supporting.

The provider sent us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to this inspection we looked at all the information we held about this service, including notifications informing us of significant events, such as serious incidents, deaths and safeguarding concerns. Before, during and after this inspection concerns were raised by some people who had an interest in Lifeways (Chorley). Therefore, the inspection process spanned several months in order for us to speak with or visit all those who had expressed their concerns and to ensure we had explored all areas we considered to be necessary in response to the issues raised.

We requested feedback from 12 community professionals. We received a response from one of them, who thought that overall the service was good. This person outlined some good points, but also highlighted some areas which they felt could be improved. Their comments are included within this report.

We established that care files were retained at the agency office and we found that 17 out of the 20 people we visited also had them within their own homes. During our inspection we looked at the care files of 22 people who used the service, 17 of whom we visited within the community. We also checked the personnel records of four members of staff. Other records we examined included, policies and procedures, accident records, methods for assessing and monitoring the quality of service provided and the complaints register.

Requires improvement

Is the service safe?

Our findings

All those we spoke with told us they felt safe using the service. One person told us, "I've lived in care homes all my life. Here I've got my own flat and carers if I need them. If I am worried about anything I go to the office or my flat and discuss things in private. There's always someone to help me." Another person told us that the staff managed her money. She commented, "I have to ask for money, but they won't give it me, because I wouldn't spend it wisely. I'd like to go on more holidays, but the staff have said they don't know if I can afford it, but they don't check how much money I have got. If I ask the manager to check, he says he is busy. He came to visit me about a month ago and I asked him then. He said he would let me know, but he hasn't got back to me. I've also asked the team leader."

We noted that there had been 13 medication errors reported since our last inspection. Another incident was reported prior to this report being written, which resulted in paramedics being called on advice from the out of hours service when a member of staff gave one service user the wrong medication. This resulted in the individual becoming drowsy and difficult to wake.

We found that the registered person had not protected people against the risk of receiving inappropriate or unsafe care and treatment, because medicines were not well managed. This was in breach of regulation 12(1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

It was established that on one occasion, because of staff sickness new staff were supporting four vulnerable individuals within their own home. This put people at risk of harm and evidence was available to show that an inexperienced employee in this instance had not been well supported by the management team, which resulted in one person being given the wrong medication, as referred to above.

We found that the registered person had not protected people against the risk of receiving inappropriate or unsafe care and treatment, because suitably qualified, competent, skilled and experienced persons had not been deployed and care staff had not received appropriate support to enable them to carry out the duties for which they were employed. This was in breach of regulation 18(1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Detailed medication policies and procedures were in place at the agency office. These provided staff with clear guidance about current legislation and good practice guidelines. They included explanations of the various levels of medication management within domiciliary care and supported living services, such as 'prompting', 'assisting' and 'administrating'. However, these were not being followed in day to day practice, which was evident by the number of medication errors recorded since our last inspection. We saw risk assessments had been conducted in relation to the management of medications. These identified the level of support needed for people to receive their medications in an appropriate manner. For example, it was clear if the individual needed prompting or assisting to take their medications, or if they required their medications to be administered.

We saw that medicines were stored securely in the houses we visited. Medication Administration Records (MAR) were completed appropriately and support plans incorporated the management of medications. The management team conducted regular audits of medications. However, it was evident that a significant number of errors were still being made, despite staff having received training in the administration of medications.

Records we saw showed that people had given their written consent for staff to prompt them or administer their medications. This helped to ensure treatment was provided in accordance with people's wishes.

Staff told us they were confident in reporting any concerns they had about the safety of those who used the service. Records showed staff had completed training in safeguarding adults. This helped to ensure the staff team were fully aware of action they needed to take should they be concerned about the welfare of someone who used the services of Lifeways (Chorley).

Detailed policies and procedures were in place at the agency office, which covered a range of health and safety topics, such as safeguarding adults, whistleblowing,

Is the service safe?

positive behaviour support, fire awareness and infection control. Staff members we spoke with confirmed they had received training in these areas and records we saw confirmed this information to be accurate.

We looked at the personnel records of four staff members during the course of our inspection. We spoke with staff members about the recruitment procedures adopted by the agency. We found the practices in this area to be robust. Records showed that Lifeways was an equal opportunities employer, which afforded all applicants the same opportunities, irrespective of gender, race, culture or disability. Details about new employees had been obtained, such as application forms, written references, health assessments and Disclosure and Barring Services (DBS) checks. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, so they can make a decision about employing or not employing the individual. Rigorous interviews had also been conducted to ensure prospective employees were suitable candidates for employment. One member of staff told us, "My interview lasted two and a half hours. I couldn't believe it." Staff members confirmed that all relevant checks were conducted before they were able to start working for Lifeways (Chorley) and records seen confirmed this information to be accurate. All employees worked a probationary period to ensure their work performance was satisfactory and to decide if they wished to continue with their employment.

Accidents were recorded well and very detailed environmental risk assessments were in place for each house. These covered areas such as slips, trips and falls, lighting, drives and pathways, steps, loose rugs or mats, windows and doors. This helped to ensure environments were kept safe, so that people were protected from injury. The risk assessments also included the storage of domestic products and showed that all staff had been instructed in the use of the Control of Substances Hazardous to Health (COSHH). Staff spoken with confirmed risk assessments were conducted regularly and these were retained at people's homes, as well as the agency office. Infection control policies and procedures were in place at the agency office and records showed staff had received training in this area.

Staff spoken with felt confident in dealing with emergency situations and were fully aware of the policies and procedures in place at the agency office. They told us of action they would take in the event of certain emergencies arising. Policies and procedures had been developed, which instructed staff about action they needed to take, should an emergency situation arise. Personal Emergency Evacuation Plans (PEEPS) were retained in each person's support file, so that it was clear how individuals would need to be removed from their homes, should the need arise in the event of an emergency situation.

We established that one person with complex health care needs recently required medical attention during the night time. The records of this person were very detailed and person centred. They showed she could make her needs known and could understand staff. However, we were told she would not be able to summon assistance or call for help. We established that there were no staff on waking watch during the night at this property, which was concerning. We were told this was because of the arrangements made by the funding authority. The support worker who had summoned the paramedics during the night had done so because she was reportedly awakened by the individual coughing. We were told by the management team that this was an unusual occurrence. We asked the manager to raise a safeguarding alert, which he did.

We looked at the financial records of all those we visited. Support plans had been developed for each person about managing their money and we found individual arrangements were being followed in day to day practice. Records showed that weekly checks and monthly financial audits were conducted by the team leaders and managers to ensure there were no financial discrepancies. This helped to protect people from financial abuse.

We looked at the care records of the person who had told us she didn't know how much money she had got. Records showed that this person had full capacity to make decisions in relation to her finances. The arrangements for this person's finances were satisfactory. With her agreement Lifeways (Chorley) supported her in paying household bills and she received a weekly allowance, which she could withdraw herself from her own bank account and evidence was available of her receiving additional spending money at her request for more expensive items. Since June of this year bank statements were being sent directly to this individual, so that she could monitor her bank balance and be aware of any

Requires improvement

Is the service safe?

transactions. We spoke with the service manager for the area where this individual lived, who confirmed that she had access to her own money and that bank statements were now being forwarded directly to her home address.

Requires improvement

Is the service effective?

Our findings

At the time of this inspection there were 113 people who used the service. One person we spoke with told us, "Staff support me with my diabetes and to visit the doctor. They help me to change the bed, cook and shop, but I cook what I like. I can get up and go to bed when I want."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

Whilst DoLS procedures do not apply to supported living environments. The provider should have effective systems in place to specifically identify when people are at risk of unlawful restrictions which may amount to deprivation of their liberty and to ensure any such situations are brought before the court of protection (COP). The COP is a high court set up to deal with such issues and protect people's rights. The care records of one person who used the services of Lifeways (Chorley) showed he was being restricted from leaving his home for his own safety. Records also demonstrated that he lacked capacity to make some decisions. We discussed the needs and future plans for this person at length with the registered manager and the service manager. We were not shown any evidence to demonstrate that discussions had taken place with safeguarding or commissioners in order to make application to the Court of Protection to authorise these restrictions. We advised that this be done without delay.

We found that the registered person had not always protected people from the possibility of abuse and improper treatment because lawful authority had not been sought when depriving a person of their liberty. This was in breach of regulation 13(1)(4)(b)(5)(7)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were made aware that one individual was being put at risk because guidelines were not being followed in relation to swallowing difficulties. The speech and language therapist had produced a list of high risk foods, which could cause excessive coughing spasms for the individual concerned. We were told that the team leader responsible for this particular house had not passed this information on to the support workers. We were informed that this person had been observed eating one of the high risk foods during a professional visit, which resulted in coughing spasms.

We found that the registered person had not always protected people's health and safety, because professional advice was not always being followed. This was in breach of regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Policies and procedures were in place in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Records showed that staff had done training in these areas and induction programmes for new employees incorporated specific learning modules in relation to the MCA and DoLS.

Records showed that consent had been obtained from those who used the service before any care and support was provided and we did see staff gaining consent from people before supporting them with their activities of daily living. The minutes of some best interest meetings were retained on individual support files. The records of one person showed that she had declined to sign her support plans, but had chosen to sign the consent forms incorporated in to the support planning process. Staff had respected her wishes in making this decision and had noted the discussion.

On the first day of our visit to the agency office we noted a large group of new employees were being taken through their induction programmes. We were able to talk with some of these people, who were enthusiastic and complimentary about their initial introduction to Lifeways (Chorley). They told us their induction was to last one week, followed by some shadow shifts. They felt the information and initial training provided was good. Those undergoing the induction programme spoke very highly of the trainer. One person told us, "He is able to quickly assess who would

Requires improvement

Is the service effective?

work best together in a group situation" and another said, "I don't have any relevant experience, so it is a steep learning curve. Others in my group have had experiences in care and they are very supportive towards me."

One staff member described their induction as `very informative' and another as 'excellent'. Induction programmes we saw were very detailed and were in line with the new care certificate for the training of care staff. The induction programme covered areas such as effective communication, person centred support, management of medications, privacy and dignity, nutrition, safeguarding adults, mental health and dementia and health and safety. These modules were often supported by written knowledge checks and competency assessments, which helped to ensure staff, had retained and understood the information provided.

Records we saw showed that frequent supervision meetings with allocated managers were held. These allowed individual staff members to discuss their work performance and personal development with their line managers. This also gave people the opportunity to identify any extra training they required or to request additional training, which they felt may be useful for their specific job role.

We saw some annual competency framework self-assessments, which covered areas, such as work performance, personal development, achievements, aspirations and training needs.

Training records showed that all staff members completed a wide range of learning modules regularly. Staff we spoke with gave us some good examples of training they had completed, such as health and safety, fire awareness, safeguarding adults, infection control and moving and handling. Certificates of training were retained in staff personnel files and these confirmed the information provided by staff was accurate. Staff we spoke with felt they received sufficient training to allow them to do the job expected of them.

We were informed by the management of the agency that there was an 'on call' system in place, so that if any staff members required any advice at any time of the day or night it was available from a senior member of staff. However, we were told by a number of staff members that this was not always effective. We were given several examples of this system being ineffective. An agency care worker allegedly was unable to report a medical emergency, which led to the para medics being called and a service user being transferred to hospital alone during the night. We discussed this with the management of the agency, who told us that this was not the case, as the care worker's agency had contacted the designated 'on call' manager. One member of staff told us they rang the on-call manager in an emergency, who said, 'What do you want me to do? I'm in Morecambe; I can`t get there.' Another said that when they rang the on-call line, they were told, 'I can`t come out. I am working a shift.'

Good

Is the service caring?

Our findings

One person we spoke with by telephone told us, “I don’t really like the staff, because they don’t do things when they are supposed to do.” This individual was unable to expand further on this comment. One of the inspectors visited her in her own home, when she said, “All the staff take care of me here and I love them all. If we go out they will come with us to keep us safe. If I had any problems I would talk to one of the staff. I know they would help me. They help me all the time and if I need anything, or want to go anywhere they help me.” Another person told us that she was treated with respect and dignity and that staff were kind and caring. She commented, “They ask, what do you want first, a cup of tea and then a shower?” One person said, “My key worker is so caring. My diabetes can be triggered by stress, but she makes sure everything is calm. Staff are all lovely here. I can’t thank them enough for what they do for me.”

We observed staff members approaching those in their care in a gentle and respectful way. The policies of the agency covered areas such as privacy, dignity and promoting independence. Staff we spoke with were fully aware of the importance of these areas and they knew people in their care well, by being knowledgeable about their needs and how they wished care and support to be delivered.

People were supported to access advocacy services, if they so wished. An advocate is an independent person, who would act on behalf of someone who used the service, to help them to make decisions, which were in their best interests. Information about Lifeways (Chorley) could be produced in a variety of different formats, if needed. For example, in large print, Braille or on CD for those with varying degrees of sight loss and in alternative languages for those whose first language was not English. This provided everyone with equal opportunities, by enabling them to have access to the same information, despite their nationality, age or disability.

We looked at the care records of 22 people who used the service and found they or their relatives had been given the opportunity to decide how care was to be provided. This helped to ensure people were supported in a way they wanted to be. Some people we spoke with told us they were involved in planning their own care, but others were not sure. They confirmed that a copy of their care plan was retained at their house. However, we established that this was not always the case, as we found some support plans had been taken away from one house in particular to be updated. Some people who used the service, relatives and staff confirmed this to be accurate. Therefore, those who used the service or their relative had not been involved in the review of their plan of care on this occasion, although records showed people had previously been involved in the planning of their care and support.

People we spoke with told us that they usually got the same care workers attending to their needs. This helped to ensure continuity of care and helped people who used the service and their relatives to develop a good working relationship and trust with those who provided the care and support. We observed good interactions and conversations between staff and those in their care. There was some good humoured banter noted, which people seemed to enjoy.

The community professional, who provided us with feedback, told us, ‘Staff don't always seems to be in possession of salient information. There doesn't always seem to be a clear hand-over of information and there have been delays in reporting important information’.

We were also told, ‘Staff show good commitment to the service users. They have had to deal with some very challenging situations with some of the service users and I feel that staff have handled these well. My service users have a good view of the staff.’

Requires improvement

Is the service responsive?

Our findings

One person we spoke with said, "I'm never in. I like going to the pub". This individual told us that she was involved in voluntary work one day every week at the hospital. Another said, "My staff help me to go out and do things I like doing. I like playing snooker or going for a meal. The staff are very helpful."

Prior to, during and following our inspection we had received information from several staff members, who informed us that the management team had removed all the support plans from the homes of those who used the service. This reportedly happened once the agency had been requested by the Care Quality Commission (CQC) to complete and return the Providers Information Return (PIR). They said this was an indication that CQC would be inspecting in the near future and the records needed to be updated and organised. These people also told us that the support plans were missing for approximately four weeks, whilst they were updated and were not returned until the CQC notified the agency that they would be visiting in two days' time. One member of staff told us, "For a whole month we had no files for service users, which I feel is not safe. We have a lot of agency staff, who hardly speak English, which is an added problem. Some agency staff depend on the files for information."

We discussed this information with the registered manager, who told us that he had advised the management staff to make sure the records were up to date, but he had not expected them to be removed from people's houses for any length of time and he was unaware that this had happened.

One member of staff gave us an example of how not having access to care records had affected their ability to provide the support needed by those in their care. This was because they had returned to work following a period of absence, at which point they were unable to establish any changes in the needs of those in their care. One of those who lived at this property reportedly had complex health care needs and their condition fluctuated regularly. We looked at the care records of this person, which confirmed they did have very complex needs and evidence was available to show that this person's health care needs had recently deteriorated, resulting in a hospital admission during the night.

On our third and final visit to people in the community we visited one house which accommodated four tenants. We found that there was only one care file available for us to examine. We were told that the other three files had been removed by the team leader approximately four weeks previously and they had not been returned. We spoke with the staff who were on duty about the needs of those in their care. We asked how they were managing without the support plans. One member of staff told us, "We just know what they need. We have looked after them for a while now. I have read and reread the support plans, so there is no problem. I know what these people need."

The team leader arrived during our visit to this house. He stated he did not know where the three care files were. He thought they may be in the agency office in Chorley. We found this concerning that the team leader did not know where three confidential records were, which belonged to those in his care. We looked at the one support plan, which was available at this property. This contained very basic information. The individual's likes and dislikes were recorded, as well as any significant events, such as important birthdays. Some documents within this person's care records were left blank and others were from the previous provider. The support plan was last reviewed on 12th August 2013 and therefore this did not provide current information. Staff spoken with confirmed this plan of care was not up to date.

We subsequently visited the agency office. The registered manager of Lifeways (Chorley) was on leave. We were attended to by the manager of a sister service, which shared the same offices. The missing care records could not be located, which we found extremely concerning and unacceptable. The following day we were informed that the care files in question had been located under a desk in the agency office. However, we still found it concerning that the whereabouts of these confidential records was unknown at that time of our visit.

We spoke with a large number of support staff, who worked in areas spanning three counties. We established from them that only one of the areas supplied by Lifeway (Chorley) had actually removed the care records from people's houses to update the information in preparation for our inspection. However, this practice was unacceptable and could have potentially placed people at risk of unsafe care and treatment, because the support workers did not have care records to refer to and therefore could not record

Requires improvement

Is the service responsive?

any changes in people's needs. One person we spoke with by telephone said, "My support plan is in the office. It is being reviewed." However, another commented, "My care plan is on the bookcase in my flat".

We found the support plans varied in quality. Some support plans we saw were very detailed and person centred. Others provided basic information only and lacked person centred information, which incorporated people's needs, but they did not always describe how these needs were to be best met. For example, the support plan for one person stated, 'I need support to complete my weekly food shopping', but this did not indicate what level of support this person needed, such as which shops she goes to, how she gets there, if she prepares a list of items she requires and who she goes shopping with. Some areas of this person's support plan could have also been more person centred about her preferences in clothing, wearing jewellery, make up and nail varnish. Another support plan stated, 'I need support to maintain my social activities and keep in touch with my friends. However, guidance about how this was to be achieved was not provided. One support plan we viewed in the office was very much out of date, as it indicated the person had co-tenants and shared household bills, when in actual fact this person lived alone.

We found that the registered person had not protected people against the risk of receiving inappropriate or unsafe care and treatment, because some support plans we saw provided basic details only and in one instance inaccurate information was recorded. Relevant persons did not always have access to the information they required in order to deliver the care and support which people needed in a safe and appropriate way. This was in breach of regulation 9(1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Support plans were also retained at the agency office. We viewed five of these during our first and third visits to Lifeways (Chorley). We visited 20 people within their own homes across the region. We were able to examine a further 17 care files, which we were told had recently been updated and reorganised. These were structured in a way which made information easy to find. We chatted with those whose records we examined or their relatives and discussed the care they received.

We found assessments of needs had been conducted before a package of care was arranged. This helped to ensure the staff team were confident they could provide the care and support required by each person who used the service. Information had been gathered from a variety of sources, such as from the individual themselves, their family and any community professionals involved in their care and support. The support plans had been developed from the information obtained. Records showed that a wide range of community professionals were involved in the care and treatment of those who used the service and hospital passports had been developed for each person, whose care files we looked at. These documents were a summary of people's needs and contained any important information, which may be useful to medical staff, should a transfer to hospital be required.

People who used the service or their relatives had signed the support plans to indicate they had been involved in their development and were in agreement with the contents. Records showed that people had been given information about how to contact the agency office and people confirmed that they were able to discuss care and support at any time with the management team.

The care files we saw included sections entitled, 'What people like and admire about me', 'How best to support me' and 'What is important to me', which covered areas of choice and independence.

A computerised, interactive 'I plan it' system was explained to us, which was in the process of being developed. This is a process which allows those who use the service to develop their own person centred support plan, which identifies outcomes and shows how these are to be achieved. The delivery of the planned support is monitored by the staff team and then the results of achievements reported back to the commissioners.

A complaints policy was in place, which was included in the information provided to those who used the service. However, one member of staff told us that those who lived in the house where she worked were unable to read the complaints procedure. Therefore, it would be beneficial for those with reading difficulties if this was to be produced in picture format, so that everyone was provided with the same opportunity to make a complaint.

People we spoke with told us they would know how to make a complaint, should the need arise. One person said, "I would tell the manager." Another commented." "I would report anything straight away. They know me. I will tell them if I am not happy." A system was in place for any

Requires improvement

Is the service responsive?

complaints to be recorded and addressed in the most appropriate way. Two people we spoke with told us that they had made a complaint in the previous few weeks, one about noise and one about issues with co-tenants, but both had been resolved to their satisfaction.

One person told us he had never needed to complain. He commented, "I have all the information I would need if I wanted to complain. I am quite happy here and happy with all the staff."

We noted a 'Dream tree' had been erected in the reception area of the agency office. A notice stated: 'This is very person centred and is geared for all our individuals to gain a sense of achievement. We, as a staff team are working towards making these dreams come true.' The tree showed visual representations of individual dreams and aspirations and how some of these had been met. For example, one person's dream was to see the television programme 'Top Gear' live, which she achieved with support from her key workers.

We established that people followed their leisure interests and did get involved in community activities. The tenants of one house we visited had just returned from a holiday in Blackpool, which they had thoroughly enjoyed and were eager to tell us about. One of the people who lived in this house also told us, "We have takeaways sometimes. I like the takeaways." Another commented, "We do go out a lot into town." One person from another house told us he went to see his dad and sister three days a week. On the other days he was supported by staff to go out and enjoyed having a meal, going for a drink and going to a snooker hall. When we asked one person what he was doing on the day of our conversation he told us, "Just chilling out. Some days I go out on my own." He said he sees his family a lot and staff make them welcome when they visit his flat.

Inadequate

Is the service well-led?

Our findings

Lifeways (Chorley) covers a large area, spanning several counties. This led to issues around the missing care files, as referred to earlier in this report. It was evident that it could have been difficult for the management team to constantly be aware of activity within the far reaches of the patches.

When asked whether there were meetings for people to give their opinions one person said, "Yes about twice a month. They talk about lots of different things". Another told us, "We residents have meetings when we talk and can ask questions".

The agency's policies and procedures provided staff with clear guidance about data protection and the importance of confidentiality, so that people's personal details and sensitive information was always protected. However, we found these policies were not being followed in day to day practice. We established whilst following up on information that some care plans had been removed from people's homes prior to our inspection and that the support staff and management team were not aware of the whereabouts of three confidential support plans. This was extremely concerning and demonstrated poor management. We were also notified by the local authority of concerns raised in which they were following up the nutritional support provided for one person, who had swallowing difficulties and who had lost weight. During their investigation the team leader for the location in which this person lived told the investigating officer that this person's weight charts were in his husband's car. This practice is totally unacceptable. Confidential records must be securely retained and not left in places accessible by the public.

We found that the registered person had not maintained confidential records in a secure manner, in line with data protection guidelines. This was in breach of regulation 17(1)(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On our arrival to Lifeways (Chorley) we explained the inspection process to the registered manager and we requested a range of documents and records to be available. These were provided promptly. The regional director and the quality director were both on site during our inspection.

We saw information available within people's homes, such as the service users' guide, which provided people with details about the service, such as the aims and objectives of the organisation, the complaints procedure, customer groups and the services and facilities available.

A quarterly quality review was conducted across the service. The quality director talked us through the assessing and monitoring process, which was very detailed and comprehensive. This process covered areas, such as person centred approaches, regulatory and contractual compliance, essential health and safety checks, accidents and incidents, safeguarding matters and complaints and compliments. A team of quality managers were appointed by Lifeways, who had developed a variety of teams, such as quality focus and action groups. These provided support to the registered managers across the service, to help them to drive standards forward. A team of auditors employed by Lifeways also assessed the standard of service delivered using a moderation tool and rating system, which were organised in line with the Key Lines of Enquiry (KLOE), used by the Care Quality Commission. The frequency of these audits depended largely on the results of the previous auditing process, which were fed into a full report for the board meetings, from which action plans were developed and weighted in accordance with the severity of the shortfall. This helped to improve the quality of life for those who used the service.

The quality assessment framework included the auditing processes, the results of which were produced in a graph format for easy reference and incorporated feedback from people who were involved with Lifeways (Chorley). Of the 60 questionnaires distributed to service users, family and main carers, 25 were returned. They covered a wide range of areas, such as involvement, meeting people's needs, decision making, complaints, staff skills and knowledge and health and safety issues. Records seen supported this information and action plans had been developed in some areas where shortfalls had been identified. The overall results of satisfaction surveys, conducted last year were produced in a bar chart format for easy reference and were integrated in to the auditing process. We were told that members of the management team do go in to the community to visit people in their own homes. This allowed people to express their views verbally, rather than in writing, which was considered to be good practice. This information was confirmed by those we spoke with.

Inadequate

Is the service well-led?

Records showed that service managers for each area collated a workbook, which was regularly submitted to the registered manager and which outlined the current status of safeguarding alerts, formal complaints and concerns and accidents and incidents. This helped to monitor these themes within each area the service covered.

We saw minutes of a range of regular meetings, which had been held for people who used the service and the various staff teams. This allowed important information to be disseminated to the relevant people and encouraged open forum discussions. The minutes of service users' meetings were illustrated in picture format, which was considered to be good practice, as it allowed those with reading difficulties to access the same information as everyone else.

A focus group had been established, which actively involved those who used the service. The most recent minutes of these meetings showed that people looked at, 'What a quality service looked like.' Each attendee created a poster to illustrate their thoughts and visions. These were then presented by individuals to the rest of the group. The posters we saw included, 'feeling safe'; 'being listened to'; 'independence'; 'good support'; 'activities' and 'good food.'

An 'above and beyond' award scheme had been introduced for the staff team, which was presented to nominated individuals for their efforts in going above and beyond the call of duty.

A wide range of updated policies and procedures were in place at the agency office, which provided staff with clear information about current legislation and good practice guidelines. These included areas, such as data protection, confidentiality and records and information management.

We saw that a business continuity plan and office recovery policy had been implemented, which provided staff with clear guidance about actions they needed to take in the event of an emergency situation arising and staff we spoke with were confident in dealing with any given circumstances.

Records showed that the organisation was an equal opportunities employer, so that all applicants were given a fair and equal chance of obtaining employment. A good percentage of staff members said the manager was approachable. One member of staff said, "The general manager and my service manager are both good. If I have any worries I can always go to them to sort things out." Staff had a good understanding of their roles and responsibilities towards those who used the service.

We noted that a quarterly Lifeways magazine and monthly newsletter were produced, which was distributed to any interested parties and which informed its readers of significant events and any relevant changes in the service. These included changes in the law in relation to the care act, the new care certificate for staff training, fit and proper persons' requirements and the new enforcement policy. This helped people to keep up to date with any important information which was of interest to them or their loved ones.

We were told that Lifeways had 'signed up' to the 'Driving up quality code' last year and that they were currently developing their action plans in line with their commitment to improving quality in services for people with learning disabilities.

The community professional, who provided us with some feedback, told us, 'There is some good evidence of communication with me by the staff. They tend to act quickly on my requests'.

It is recommended that the registered manager considers the effect of how people who use the service could be affected or put at risk by the wide spread locations served by Lifeways (Chorley)

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment We found that the registered person had not always protected people from the possibility of abuse and improper treatment because lawful authority had not been sought when depriving a person of their liberty. Regulation 13(1)(4)(b)(5)(7)(b)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that the registered person had not protected people against the risk of receiving inappropriate or unsafe care and treatment, because medicines were not well managed. Regulation 12(1) (2) (g)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found that the registered person had not protected people against the risk of receiving inappropriate or unsafe care and treatment, because suitably qualified, competent, skilled and experienced persons had not been deployed and care staff had not received appropriate support to enable them to carry out the duties for which they were employed. Regulation 18(1) (2) (a)

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care We found that the registered person had not protected people against the risk of receiving inappropriate or unsafe care and treatment, because some support plans we saw provided basic details only and in one instance inaccurate information was recorded. Some relevant persons did not always have access to the information they required in order to deliver the care and support which people needed in a safe and appropriate way. Regulation 9(1)(2)(3)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that the registered person had not maintained confidential records in a secure manner, in line with data protection guidelines. Regulation 17(1)(2)(c)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that the registered person had not always protected people's health and safety, because professional advice was not always being followed. Regulation 12 (1)(2)(a)(b)