Lifeways Community Care Limited

Lifeways Community Care Limited (Walsall)

Inspection report

West Plaza
144 High Street
West Bromwich
West Midlands
B70 6JJ

Tel: 01215414000

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 7 and 16 February 2017 and was unannounced. This was the first rated inspection of this service since it re- registered with us in August 2016 after changing their address and the location name.

Lifeways Community Care Limited (Walsall) is registered to provide personal care services to people in their own homes or supported living. People the service supports have a range of needs including physical disability and learning disability. On the day of the inspection, 82 people were receiving support. 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.

Staff told us that they knew how to keep people safe and had the training to do so. People told us they were safe. People were supported with their medicines as it was prescribed.

Care staff received the support they needed so they would have the skills and knowledge required to meet people's needs how they wanted. The provider adhered to the requirements of the Mental Capacity Act (2005) so people's human rights were not unlawfully restricted. Where people needed support with health care they were able to receive this support from care staff.

Care staff supported people in a kind and caring manner. The provider ensured advocate support was available where this was required. People's privacy, dignity and independence was respected. People decided how they were supported which care staff respected.

Before people were supported they were involved in an assessment and support planning process which illustrated how they would be supported. People had access to a complaints process so they could raise concerns about the service they received if they had a need to.

We found that spot checks and audits were taking place to ensure the quality of the service people received, however theses checks were not always sufficiently effective in identifying areas for improvement.

People were able to share their views by way of completing a provider questionnaire survey.

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.

People were safe amongst the care staff and care staff knew how to keep them safe.

There was enough care staff employed to support people.

People received their medicines as it was prescribed.

Is the service effective?

Good

The service was effective.

Care staff received support so they had the skills and knowledge required.

The provider adhered to the requirements of the Mental Capacity Act 2005.

People were able to access health care when needed.

Is the service caring?

Good

The service was caring.

People were being supported by care staff who were friendly and caring.

People were able to share their views and get the support they needed to do so.

People's independence, dignity and privacy was respected.

Is the service responsive?

Good

The service was responsive.

People were involved in an assessment and support planning process which involved the service received being reviewed.

A complaints process was available so people were able to share

their views.

Is the service well-led?

Requires Improvement

The service was not always well led.

While spot checks and audits were taking place they were not always effective in identifying areas of concern.

People were not always consistently kept informed of who the registered manager was.

People were able to share their views by completing a provider questionnaire.

Lifeways Community Care Limited (Walsall)

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 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.

Our inspection took place on 7 and 16 February 2017 and was unannounced. The inspection was conducted by one inspector.

The provider completed a Provider Information Return. 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. We reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We requested information about the service from the local authority. They have responsibility for funding and monitoring the quality of the service. The information we were provided with we used as part of our inspection planning of this service.

We spoke to six people, five relatives, five members of care staff, an advocate and the registered manager. We looked at the care records for six people, the recruitment and training records for three members of staff and records used for the management of the service; for example, staff duty sheets, accident records and records used for auditing the quality of the service.

Good

Is the service safe?

Our findings

A person said, "I do feel safe staff know me well" another person said, "I do feel safe with the staff". A relative said, "Oh yes he [person receiving the service] is definitely safe". Care staff we spoke with told us they had completed training in safeguarding people which we were able to confirm. A care staff member said, "I would contact my manager or whistle blow if I found someone was being harmed". We found that the provider had the appropriate policies in place to guide care staff as to the expected actions where people were at risk of abuse. We found that people were provided with further information as to how to keep themselves safe in the service users guide a brochure about the service that was given to people by the provider upon joining the service.

We found that risk assessments had taken place where people were at risk and actions were required to determine how the risks should be minimised or managed. A care staff member said, "We use a risk screening tool to identify how risks should be managed". Care staff we spoke with had a good understanding of how risks were being managed and told us they were able to access risk assessment documents when needed. We found that risk assessments had been carried out in the following areas, moving and handling people, administering of medicines and the environment people lived in. We found that specific guidance was in place where people were at risk of choking or other illnesses like epilepsy.

A person said, "If I am in pain staff do give me a tablet". Another person said, "I take my own tablets but staff just check me to make sure I don't choke". A relative said, "I have no problem with medicines they are being managed okay so far as I can tell". We found that care staff could not support people with their medicines unless they had gone though training. Care staff we spoke with confirmed this and told us their competency was also being checked. A care staff member said, "I have done medicine training and I have my competency checked yearly".

Where people were supported with medicines 'as and when required' we found that there was appropriate guidance in place. A Medicine Administration Record (MAR) was also used to show which care staff had supported people with their medicines. Care staff we spoke with knew what support people needed with their medicines and used the policies where they needed further guidance or clarity. We found on some occasions that where care staff had hand written people's medicines on the MAR that appropriate checks were not taking place to show that the information had been written on correctly. The registered manager told us they would ensure their medicines checking process was updated to check on this area.

We found that a recruitment process was in place that ensured only the right care staff were employed. The care staff we spoke with told us they had completed a Disclosure and Barring Service (DBS) check as part of the recruitment process before they were appointed to their job. These checks were carried out to ensure care staff were able to work with vulnerable people. The recruitment process also included references being sought and systems in place to check care staff identification. This would ensure people were supported by care staff who had been appropriately recruited. We found that the provider had procedures in place to manage situations where care staff practice was unsafe and put people at risk of harm.

We found that the support people received there was enough care staff to support them. Some people needed to be supported during the night due to the associated risks to how they were supported and we found that there was enough care staff in these situations. A person said, "There is enough staff". A relative said, "There is always enough staff when I visit [person's name]". A care staff member said, "We do have enough staff and we are still recruiting more".

We found that where accident and or incident had taken place there was a procedure in place to support care staff to take the appropriate actions. Care staff were able to explain about the completion of incident logs and the action they would take to ensure people were supported appropriately where they had an accident or incident. We saw evidence that where trends may be taking place that these were monitored and action required taken to reduce accidents or incidents.

Good

Is the service effective?

Our findings

A person said, "Staff do have the skills and knowledge. They support me how I want it". A relative said, "Staff do know how to support [person's name]". A care staff member said, "I most definitely feel supported". We found that care staff felt supported so they had the right skills and knowledge to meet people's support needs.

A care staff member said, "I do get regular supervision and we are able to attend staff meetings". We found that the provider had systems in place to ensure all care staff were able to have regular supervision, attend staff meetings and received appraisals so they were able to identify areas where they needed further training and support. We found that training was made available to care staff. We saw evidence to confirm that care staff had received training in first aid, health and safety amongst other identified areas the provider wanted care staff to be trained in. We saw that specific training to support people with specific support needs were also available for example, where people were at risk of choking or had epilepsy.

The care certificate was also part of the induction processes newly appointed care staff were required to complete. A care staff member told us that they had to complete the care certificate. We saw evidence from a recent staff meeting where the care certificate had been discussed amongst managers. The care certificate is a national common set of care induction standards in the care sector, which all newly appointed staff are required to go through as part of their induction.

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

A person said, "Staff do get my consent before they support me". Another person said, "Staff always ask me first and check I don't eat to fast". A relative said, "[person's name] does give consent because I sometimes hear staff asking him". Care staff were able to explain how people who lacked capacity were supported to make decisions in line with the MCA. We found that the prinicples of the MCA was being adhered to and people were only supported if they had firstly agreed to the support. The Deprivation of Liberty Safeguards (DoLS) was also being adhered to where people lacked the capacity to make vital decisions. We saw evidence where approval had been given for the provider to make decisions in people's best interests and where the court of protection had made a decision for someone's human rights to be restricted.

A person said, "Staff only have to check that I eat slowly I can do everything else". Care staff were able to explain that people decided what they had to eat and drink. They also explained how people were supported to make healthy eating choices. Care staff told us that they supported people to prepare the meals they wanted to eat where they were able and where people were unable to they would prepare the meals they had asked for.

People explained to us how they were supported with their health care. A person told us that care staff supported them to go to the doctor. A relative said, "Staff support [person's user] to go to hospital appointments". We saw evidence that when people saw health professionals that this was being noted on the care records. We saw that health action plans were also being used along with hospital passports so in the event someone had to go to hospital all the vital information the hospital needed was in the same place and accessible. We saw that people were also able to see an health professional on a yearly basis as part of a wellbeing check.

Good

Is the service caring?

Our findings

People told us the staff were "Kind" and "Caring". A person said, "The staff are like a friend. They [care staff] care about you". Another person said, "The staff are nice". A relative said, "The staff are like part of the family".

Care staff we spoke with told us they got on well with the people they supported. A care staff member said, "I only support the one person and we discuss everything". We found from what people and care staff told us that people were able to share their views before they were supported and in some cases people could discuss a range of issues with the care staff that supported them. People we spoke with were being supported in their home on a 24 hour basis and had built up a relationship with the care staff member that was one of trust and they were on first name terms.

People told us that the support they received was based on what they had agreed to. A person said, "Staff do listen to me and support me how I want". We found that people decided what support they received and this could change based on what people wanted from one day to the next. A person told us that they were able to communicate with care staff on all aspects of their support. This included where they went on holiday. We found that care staff encouraged people to do what they could for themselves. A person told us that care staff encouraged them to wash themselves and care staff only did the parts [of their body] they could not reach.

We found that the provider used a range of communication methods to ensure people could be communicated with at all times. Where people lived in supported living accommodation tenant [people] meetings were encouraged and used so people could share their views. The provider had online systems as well as the use of pictorial information and local involvement groups that people could be involved in to ensure people could share their views.

We found that advocacy services were available to people where they were in need of this support. [An advocate service are independent professional who support people to share their views where people need support to do so]. Care staff were able to tell us where people were using these services to support them share their views. This ensured people got the support needed to share their views.

A person said, "All staff respect my privacy and they [care staff] always knock my door". Another person said, "Staff do respect my privacy, dignity and independence". A relative said, "Staff do respect his [person receiving the service] dignity they always cover him over". Care staff we spoke with showed an understanding of why people's privacy, dignity and independence was important and why they had to respect these areas. Care staff were able to give examples of how they ensured people's dignity was always respected. A care staff member said, "I always ensure the curtains are closed when I am supporting anyone with personal care".

Good

Is the service responsive?

Our findings

People told us they were involved in an assessment and a support plan process. A person said, "I have not had a copy of my assessment and support plan but I was involved in the process". Another person said, "I was definitely involved in the assessment process and I think I have a copy of the paperwork they [care staff] gave me". A relative said, "Assessment and support plan is in place as I was involved and I also attend regular reviews". Care staff we spoke with told us that they were able to access support plans when needed and that reviews were carried out with people or their relatives. We found that these documents were in place and that reviews were taking place that did involve people in the process.

We found from what people told us that they were able to get support to socialise and take part in hobbies that they liked and preferred. We found that as part of the provider offering a comprehensive service that supported people in all facets of their life that people were able to take part in a range of activities.

A person said, "I have never had to complain but if I needed to I would speak with the service manager". A relative said, "I have had a copy of the complaints process but I have never had to use it". Care staff we spoke with told us if they had a complaint to deal with they would pass it onto the manager if it was not something they could deal with. We found that the complaints process was part of the information people received in the service users guide brochure they were given at the start of the service. The complaints process was available in written and pictorial formats to aid people to know how to complain. Where complaints were received there was a process to log complaints and show the actions taken. The provider monitored the complaints received so where there were trends they could be analysed to improved the quality of the service.

Requires Improvement

Is the service well-led?

Our findings

We found that spot checks were carried out by managers at various management levels within the service. A care staff member said, "My service manager does spot checks". We found that quality assurance audits were taking place across the service. The provider had a quality assurance system which enabled the registered manager to keep a regular check on the quality of the service people received. Workbooks had been completed which could be checked independently and discussed in supervision. This would ensure that targets and standards were being met so the quality of service people received was of the highest standard. We found that the spot checks that had been carried out were not effective in identifying areas of concern. We found that where medicines were being hand written on the Medicine Administration Record (MAR) by care staff that they were not being checked to ensure that the medicines could be administered safely. The registered manager acknowledged this and told us the appropriate action would be taken to improve the recording of medicines on the MAR and the spot check process.

People told us the service they received was well led. A person said, "The service is well-led". A relative said, "The service is well-led". Another relative said, "The carers [care staff] are good but management lack consistency". Care staff we spoke with told us the service was well-led. We found that while the provider did make efforts to ensure that people and relatives were kept informed of changes that had taken place within the management of service, this information did not always consistently reach everyone it was intended to. The registered manager told us they would revisit this to ensure the information sent out was reaching the intended individuals.

We found that there was a registered manager in post. However not all people we spoke with knew who the registered manager was. A person said, "I do not know who the registered manager is". Another person said, "Sorry I do not know who the registered manager is". A relative said, "I do know who the registered manager is". We found that while people were happy with the service they received and knew the immediate support staff or service manager, they did not know who was responsible for the service.

Care staff we spoke with were aware of the whistle blowing policy and its purpose. They [care staff] were able to explain under what circumstances they would use it to keep people safe from harm and were aware they [care staff] could raise concerns anonymously. We found that a policy was in place and that through the provider newsletter that care staff were able to access information relating to the whistle blowing policy to remind them of its use.

We found that a provider questionnaire was being used to gather people's views on the service they received. A person said, "I have had a questionnaire to complete". Relatives we spoke with confirmed that they were able to share their views by completing a questionnaire. Care staff we spoke with also told us they were able to share their views by completing a questionnaire. We saw the information gathered from the most recent survey carried out in 2016 was shared with people and their relatives and together with the actions being taken to improve the areas identified for action or improvement.

We found that an out of office hour system was in place to support care staff while they were working at

times of the day when the office was closed. For example; bank holiday, weekends or on evenings where an emergency may occur. Care staff we spoke with knew how to seek support in an emergency.

We found that the provider had an online service available to people as a way of encouraging communication. People were able to share their views and access information on a range of services, and supporting systems they could access within their local communities as well as more nationally within the provider's structures. People were able to share their views and access information about activities going on in their local community that they could access. The provider made available a clear vision and values that care staff were required to work towards and meet.

The registered manager knew and understood the requirements for notifying us of all deaths, incidents of concern and safeguarding alerts as is required within the law.