

Lifeways Community Care Limited

Sixth Avenue

Inspection report

53 Sixth Avenue
Blyth
Northumberland
NE24 2ST

Date of inspection visit:
21 February 2020
06 March 2020
11 March 2020

Date of publication:
19 October 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Sixth Avenue is a residential care home which provides accommodation and support for adults with a learning disability or autistic spectrum disorder, physical disabilities, sensory impairment or dementia.

The service provides personal care support to up to four people in one adapted building. However, the environment did not fully meet the needs of everyone living at the service. At the time of the inspection there were four people living at the service.

The service had not been fully developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. People using the service did not always receive planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

The service was not well-led. A manager in post, they had not yet applied to register with CQC. Records across the service were disorganised. This included some care plans which contained contradictory information or were incomplete. The registered provider had not ensured effective systems were in place to audit and monitor quality to drive improvements.

The registered provider had failed to risk assess the impact to the service of there not being a registered manager. A team leader had been identified to support the home. However, they were not allocated any time during their working day to complete managerial tasks and had not been granted full access to the electronic systems used by the provider. This impacted on their ability to complete the managerial tasks they had been allocated to do.

An effective system to ensure staff were supported and appropriately trained was not in place. Feedback from staff detailed they did not feel valued or listened to by the provider. Staff described a lack of communication in some instances related to employment issues which impacted upon their morale. We have made a recommendation that the registered provider considers how they engage more closely with staff.

People were able to personalise their bedrooms with belongings of their choosing. However, the environment did not fully meet the needs of everyone. We have made a recommendation about this.

Safe recruitment practices were not always followed. There were enough staff to meet people's needs and staff worked flexibly to support this. A range of meaningful activities were available for people to participate in. Staff explored what opportunities were available which were socially and culturally relevant to each

individual.

People told us they felt safe and relatives confirmed they had no safety concerns. Systems were in place for reporting and responding to any allegations of abuse. Staff told us they were confident to raise any concerns and these would be responded to.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. This included some people having restrictions placed upon them without the necessary legal authorisation.

Assessments of people's needs were not up to date. In addition, risks in relation to people and the environment had not been fully assessed and documented. Systems were not in place to ensure all notifiable incidents were reported to CQC in line with legal requirements.

Staff were respectful and treated people with kindness and care. Relatives were welcomed into the service and staff supported people to explore interests of their choice.

The service did not always consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people did not fully reflect the principles and values of Registering the Right Support. For example, restrictions being in place without input from the person receiving support.

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

Rating at last inspection

The last rating for this service was good (published 10 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We are mindful of the impact of Covid-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection. These related to safeguarding, need for consent, safe care and treatment, staffing, good governance and fit and proper persons employed. We also identified a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes

to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Sixth Avenue

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Sixth Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission working into the home. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

What we did before the inspection

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

We used all of this information to plan our inspection.

During the inspection

We spoke with one people who used the service about their experience of the care provided and observed staff's interactions with three people. We spoke with five members of the staff team including the home manager and team leader.

We reviewed a range of records in relation to the safety and management of the service. This included a variety of care records for four people. Records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate the evidence we found. We contacted two visiting health and social care professionals and one relative to seek their views of the service and care provided.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks relating to people and the environment had not been effectively assessed and monitored.
- Care plans and risk assessments were not up to date and did not reflect people's current needs. Records lacked guidance to alert staff on how to monitor and support people who had specific health issues. For example, the epilepsy care plan for one person did not include detail of the steps staff should take in the event of seizure activity.
- Some risk assessments contained contradictory information regarding the support people required in the event of an emergency.
- Evidence was not available at the time of the inspection to show all premises checks had been completed. There was no evidence a risk assessment was in place in relation to the management of legionella bacteria within the home. This is necessary to comply with the requirement of the Control of Substances Hazardous to Health Regulations 2002 (COSHH) and the Health and Safety at Work Act 1974.
- Following the inspection the provider wrote to us to advise the completion of an assessment had been requested. However, evidence was not supplied to demonstrate a risk assessment was in place.

The failure to ensure complete and accurate risk assessments were in place was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Safe recruitment practices had not been followed. Shortfalls in recruitment process included application forms which were not fully completed; gaps in the employment history for potential employees had not been considered; appropriate pre-employment checks had not always been completed for example, checking references.

The provider's failure to ensure staff were recruited safely was a breach of regulation 19 (Fit and proper person's employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff deployed to meet the needs of people.
- Staffing was provided by a stable and consistent staff team. Staff understood the needs of the people they supported well.

Systems and processes to safeguard people from the risk of abuse

- Assessments were not always completed to ensure people were consistently supported in the least restrictive way possible. This resulted in some people having unlawful restrictions placed upon them. For

example, one person was restricted from accessing the local community independently without the necessary legal authorisation.

The provider's failure to ensure people were not unlawfully restricted was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood their role in how to protect people and told us they would be confident to raise any concerns if they suspected any form of abuse.

Learning lessons when things go wrong

- Staff told us systems were in place to review accidents or incidents to identify if there were any trends or if lessons could be learned and improvement actions taken to minimise future risks. Records were not available during the inspection which detailed the outcome of these reviews.

Using medicines safely

- Medicines were managed safely. Medicines records were completed and showed people had received their medicines as prescribed.

Preventing and controlling infection

- Infection control policies and procedures were in place and followed by staff. The environment was clean, homely and had no malodours.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Assessments of people's needs did not always accurately reflect their support requirements.
- Some records were incomplete or blank and had not been reviewed at the frequency identified by the provider.

The provider's failure to ensure people's needs were assessed contributed towards a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Systems were not in place to check staff were competent and skilled. Supervision and appraisals had not been provided for staff at the frequency identified by the provider. This was reflected in the feedback we received from staff.
- Training the provider deemed mandatory had not been delivered to staff. They told us the provider had switched to using on-line training programmes for individual learning. However, not all staff had been provided with log-in details to enable them to access the system.
- The individual educational needs of staff was not considered and access to a computer to complete on-line training during their working day was not available. One staff member said, "The on-line training is not very good. It's a video and you can't hear what it's about and then have to answer a question when you haven't heard what was said."
- Newly recruited staff completed an induction programme. However, there was no evidence of inductions being undertaken by staff who had changed job roles to ensure they were aware of their new responsibilities.

The provider's failure to ensure staff were adequately trained and supported was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Systems were not in place to ensure all the principles and guidance related to Deprivation of Liberty Safeguards (DoLS) were followed. DoLS applications had not been made to the local authority for people who were unable to consent to their care and treatment and had restrictions placed upon them.
- Certain decisions were being made on behalf of people who lacked capacity without the principles of the MCA having been followed. Equipment such as lap belts were being used for some people without best interest decisions having taken place.
- Staff did not have robust knowledge of the MCA and as a result placed unlawful restrictions on people. For example, one person who was assessed as having capacity had restrictions documented in their care plan. Records did not demonstrate they were in agreement with the care plan and had consented to these restrictions.

The failure to ensure the principles of the MCA were followed was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Adapting service, design, decoration to meet people's needs

- The environment had not been adapted to meet the needs of all people. The kitchen was not fully accessible for people who mobilised using a wheelchair. The manager said, "It would be nice to have more facilities for [name of person]."
- People were able to personalise their bedrooms with belongings of their choosing.

We recommend the provider follows best practice guidelines with regards to the design of the premises to ensure it meets the needs of each individual.

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

- People's nutritional needs were met. The meal time experience was relaxed and staff engaged with people to make meal times a socially enjoyable experience.
- Staff were knowledgeable about people's dietary needs and preferences. Food was prepared to the correct consistency for people who required a specialised diet. This was required to reduce the risk of choking incidents.

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

- People were supported to have access to a range of healthcare professionals to ensure they remained healthy. Staff followed any recommendations provided by health care professionals.
- People received a learning disability annual health check with their local GP surgery and had 'hospital passports'. The information recorded in a hospital passport helps staff in hospitals and GP surgeries to make reasonable adjustments to support safe and effective care for people with learning disabilities. However, records did not detail all the support people would require in the event of a hospital admission.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people were not always well-supported.

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

- Due to the concerns identified during the inspection, we could not be assured the provider ensured people received a high quality compassionate service. We have taken this issue into account when rating this key question.
- Records did not always confirm if staff had involved people in decision making about their care and support.
- Comprehensive information regarding people's communication and support needs was not recorded in care plans. Records did not describe the most effective way to communicate with people to enhance their understanding of situations.

These findings contributed to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.

- Advocacy services had been used to support some people if this was required. An advocate helps people to access information and to be involved in decisions about their lives.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring and relatives confirmed this. One person said, "It's a canny little home. If I didn't have the help from [name of staff] I wouldn't know what to do."
- Staff treated people with kindness. Throughout the inspection we observed positive interactions where staff always demonstrated kind and caring attitudes towards people.
- Staff were knowledgeable about people's needs, personal histories and preferences. This helped to better understand the support needs of people.
- Staff promoted inclusion, equality and diversity for people. The manager described how people were accepted within their local community and how discrimination of any kind would be challenged.

Respecting and promoting people's privacy, dignity and independence

- Staff upheld the privacy and dignity of people. They understood the importance of maintaining people's privacy and described dignified ways of working to protect the dignity of people.
- Staff told us they encouraged people to be independent where they could be.
- Staff ensured people's confidential information was stored securely. Staff had access to records when they were required. This meant people's confidentiality was maintained as only people authorised to look at records could view them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well and provided support to people which was specific to their needs. However, care plans were disorganised or incomplete. The manager told us they were aware of this issue and care plans for all people needed to be reviewed and updated.
- Care plans varied in the amount of detail and person-centred information they contained. Records did not always evidence people or their representative were involved in assessments or that their views were taken into account when planning care.

These findings contributed to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.

- Visitors were welcomed into the home. Staff supported people to maintain relationships with their family and friends.

Meeting people's communication needs

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

- Care files contained some standardised documents produced by the provider. These had not been personalised to meet the needs of individual people and made the assumption that all people using the service could understand the information which was recorded.
- Some information was available for people in accessible formats. For example, easy read documents had been produced using pictures for people who could not understand written words.

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

- A range of meaningful activities were available for people to participate in which were socially and culturally relevant to them. People told us they enjoyed the activities and liked to engage in them.

Improving care quality in response to complaints or concerns

- Systems were in place for any concerns, complaints, or compliments to be acknowledged and investigated. The provider had a policy which detailed how any complaints would be investigated and responded to. No complaints were raised with us during the inspection.

End of life care and support

- No one at the service was receiving end of life care. Records demonstrated some discussions had taken place with people who were able to engage in conversations about their wishes for their end of life care. However, care plans did not contain detailed information to reflect these discussions.
- The manager told us they were aware care plans were not up to date and plans were in place to reviews care plans for all people living at the service.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was no longer employed by the provider and they were not involved in the inspection. The provider had not notified CQC of this information and had not taken steps to de-register them as the registered manager of the service when they failed to do this themselves. We brought this to the attention of the provider during the inspection. The provider responded to this feedback and submitted the relevant notification in line with their legal responsibilities.

The failure to update the Commission of the permanent absence of the registered manager contributed to a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not notified CQC of the outcome of DoLS authorisations in line with legal requirements. These omissions meant CQC did not have oversight to ensure appropriate action had been taken.

The failure to inform CQC of notifiable events is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Notification of other incidents. This is being followed up outside of the inspection process and we will report on any action once it is complete.

- The provider had not ensured effective support and supervision was in place for the service team leader who had been tasked to manage the service in the absence of the registered manager. There was no evidence an induction had been provided for this member of staff when they changed job roles within the organisation.
- An existing manager within the organisation had been identified to support the team leader in managing the service. They had not submitted their application to the Commission to become the service registered manager.
- The team leader was responsible for the completion of some managerial tasks. However, they were not allocated any time during the working day to do this. In addition, they had not been provided with the necessary authorisation for the electronic recording systems. This meant they were unable to monitor and oversee the running of the service.
- A risk assessment was not in place which had assessed the impact of there being no registered manager working within the service.
- Widespread shortfalls were identified at this inspection. We were told a member of staff from the providers

leadership team visited the service monthly. However, there was no evidence regular effective quality assurance audits were completed to drive improvements within the service during these visits. This was reflected by the seven breaches of regulation which were identified during this inspection.

Robust systems and processes were not in place to demonstrate the registered provider had effective oversight of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- We did not identify any issues in relation to the duty of candour regulation. However, arrangements were not demonstrated during the inspection to show an effective system was in place to ensure the provider responded to their responsibilities under this regulation. Following the inspection the provider wrote to us to provide assurances systems were in place.
- Robust systems were not in place for the provider to engage with staff to seek their views. This was reflected in the feedback we received from staff. One staff member said, "I think as a company they [Lifeways] don't look after us or value us the way they should. I just feel we are a number."

We recommend the provider reflects on the feedback we received and considers ways to engage more closely with the staff team.

- Staff we spoke with told us they felt supported by the manager and team leader working directly within the service.

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

- The manager and team leader endeavoured to promote a positive culture within the service. Staff knew people well and delivered care and support to meet their needs.
- Relatives we spoke with were complimentary about the support people received.

Working in partnership with others

- The service had established some links within their local community and worked in partnership with other health and social care professionals.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Consent to care and treatment was not always sought in line with the Mental Capacity Act 2005. Regulation 11 (1)(2)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not all risks had been assessed or action taken to reduce the risk of harm. Action to ensure the premises were safe was not taken in a timely manner. Regulation 12 (1)(2)(a)(b)(d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Effective systems were not in place to ensure people were not deprived of their liberty unlawfully. Regulation 13 (5)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have robust systems in place to effectively monitor and improve the quality and safety of the service nor to monitor and mitigate the risks to the health, safety and welfare of people who used the service. Regulation 17 (1)(2)(a)(b)(c)(d)(i)(ii)(e)(f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures were not operated effectively to ensure only suitable staff were employed who had the necessary competence, skills and experience. Regulation 19 (1)(a)(b)(2)(a)(3)(a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>An effective system was not in place to ensure staff were supported and effectively trained. Regulation 18 (2) (a)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not notified the Care Quality Commission of all notifiable events at the service. Regulation 18 (1)(2)(e)(5)(ii)(ii)(iv)

The enforcement action we took:

We did not proceed with enforcement action in respect of this breach.