

Lifeways Community Care Limited

Lifeways Community Care (Stoke)

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Lifeways Community Care (Stoke) are registered to provide personal care and support to people either living in the community in their own homes or to people who lived in shared accommodation under tenancy agreements, self-contained bungalows or apartments within the community. At the time of the inspection the service was supporting personal care to people across nine sites and was supporting 36 people aged 18 and over at the time of the inspection.

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

People were empowered to lead their care and had the maximum choice and control over the way in which they were supported. People's care was personalised which met their needs, and their preferences were consistently considered.

People were supported to live independently, for some this was the first time in their lives. They were supported to move into the service with care and compassion taking their anxieties into consideration and building support around them which made them feel safe and secure.

Staff understood people's communication needs and supported them in the best way possible using a variety of tools to support this.

People were allowed to make meaningful friendships and staff were extremely proactive in ensuring people were able to follow their interests, hobbies and lifelong ambitions. This meant people lived meaningful and fulfilling lives. People had their diverse needs considered and respected.

People were able to freely complain and could be assured their complaints would be taken seriously and dealt with promptly and professionally.

There was a positive culture within the staff team which filtered through the services, meaning people were supported by a positive staff team.

The registered manager and the management team lead by example. People, staff and relatives felt their views were important in shaping the future for the service and they felt listened to. The service was proactive and continually worked on ways to improve, this involved being open to feedback from people and relatives.

People and relatives felt they were supported by a caring and considerate staff team who knew them well. People were able to make informed choices and were supported in positive risk taking.

People had their health and wellbeing including their nutritional needs met and were supported and encouraged to live healthier lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported support this practice.

The service applied 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 using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 15 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Lifeways Community Care (Stoke)

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 team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in nine supporting living settings, where people lived as independently as possible. People had varying levels of needs, which included, people with learning disabilities, mental health, people with physical disabilities and sensory impairments and young and older people. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they 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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 02 August 2019 and ended on 05 August 2019. We visited the office location on 05 August 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We requested and received feedback from other stakeholders. These included the local authority safeguarding team and commissioning team and health professionals. We used all of this information to plan our inspection.

During the inspection

Due to the nature of the people being supported we were only able to speak with one person who used the service. We spoke to eight relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, service managers and support workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. We looked at documents relating to the management of the service such as audits, meeting records and surveys.

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 remained the same, Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe, one person said, "Yes I feel safe, staff always make sure I am ok." Relatives told us they felt their loved ones were safe. One relative said, "We feel our [relative] is very safe, they would not be there if we weren't happy."
- Staff had a good knowledge and could recognise different types of abuse and understood how to protect people from the risk of harm.
- Staff had received safeguarding training, they understood their responsibilities and knew how to report and record concerns. One staff member said, "The procedure of any abuse found is to write down everything we have either witnessed or been told by a service user, as we see it or word for word as we listen. We time and date everything along with signing every page to show this is an accurate account of what we have seen or heard. We then explain to the service user, if they have disclosed the abuse to us, we will need to pass this information on."
- Appropriate safeguarding referrals were made to the local safeguarding authorities, as required, to help keep people safe.

Assessing risk, safety monitoring and management

- People had their risks fully assessed to ensure their safety was maintained.
- People's risks were thoroughly documented in their support plans and gave staff clear guidance on how best to support them, detailing what they can do for themselves and what they need support with.
- People had access to assisted technology to support them in order for them to live safely and independently in their own homes. The system allowed people to call for assistance as and when needed.
- People's support plans contained 'living safely and taking risks' section which included information which was important to them. For example, staff needed to make sure [person] has their call pendant with them at all times and knows how to use it and for staff to re-assure [person] they can call for support at any time they need it.
- People had personal emergency evacuation plans (PEEPS) in place, detailing how they should be supported, and the risk associated with not being supported in the way they should.
- Accidents and incidents were recorded and analysed to highlight if there were any themes or trends, so action could be taken to reduce the risk of reoccurrence.
- Action plans were formulated from accidents and incidents which were shared with the staff.

Staffing and recruitment

- Staff recruitment procedures ensured staff were subject to appropriate pre-employment checks to ensure they were suitable to work in a care setting. This included criminal record checks and references from previous employers.
- People were supported by sufficient numbers of staff who were able to meet their needs and help keep them safe.

Using medicines safely

- People who needed support in receiving their medicine was managed and administered by staff who were trained and assessed as competent to carry out the task.
- People received their medicines when they needed them. A relative said, "[Relative] always has their medication, they have a blister pack. There have never been any problems, the staff are excellent."
- There were clear protocols in place for people who needed medicines as and when required. These documents supported staff to know what the medicine was for and when it should be administered.

Preventing and controlling infection

- People were protected from the risks of cross infection.
- Staff understood the importance of using personal protective equipment (PPE) such as gloves and aprons. One staff member said, "Clothes are washed separately to avoid cross-contamination, areas are cleaned and disinfected daily to prevent the spread of infection and areas such as door handles, and bannisters are disinfected daily."
- People and relatives told us the care staff used protective equipment. One relative said, "The staff keep the environment extremely clean, they wear aprons and gloves."

Learning lessons when things go wrong

- Lessons had been learnt when things had gone wrong. During the inspection we discussed a specific incident which had occurred at one of the services. The learning from this ensured the system was improved, which included having additional security fitted and more robust procedures put into place.
- Staff told us when thing had gone wrong lessons had been learnt which were shared with them during team meetings and or supervision meetings.

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 remained the same, Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were assessed prior to being offered a placement. The registered manager told us there was a dedicated team who carried out the assessments, which included people's preferences and aspirations.
- The registered manager was clear in stating, they ensured the service could meet people's needs before offering a placement. They went onto to say, "It is not about filling a void, this is about homes for people and making sure it is right, we would rather carry a void."
- Assessments were used to formulate a person-centred support plan. These provided staff with the information they needed to meet the person's needs and preferences. One staff member said, "A support plan will tell you the individual's needs, risks and how to support them with their needs and risks that have been identified. The assessment and support plan will also highlight any specific health needs." One person said, "I had assessment before I moved in I told them what I liked and did not like, and [staff member name] came out and asked what I wanted in my support plan, what I liked to do and what I like to talk about."
- People's support plans were devised in conjunction with other professionals, relatives and the person themselves. One relative said, "Yes we were involved in [relatives] support plan, staff understand [relatives] needs and we have regular discussions, it is always updated."
- People's support plans detailed people's preferences, including protected characteristics under the Equalities Act 2010, such as; age, culture, religion, sexuality and disability.
- People had their needs reviewed and their support plans were updated in accordance to their changing needs.
- We saw how people had made significant improvements to their overall quality of life. This was demonstrated through an evidence-based tool which measured outcomes within six areas, such as; quality of life, economic wellbeing, positive contribution, choice and control, health and wellbeing and dignity and respect. The tool that is used to measure outcomes is a unique and innovative way of demonstrating the impact the care and support a person has received.

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained and had skills to meet their needs. One staff member said, "The induction was comprehensive and a good foundation, the trainers know their stuff." Another staff member said, "We do get specific training for our service user's needs, including safe swallowing and positive behaviour support."
- People and relatives told us they felt the staff were effective in their roles. One relative said, "[Relative] is very well supported, staff are well trained in what they do."
- Handovers and the use of a communication book are used in each of the service locations, this ensures

effective care is continuous and can be shared amongst the staff team during times of shift changes.

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

- People were supported to maintain a healthy diet and where people expressed their preferences staff would ensure they offered alternative healthier options. For example, we saw one person wished to lose weight, they were supported to access a dietician, so they could be weighed regularly and were supported to gain access to a fitness centre.
- Staff were knowledgeable about people's nutritional needs and helped people to prepare meals. One person said, "Staff do my meals and I tell them my preferences, I have had meals such as, lasagne and cottage pie."
- Support plans included information about people's dietary requirements which included their preferences.
- Specific menus had been prepared to meet people's specific needs. For example, supporting people who have dysphagia, this is when people have difficulty swallowing and may be at risk of choking. Staff followed guidance from speech and language therapists (SALT) to ensure people remained safe. Relatives confirmed to us staff supported their relatives well in relation to the dietary needs.

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

- People had access to other health professionals to support them with their needs as and when required. Such as, GP's, dentists, opticians, speech and language therapists and district nurses.
- People's health and wellbeing was effectively monitored and understood by staff. One person said, "Staff help me to make appointments because I am not very confident with talking to people on the phone, the staff will help me but will also encourage me to do it for myself to build my confidence."
- Relatives told us their loved ones were supported to access healthcare professionals. Comments we received were, "When they [staff] have taken [relative] to hospital everything is recorded in the file and they [staff] liaise with the hospital", and, "[Relative] is supported by being taken to the doctor or hospital."
- Lifeways Community Care (Stoke) ensured people were provided with consistent care by actively involving other professionals arranging meetings where appropriate. Feedback from health professionals was positive, one health professional said, "I have found the managers to be very proactive and approachable" and "As a provider I feel Lifeways Community Care (Stoke) are very experienced and committed in supporting adults with complex needs to live a fulfilled and active life."
- During the inspection we saw a person speaking to a staff member about their track hoist not working as it should. The staff member was very proactive and looked at it straight way. They could not identify the issue so contacted the supplier, who then rang the person to book an appointment the following day for engineers to attend the property to fix it.

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.

When people receive care and treatment in their own homes an application must be made to the Court of

Protection for them to authorise people to be deprived of their liberty.

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

- Consent to care and treatment was sought in line with relevant legislation and guidance.
- People told us staff asked for their consent before carrying out any care.
- People made their own choices whenever possible.
- Staff had a clear understanding of the principles in relation to MCA.

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 remained the same, Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were exceptionally positive about the staff team and of the care and support they received. One person said, "Staff know me very well." Relatives said, "Staff are very caring above and beyond, they know [relatives] likes and dislikes I am made very welcome when visiting", "Everyone has noticed a difference in [relative]. Very caring staff, they know [relative] very well in a short time. [Relatives] quality of life is so much better now. [Relative] doesn't smile when they are not happy, now they are always smiling, they [staff] call [relative] the smiler", "They [staff] are absolutely brilliant", and, "It is run like a home, you can go anytime."
- People were supported to celebrate occasions which were important to them, a relative told us, "They [staff] are very caring, for [relatives] birthday they arranged a small party they [staff] went out of their way to arrange a birthday cake with Stoke City kit on it with fondants, so thoughtful."
- Staff demonstrated how important it was to treat people well. One staff member said, "I treat them as an individual, recognising their needs, diversity, equality, understand their goals."
- Consideration was given to people's diverse needs, which included their protected characteristics, such as, religion, gender and sexual orientation. One person said, "I am quite spiritual, but it does not affect any of my needs, they [staff] do encourage me and some of them like to talk to me about it."

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

- Lifeways Community Care (Stoke) was very proactive in ensuring people were able to express their views and to be involved in making decision about their care. One person said, "I feel in control."
- Staff conducted monthly meetings with individuals who used the service. The meetings supported people to make informed choices. For example, we saw one person was supported to actively take control of their personal care and finances making decisions and putting future plans into place.
- Relatives told us they felt involved in their relative's care. Comments we received included, "They [staff] are all very caring, [relative] chooses what they like and staff listen to them", "They [staff] make me feel very involved", and "I feel we are in control of my [relatives] care, they [staff] talk to you and listen to you, they are very caring and make opportunities to take [relative] out. Staff are always looking to take them out and explore different things."
- Staff told us how they believed how important it was to allow people to be involved and make decisions about their care. One staff member said, "To make [people] feel valued and important, I treat them the same as I would anyone else and talk to them instead of at them, listening to them and understanding their

needs." Another staff member said, "We [staff] always listen to the [people] and respect any decisions they come to, when explaining options to them we explain all options, so they can make informed decisions for themselves. I will support them in anything they wish to do, as long as it is safe to do so."

- People were given the opportunity to be involved in 'residents meetings' and we saw where people did not have the confidence to speak up in a group setting they were given the opportunity to discuss their care in a one to one setting.
- Lifeways Community Care (Stoke) ensured there was as much family involvement as possible. For example, one relative said, "My [relative] has a season ticket for the local football even though they don't understand as they should."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people which was responsive to people's needs and actively encouraged people to be independent. This meant people's quality of life and overall wellbeing improved. Staff told us of people's progression whilst receiving support. One staff member said, "Since [person's name] has moved here they have been a breath of fresh air. They have developed their own independence within the home and created new friendships. They have created new skills and likes to make choices for the day to day running of the home. They can clean the home without prompts and likes to bake cakes with support from the staff team. The family cannot believe the change in [person's name] and how happy and settled they are in their new home." A relative said, "With the constant support we have been able to achieve just what we wanted for our much loved [relative]. We can now watch them live life to the full." They went onto to say, "[Relative] is out and about all of the time, doing lovely things they enjoy. It is wonderful to watch them living their life."
- Staff were able to tell us how they respected people's privacy and dignity and could give us examples for this practice, such as, ensuring doors were closed and people were appropriately covered during personal care.
- One staff member said, "I respect privacy by asking for permission before entering an individual's personal space, I ensure privacy and dignity is respected when personal care is given, making sure the door is shut and the windows, blinds or curtains are closed during this time, making sure the individual who is being supported with personal care is comfortable with the staff members providing this care and that he/she is covered at all times. I also ensure conversations that are wanting to be kept confidential are respected unless this warrants being reported due to safeguarding concerns." Another staff member said, "We [staff] recognise we are in their home and treat it accordingly."
- Peoples support plans detailed what aspects of care they needed support with and what aspects of care they could do for themselves. They detailed what outcomes people were working towards regarding their independence and the goals associated with them.
- Staff encouraged people in relation to their own dignity. For example, we saw a person expressed how they liked to go and have their hair done at their local hairdressers. Staff followed this up by ensuring regular appointments were made at the hairdressers of the persons choice. A relative said, "The staff know my [relative] very well, they do things that make [relative] happy. [Relative] has a jewellery stand and the staff say, 'what are you going to choose today to wear a nice colourful neckless and bracelet' and when [relative] is going out they will always say 'see you later'."

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 improved to, Outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Lifeways Community Care (Stoke) supported people to access the community in a way in which they wanted to. This was done through working with people on an individual basis and exploring their goals and aspirations. This enabled people to be active and visible members of their local community and enhanced their sense of well-being.
- People were given every opportunity to be fully involved in community life. Each person was given the opportunity to express what they wanted to achieve, which were recorded on the monthly keyworker meeting logs. 'Progress towards my goals' logs were developed and people were enabled to identify the steps they needed to take to achieve their desired outcomes and goals. This contributed towards people receiving genuinely person-centred support that enabled them to achieve their goals and aspirations.
- For example, one person's goal was to take part in the 'Race for Life' as this was a particularly close to their heart, staff supported them to achieve this ambition. Other examples included, attending craft's, ladies day at the races and trips to the theatre to watch a show of their choice. Staff were committed to overcoming any barriers to people being able to pursue their hobbies and interests.
- There was a genuine emphasis on supporting people to pursue their interests and hobbies for people to achieve some lifelong ambitions. People were supported to maintain their hobbies, such as, swimming or going to the gym. Other people were supported to turn their garden into a sensory area which included a vegetable plot. People were supported to break these tasks into manageable steps with support from staff and therefore to achieve their aspirations.
- People were supported to go on holidays or day trips to places of their choice, such as, a visit to the local donkey sanctuary, the beach and concerts. People were also supported to maintain their love for their local football teams and were supported in obtaining season tickets and were taken to football matches. This emphasis on a holistic approach to support and enabling people to attend events and trips resulted in their sense of wellbeing being improved.
- People and staff were very keen to raise money for other charities and would regularly do events to raise awareness and money for charities chosen by people. This also helped people become visible and active members of their local community. For example, one person was supported by staff in participating in the race for life, raising money for cancer research.
- People were supported with their diverse needs and should people wish to attend events such as 'Gay Pride' this would be made possible for people.
- The provider supported the celebration of different events, such as dignity day, where people were

involved in a 'Mad Hatters Tea Party' and people dressed up for the occasion. This helped to promote people's understanding of their rights as citizens and the way in which people should be treated by staff and professionals when receiving support from services.

- Different cultures were considered, and people were supported to attend events celebrating their own culture and faith.
- People were supported to secure voluntary opportunities should they desire or were supported and encouraged to maintain paid employment. For example, working in charity shops, which reduced reliance on formal support and resulted in improved self-esteem.
- People were encouraged to maintain and develop relationships that were important to them. We were told of a couple who liked to spend time together and were supported to have 'date nights', where they were given the time and space to enjoy a meal together.

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

- People's support plans were tailored to their individual's needs. They contained clear information about people's specific needs, their personal preferences, and daily routines. The support plans gave staff clear guidance in how to best support people.
- Lifeways Community Care (Stoke) ensured family members, carers and health and social care professionals were worked with as partners when planning and review their relatives care packages.
- People's care was provided in an integrated person-centred approach; particularly for people with multiple and complex needs. People were empowered to lead their care and had the maximum choice and control over the way in which they were supported.
- For many people receiving support from Lifeways Community Care (Stoke), this was their first home whereby they were living independently. People and relatives told us how this was an anxious time for both parties. People were supported to slowly transition into their new environment to ensure the care and support provided met individuals needs and they felt comfortable and safe.
- Lifeways Community Care (Stoke) recognised this was a difficult an anxious time for people and supported this transition period in a way which not only supported the person but supported the relatives, resulting in reduced anxieties. This approach to supported people resulted in people settling successfully into their homes and developing a greater sense of independence and well-being.
- Lifeways Community Care (Stoke) ensured relatives were fully involved in supporting people moving into their own accommodation. This way of working supported people and their loved one's emotional wellbeing. A staff member told us of a specific case, they said, "The family were fully involved and were supported by us with all aspects of support around [person's name] life so they felt a part of our team to provide the best for their [relative], and as the care provider we wanted to make sure we did not set [person's name] up to fail."
- In another example we saw how dedicated and focussed support from staff enabled one person to move out of their family home and to settle successfully into their own home. One persons relative told us "We were able to decorate [relatives] room just the way we they would love it, involving [relative] as much as we could to get them used to their new home. Throughout all of this, the staff were amazing, they were so supportive, not just to [relative] but to us all as a family. They [staff] really cannot do enough, always smiling, a reassuring word, making it quite clear they weren't there just for [relative]. We really feel like they [staff] are part of our extended family and that includes all of [relatives] friends who they live with. We cannot tell you how reassuring it is knowing [relative] is being so well cared for in a beautiful setting."
- Relatives were consistently positive about the staff who supported their relatives. One relative said, "It is a family thing with them [staff], they involve everyone in the house they bring the people who live there together in the lounge to watch TV and to chat, they leave the doors open so no one is locked away or locked in their room by themselves."

- Lifeways Community Care (Stoke) held annual award ceremonies for people who are supported within the services. We saw a celebratory ball was held for people who had achieved some of their ambitions. People were supported to purchase their ball outfits and chose their meal of choice. They attended the ball and were recognised for their achievements.

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.

- Staff were supportive of people's communication needs and accommodated them in the best way that suited them individually.
- Communication profile charts were completed during assessment which highlighted people's needs.
- The service used various equipment to support people to effectively communicate, such as; picture boards, white boards, talking systems such as iPads. This focus on enabling people to overcome barriers to communication resulted in people having greater choice and independence over their lives and how they received care.
- Staff were sensitive to people's communication needs, one staff member said, "We communicate with the people we support in the way that best suits them, for example one of the individuals has been assessed as only hearing/processing two or three words out of a sentence, so we use short sentences when communicating with them. Also, when individuals receive mail they cannot read we explain to them what the letter says."
- The registered manager said, "The main tool is the staff and their consistency, although there is access to the iPad talking machine, the person who would use this, does not use it that often as staff know them well and recognise their facial expressions and noises."
- Within one of the services, people expressed their wish to decorate the bathroom turning it into a sensory area where people could relax when bathing.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain and felt able to. Relatives said, "I would ring the office" and "Any little issue has always been sorted straight away."
- For people that were unable to verbally communicate, staff knew them well and were able to recognise when people were unhappy. Staff would communicate with people in a way they understood or could respond, for example, asking questions that may only require a nod or shake of the head, or keeping sentences short which were easier to understand.
- Staff were clear in the process they would take if they received a complaint. One staff member said, "What I would do is speak to the person first and foremost to see what was wrong, make the registered manager aware and we would come up with some kind of action plan, and address whatever it is they are complaining about and put it right as quick as we can. We would ask them what they would want out of the complaint. If it was a complaint where you needed to involve family, you would."
- Another staff member said, "If I received a complaint from someone the first thing I would do is reassure them their complaint will be dealt with in a professional and confident manor and follow policy and procedures regarding any complaints. So, for example writing down everything the person who has a complaint has said, word for word, signing, dating every page, then explaining if I personally couldn't deal with the complaint I would have to pass it on to the appropriate manager while reassuring the individual in question there will not be any repercussions on them."
- We saw complaints were dealt with effectively and in a timely manner. The registered manager explained how they would investigate the complaint and then devise an action plan. The registered manager went

onto to say, "I would respond to the complainant in written format, but I also like to go out and meet people face to face."

End of life care and support

- No one was receiving end of life care at the time of our inspection. However, the service had previously supported people at the end of their life. This was done in a way which ensured they were supported in a dignified and as pain free way as possible. One relative said, "End of life was mentioned to me, but I have sort of put it off for now."
- The provider had a policy in place which gave staff guidance in how to respect and care for those people whose lives have ended. The guidance explained how support people from different ethnic and religious backgrounds, detailing how people should be cared for in line with their beliefs.

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 remained the same, Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an open and transparent culture at the service. People received care which was person-centred.
- The registered manager ensured staff consistently supported people to receive regular health checks. They had implemented a tool which highlighted when people's medical check-ups were due, this tool was used as an overview to all the services they were responsible for.
- People and relatives spoke highly of the management team and the registered manager. Stating they were approachable, friendly and would highly recommend the service. Comments received from relatives included, "They [managers] listen to you and they keep me updated of any changes", "I think the best thing is, they [managers] keep you informed", "The management are completely supportive", and "They [managers] need to be recognised, they are easy to contact."
- The registered manager recognised and valued the staff team, they said, "The staff at the services have worked hard to ensure each person has a fulfilling and active life, both at home and in the community. Through group and individual meetings, people's wishes, and aspirations have been sought and wherever possible fulfilled."
- Staff consistently felt supported by their managers and the registered manager. One staff member said, "I enjoy working at for Lifeways Community Care (Stoke). I feel my manager and the registered manager are approachable and understanding. I feel supported in my role."
- The registered manager was aware of their responsibilities in relation to the duty of candour. Duty of candour is admitting when something has gone wrong, taking action to rectify issues and ensuring an apology is provided to the people affected, in writing. The registered manager was open in showing us the most recent complaint which had been received and how this had been dealt with to the complainant's satisfaction.
- The registered manager recognised the importance of celebrating staff successes. They told us the provider would be holding an awards ceremony for staff next year. The registered manager also said, "If people go above and beyond the organisation will reward them in terms of vouchers and they also do long service awards", and "There is also the organisational magazine and people go in there so are recognised through that also."

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

- There were systems in place to effectively monitor the service. This included regular audits and quality meetings with the service managers.
- The service had action plans in place which were reviewed and updated.
- Staff had access to a document called 'Team Talk' this was devised by the chief executive officer of the organisation which enabled staff to be kept up to date with the organisational changes.
- There were outstanding characteristics that the registered manager was working on and embedding into the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Lifeways Community Care (Stoke) vision is to; 'help people live ordinary, independent and happy lives'. The service ensured it met this vision through engaging and involving people and their families in a way that improved their quality of lives and supporting them to feel part of the wider community.
- People and relatives were consulted with and were given opportunities to feedback about the service. This was done through 'residents' meetings' and annual satisfaction surveys.
- The most recent survey detailed how people felt strongly in relation to them, feeling involved in planning their support; staff listening to them and supporting their needs; staff having the right skills to support them; supporting them to feel safe and to stay healthy and well.
- We saw the registered manager had proactively contacted relatives and wrote to them individually with the outcome of the surveys and included a contact list for the management should they wish to make contact to discuss anything.
- People who used the service were given opportunities to be involved in the recruitment process where they took an active role.
- The management team had implemented health and safety champions. This encouraged staff to be actively involved in the day to day running of the services. This was an opportunity for all staff to be involved in which gave staff the option to continue to build on their skills sets.
- Staff told us they were able to share their ideas, through supervision sessions and team meetings. One staff member said, "I do feel able to speak to my manager if I have some suggestions on how to improve the service, our manager always asks us at team meetings and in our supervisions if there is anything that could be done differently to help improve the service. Another staff member said, "I feel comfortable in pointing out to managers if something could change to improve ways in the way we work."
- We saw the service had received a number of compliments from relatives and professionals. Some of the comments we saw read, 'Visited [named service] today, very caring staff with great knowledge of residents. Beautiful environment for the residents very impressive', and Beautiful house, residents look very happy and relaxed staff are very supportive and welcoming. A relative we spoke to said, "I think the service take pride in what they do, the décor, furniture, and gardens are all kept wonderful."

Continuous learning and improving care

- The registered manager was very proactive in ensuring the quality of the service continually improved.
- The registered manager actively supported the management team and held meetings which gave the service managers the autonomy in making decisions about future quality improvements.
- The registered manager told us how the provider conducts quality audits on each of the organisation's services, and how the most recent one conducted at Lifeways Community Care (Stoke) scored highly. The registered manager went on to explain, "Following these audits local action plans are drawn up, it is the responsibility of myself and the service managers to ensure we complete these within a timescale and when people say they have done their action, I will go and validate this."

Working in partnership with others

- The service worked well in partnership with other agencies, which ensured people received safe and effective support in all areas of their lives. This included people's physical health needs and support with people's emotional wellbeing.
- We received feedback from a professional who stated, "There has been a change to the management structure where clients/carers/families experienced a short-unsettled period. This was quickly rectified by the registered manager and service manager arranging carers meetings with carers and managers who form part of the new structure. Feedback from carers at recent reviews was, they felt the meetings were beneficial and a good platform to move forward. Communication remains open and there has been no concerns raised recently."
- We received feedback from the local authority, they said, "The registered manager is approachable and works well with the authority. We have had no issues with these services."