

# Lifeways Community Care Limited

## 1 & 2 Flax Cottages

### Inspection report

1 & 2 Flax Cottages  
Fernlea Drive, Scotland Gate  
Choppington  
Northumberland  
NE62 5SR

Tel: 01670530247

Date of inspection visit:  
24 January 2020

Date of publication:  
09 March 2020

### Ratings

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

# Summary of findings

## Overall summary

### About the service

1 & 2 Flax Cottages is a care home for people with a learning disability. There were six people living at the home at the time of the inspection.

The service has been 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 receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service consisted of two bungalows. It was registered to provide accommodation, care and support for up to nine people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people, was mitigated by the building design which fitted in well within the residential area where it was located. In addition, staff did not wear anything that suggested they were care staff when coming and going with people.

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

There were systems in place to protect people from the risk of abuse. People appeared relaxed and comfortable with staff. There were enough staff deployed to meet people's needs. Safe recruitment procedures were followed.

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 this practice. The registered manager was strengthening their documentation relating to mental capacity assessments and best interests' decisions to ensure all areas of the process were evidenced.

People had a choice and access to sufficient food and drink. People were supported to have access to a range of healthcare professionals to help ensure they remained healthy.

People were treated with kindness. One health and social care professional stated, "They are very caring and prompt to react to any changes in the clients' care." Staff respected people's privacy and dignity and promoted their independence.

People's care was developed around their wishes, preferences and goals. People's social needs were met. More joint activities and events were going to be planned with people from the provider's other care home which was situated next door.

A range of audits and checks were carried out to monitor the quality and safety of the service.

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](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 8 September 2017).

#### Why we inspected

This was a planned inspection based on our inspection programme.

#### 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.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# 1 & 2 Flax Cottages

## 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

1 & 2 Flax Cottages is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager who was registered with CQC. A registered manager 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 a short period of notice of the inspection since the home was small and people were often out with staff in the local community.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 used all of this

information to plan our inspection.

#### During the inspection

We spent time with all six people who lived at the home. Due to the nature of their condition, most people were unable to communicate with us verbally. We spoke with one person, the registered manager, team leader and four support workers.

We reviewed a range of records. This included two people's care records and medicines records. We looked at one staff file in relation to recruitment. We reviewed a variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the registered manager to validate the evidence we found. We looked at training data and contacted two relatives by telephone. We also contacted five health and social care professionals by email to ask for their feedback about the home.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help protect people from the risk of abuse. People appeared comfortable and relaxed with staff.

Assessing risk, safety monitoring and management

- Risks were assessed and monitored. There was a positive approach to safety and risk.
- Checks and tests of the building and equipment were carried out to ensure they were safe.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. Staffing was flexible and additional staff were placed on duty if additional activities were organised.
- Safe recruitment procedures were followed. Where possible, people were supported to be involved in staff recruitment. One person had helped devise questions to ask prospective candidates. Recruitment was ongoing.

Using medicines safely

- Medicines were managed safely. There was a safe system in place to receive, store, administer and dispose of medicines.

Preventing and controlling infection

- People were protected from the risk of infection. Safe infection control procedures were followed.

Learning lessons when things go wrong

- There was a system in place to record and analyse accidents and incidents to help identify any themes or trends so action could be taken to reduce the risk of any reoccurrence.

# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were cared for by staff who were trained and supported.
- Staff told us they felt supported. There was a supervision and appraisal system in place.

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

- People had a choice and access to sufficient food and drink. People's specialist dietary needs were met. Health professionals had been involved when required and recommendations had been followed.

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 help ensure they remained healthy. One health professional told us, "I find the staff very helpful and they do carry out good patient care to the clients I have in the home. I find that they are very thorough and also ask for training if they are unsure how to manage the clients."
- People received a learning disability annual health check with their local GP surgery and had a hospital passport. 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.

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.

- Overall staff followed the legal requirements of the MCA.



- The registered manager was strengthening their documentation relating to mental capacity assessments and best interests' decisions to ensure all areas of the process were evidenced.

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

- People's needs were holistically assessed and support plans were formulated to document what actions staff needed to take to meet people's needs.

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

- The design and décor of the home met people's needs
- The home had been recently decorated. People's bedrooms had been decorated to reflect their own personalities. Work was being planned with regards to the garden. A summerhouse had been built for one person and a sensory garden was planned.

# 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. 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 appeared happy in the company of staff. One person told us, "[Names of staff] are good, they talk well." A health professional told us, "I have always had a very good impression of the care provided by 1 and 2 Flax Cottages. The carers always treat the residents with care and dignity and act promptly if there are any concerns about health needs. Some of the carers have longstanding knowledge of the residents having worked with them for a number of years."
- Staff were knowledgeable about people's likes and dislikes and could explain these to us. A staff member told us, "I sometimes wear a polar bear jumper and [name of person] loves it and will point at it. I wear it especially for [name]."
- Most people were unable to communicate verbally because of the nature of their condition. Staff were able to recognise and interpret people's non-verbal communication such as facial expressions and body language and responded to people's needs. One person loved chocolate and staff ensured chocolate was readily available.

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

- One person had a relevant person's representative [RRP]. The role of the RPR is to maintain contact with the relevant person, and to represent and support the relevant person in all matters relating to their DoLS.
- There was a key worker system in place. People were involved in meetings with their key workers so their wishes for the coming months could be discussed.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and promoted their independence. Staff spoke with people respectfully.
- Support plans recorded what aspects of care people could manage independently and what they needed support with.
- Staff supported people to take risks in a safe way to maximise their independence, choice and control.

# 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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care was developed around their wishes and preferences. Goals were set to help promote positive life outcomes for people.

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.

- People's communication needs were recorded in their support plans. Easy read documents had been produced using pictures for people who could not understand the written word. The registered manager told us that further work was being planned to improve the availability of accessible information.

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

- People's social needs were met. People were supported to access the local community. There had not been as many activities carried out recently because of the redecoration programme. The registered manager told us they were going to organise more joint activities and events with people from the provider's other care home which was situated next door.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. No complaints had been received. Both relatives whom we spoke with raised no concerns about people's care and support.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 a registered manager in place. They currently divided their time between 1 & 2 Flax Cottages and the provider's other care home which was situated next door. Staff spoke positively about the support they received from the registered manager.
- A range of audits and checks were carried out to monitor the quality and safety of the service.
- The registered manager understood their duty of candour responsibilities. They had submitted notifications of specific events in line with legal requirements.

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

- The culture at the service was positive. The registered manager told us, "It is our role to support [people] to meet their needs and fulfil their potential and ambitions. We strive to provide a homely environment that promotes growth and development for all those that live at Flax Cottages, ensuring their individuality is maintained at all times through a comprehensive support plan."
- Staff told us they enjoyed working at the home. People looked relaxed and cheerful. One person who was able to communicate verbally said they enjoyed living at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and staff were involved in the running of the service. Reviews, meetings and surveys were carried out to obtain feedback.

Working in partnership with others

- Staff liaised with health and social care professionals to make sure people received joined up care which met their needs.
- The registered manager told us they were looking to extend their links with the local and wider community.