Lifeways Community Care Limited

Pembridge Road

Inspection report

14A Pembridge Road
Stoke On Trent
Staffordshire
ST3 3BX

Date of inspection visit:
12 July 2018

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 12 July 2018 and was unannounced. This was a first ratings inspection.

Pembridge Road 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. Pembridge Road accommodates up to seven people in one adapted building. At the time of the inspection there were four people living in the care home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a manager in post, they were in the process of registering with us (Care Quality Commission) and were waiting for their interview. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from avoidable harm and abuse. Risks were assessed and managed to keep people safe and staff were aware of how to follow risk management plans. Premises and equipment were maintained to minimise the risk of infection. People were supported by sufficient, safely recruited staff. Medicines were administered safely. The manager had systems in place to learn when things went wrong.

People's needs were assessed and they had effective care plans in place. Staff were given an induction and received on-going training. Competency was checked to ensure they could provide people with effective support.

People received consistent support from staff and were able to choose what they had to eat and drink and were supported safely. The environment was designed and adapted to meet the needs of people. People had support to maintain their health and wellbeing and had access to health professionals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff that were kind and caring and had good relationships with people. Peoples communication needs were assessed and care plans were in place. People were supported to make choices and retain their independence. People were treated with dignity and respect.

Peoples preferences were understood by staff, their diverse needs were planned for and they received support to meet them, with regular reviews and updates carried out. People could take part in things which

were of interest to them and were supported to set and reach goals. Complaints were investigated and responded to in line with a policy.

People and their relatives were asked for their feedback. Systems were in place to check on the quality of the service people received. The manager used the systems to make improvements. The manager had systems in place to monitor the delivery of people's care and everyone we spoke with said the manager was approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was good.

People were supported by staff that protected them from abuse.

People were supported to reduce risks to their safety.

People lived in a clean environment.

People were supported by enough staff who had been recruited safely.

People were supported to receive their medicines as prescribed.

Lessons were learned when things went wrong.

Is the service effective?

Good

The service was good.

People had their needs assessed and care plans were in place.

People were supported by trained staff.

Peoples care was delivered consistently.

People had enough to eat and drink and could make choices.

Peoples health needs were met.

People had access to adaptations in the home.

People's rights were protected.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion.

Care staff upheld people's rights to privacy and dignity.

Independence and choice was promoted.

People's needs, wishes and individual preferences were considered.

Is the service responsive?

Good

The service was good.

People's diverse needs and preferences were understood and observed by staff.

People were supported to follow their individual interests.

People and relatives were able to make complaints.

Is the service well-led?

Good

The service was good.

The manager had systems in place to seek feedback from people.

There were systems in place to monitor the consistency of the service.

There were checks in place to ensure people had the care they needed.

Plans were in place to make improvements to the quality of the service.

Pembridge Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 July 2018 and was unannounced. The inspection team consisted of two inspectors.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We reviewed feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with one person who used the service and four relatives. We also spoke with the manager, the deputy manager and four staff.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. We reviewed the care records of two people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including complaint logs, accident reports, monthly audits, and medicine administration records.

Good

Is the service safe?

Our findings

People felt safe. People told us they were happy at the service and they liked the staff that supported them. One person told us, "I can always speak to staff and they help me." One relative told us, "As far as I am concerned this is a safe place and [person's name] loves it there." Staff could demonstrate their knowledge of how to recognise abuse and had been trained to do this. They could describe the signs they looked out for and the action they would take, including raising concerns externally if they did not feel action had been taken to safeguard people. There was a safeguarding policy in place, which staff understood and we found where incidents had occurred these had been referred to the appropriate body for investigation. This meant people were safeguarded from abuse and people were protected from the risk of harm.

People were protected from the risks to their safety. One relative told us, "Staff manage risk well, they have been proactive in ensuring [person's name] risks are manged." People had their risks assessed and plans were put in place to minimise risks to people safety. Staff could describe the support people needed to stay safe and we observed staff following the risk assessments and plans for people during the inspection. For example; one person was at risk of harming themselves when they displayed behaviour that challenged. Staff could describe in detail how the behaviour presented and what the risks were. They could also tell us how they were able to use different techniques to prevent the person from hurting themselves. We found the information staff shared with us was detailed in the persons care plan. We also observed staff interacting with the person and watched how they recognised the signs of behaviours and took immediate action to distract the person. We saw staff had been working with the person to reduce the incidents where they displayed behaviour that challenged and improve the interactions the person had with others. We saw records which showed this had been effective and incidents had decreased. We also observed staff supporting the person to interact, at the persons pace. This demonstrated people had their risks planned for and managed to keep them safe from potential harm.

People were supported by sufficient staff. One visitor told us, "There has been a high turnover of staff but all staff know [person's name] and this has never caused an issue." The manager told us everyone had one to one staff support with some having two to one staff for some aspects of their care. Staff confirmed this was always available and there were no issues with staff availability. The manager told us they had some vacancies and were recruiting new staff. We saw interviews were held on the day of the inspection. We were told an agency was used to cover staff hours, and this was a regular staff member who came. We spoke to the agency staff member and they were familiar with people's needs and had support to get to know people. We saw staff were available to provide the two to one support needed by some people when they went out into the community. This demonstrated there were enough staff to support people safely.

People received support from safely recruited staff. Staff told us checks were carried out to ensure they were suitable to work with people. The records we saw supported this. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed.

People received their medicines as prescribed. One relative told us, "I've never seen an electronic system

before but it seems to really work; we have never had an issue with any of my relative's medicine." There was a medicines policy in place which staff understood, we observed staff followed the policy when people were given their medicines. The provider had an electronic ordering, stock control and recording administration system in place. We saw medicines were in stock and the deputy manager told us they also did manual stock checks to act as a backup in case there were ever issues with the system. There was guidance in place for staff to administer medicines safely, and we saw they followed this. For example, there were clear instructions for topical medicines which included body maps to show staff where the topical medicines should be applied. Where people had 'as required' medicines, there were clear instructions for staff. One person had to have their medicines given covertly; we saw there was clear guidance for staff on how this should be administered safely. Medicines were stored safely and checks were done on the medicine room temperatures. We found staff were recording accurately on the system when medicines had been administered. This showed people received their medicines as prescribed and systems were in place to safely manage medicines.

People were protected from the risk of infection. There were procedures in place and staff could describe how they used these to minimise the spread of infection. We saw staff had received training and there were guides on the wall for staff about safe handwashing procedures. We found the home and equipment in use was clean which meant people were supported and cared for in a clean environment which helped to minimise the risk of infection.

The manager could describe how incidents which occurred were documented and how they reviewed them. There was a system in place to record incidents and these were monitored to look for any patterns. There was a process in place for the manager to have discussions with staff to talk about any learning from incidents. Staff told us these were used when things went wrong, but also when things had gone well. We saw records of these discussions. This meant the manager undertook analysis where incidents had occurred.

Good

Is the service effective?

Our findings

People had their needs assessed and plans put in place to meet their needs. One relative said, "[Person's name] has a daily log in which staff write what they have been doing and I am involved in everything that goes on." The manager told us the assessment process was individually tailored to the person. This meant the assessment could be undertaken in the way that best suited the person and could gather the information needed to determine whether the service could meet their needs. Once done, this information was used to develop a care plan. The care plan was built up over time and through reviews and conversations with people involved in the persons care. This included family members and other professionals or advocates. Reviews were done initially very frequently and then at least every six months. We looked at people's assessments and care plans which confirmed what we had been told. We saw people had detailed plans in place for aspects of their care. For example, one person had a care plan in place to prevent them from becoming overwhelmed by noise and other things around them. We saw clear guidance for staff about what to help the person avoid and what signs to look for if the person was becoming upset and how to calm the person. We saw goals were recorded for people and could see how staff supported them to meet these goals. Staff confirmed they understood the needs of people and used the care plans to guide the support they gave. Some people at the service had a diagnosis of autism. The assessment and care plan in place had been developed to ensure staff had clear guidance for supporting people which followed their routines which were important in preventing people from becoming upset and displaying behaviours which challenged. This showed people's needs were assessed and effective care was planned to meet those needs.

People were supported by trained staff. One relative told us, "All staff are well trained." The deputy manager told us staff received a detailed induction and shadowing ahead of working alone with people. They told us staff competency was assessed for example, with administering medicines. Staff were also given ongoing training in all aspects of peoples care. The manger told us some training was due for update and this was being planned. We saw the manger had a system in place to monitor when updates were due to staff training. We observed staff using the training they had received when supporting people. For example, we saw staff administering medicines safely and using their knowledge of autism to support people. In the PIR the manager told us staff had been trained in positive behaviour support, staff confirmed this during the inspection and we saw staff used this to help minimise incidents of behaviours that challenged during then inspection. Staff told us they were happy with the training and felt this was effective in supporting them in their role. This showed people were supported by suitably skilled staff.

People were supported to choose their meals and maintain a healthy diet. One person told us, "Friday is takeaway night; we get to choose what we like." A relative told us, "[Person's name] needs healthy foods and the staff offer healthy choices." Staff understood people's needs and preferences for food and drinks. For example, one person had a food allergy. We saw this was clearly documented for staff, all staff knew about the allergy and what steps were in place to protect the person. We found people's needs for how meals should be served were clearly documented, for example one person needed to have their meal given in two portions on separate plates. Staff enabled people to choose where to eat their meal and offered people a choice. We saw people accessing the kitchen to make their own drinks. We saw records of what people had

for meals were recorded. This showed people were offered a choice and were given support to maintain a healthy diet.

People received consistent support. Staff were familiar with people's needs, consistency was important to the people using the service due to their specific health needs. We saw detailed plans were in place to enable staff to provide support in a consistent way. We saw there were communication systems in place which helped staff to ensure they communicated about people at the service particularly if something had changed. We saw a keyworker system was in place which identified a lead staff member for each person. The manager confirmed these systems helped to ensure a consistent service was delivered.

People were supported to maintain their health and wellbeing. One relative said, "My relative had had appointments with occupational therapists, the speech and language therapy team (SALT) and community nurses and the staff always follow up on appointments." Staff told us they supported people to monitor and maintain their health. The staff could describe in detail where people had specific health needs and the steps they took to ensure the person stayed healthy. For example, staff understood how to support one person with an allergy, including how to use specific medicine if the person was in contact with the item which caused them to become ill. In another example there was guidance for staff on how to support someone that had seizures. Staff had specific training to help them understand people's health conditions, for example autism and bipolar disorder. We saw staff had access to health professionals where needed and their advice was followed. This demonstrates how people were supported to access health professionals and maintain their well-being.

The building was suitably decorated and people had their own belongings in their bedrooms. People had access to adaptations and equipment to help meet their needs. For example, level access showers. We saw people had personalised their rooms with things which were important to them. The manager told us rooms were quite blank and with few items in until the person moved in. The environment was an important factor for people as some furnishing, colours and items could upset people with autism. The manager told us they slowly worked with people to see what they should have in their bedroom; they said this was sometimes a long process to determine what worked for people. This meant peoples individual needs were considered with the design, decoration and adaptation of the premises.

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 had their consent sought. One relative told us, "Staff know what [person's name] understands and then work with them to manage their understanding." Staff understood how to seek consent and the action they would take if a person did not have the capacity to consent. Staff could describe for us, how people would indicate yes or no to aspects of their care. Staff told us they had clear guidance in place about what decisions people could make for themselves and how they should seek consent. Where people were unable to make decisions about their care and support a mental capacity assessment had been undertaken and a decision had been taken in the person's best interests. For example, one person had to have their medicine administered covertly as they would not consent to taking the medicine they needed. We saw a best interest's discussion was held with relevant health professionals and others and it was decided the person needed to have their medicines given in drinks. This was documented in the person's records and demonstrates staff applied the principles of the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found there were authorised Deprivation of Liberty Safeguards (DoLS) in place where people had restrictions to keep them safe. Staff understood these and could provide support in line with the authorised DoLS. This demonstrated people were supported in the least restrictive way and in line with the MCA.

Good

Is the service caring?

Our findings

People and their relatives told us they were happy with the care provided by staff. One person told us, "I like it here, people are kind." People, staff and relatives all spoke very highly of the service. A relative shared with us, "The service was wonderful and brought [person's name] back to being themselves and they have worked wonders with [person's name]." Another relative told us, "This is a bespoke service which is not about meeting the needs of the group as a whole but is individual to [person's name] and other's individual needs." Staff had developed positive, caring relationships with people who used the service and there was good rapport between people, relatives and staff.

There was a friendly atmosphere and staff spoke with people in a respectful and dignified way. Staff understood people and were observed to be caring and supportive. Staff could describe in detail the processes and mechanisms they had in place to support people and recognised the importance of this due to people's individual diagnoses such as autism. We observed a member of staff speaking to a person at breakfast time. The member of staff tailored their communication skills to meet the needs of the individual and adopted their body language to be at the same level as the person. The member of staff was observed singing with the person using hand gestures and signals to accompany the words in the song. The person was smiling and happy and was engaged in the interaction. This meant people were supported in a caring way.

Communication needs were assessed and we saw specific guidance within individual care plans as to how best to achieve effective communication with each person. Some of this information included mannerisms, signs and facial expressions. We saw Makaton signs were depicted with guidance for staff around the home. Makaton is a communication approach which uses speech with signs (gestures) and symbols (pictures) to help people communicate. We observed staff communicating with people using Makaton and we observed a member of staff engaging with a person, asking them if they were happy and the person was able to understand and respond in a way which clearly demonstrated their happiness at that specific time. This showed communication needs were assessed and met by staff.

People were given the opportunity to choose how they carried out aspects of their daily routines. One person told us they were involved in their care planning and told us that they could choose things for themselves, the person commented, "I get to choose at meal times, Friday is takeaway night and I get to choose anything I want." One person was unable to communicate verbally and used a picture board from which they chose daily activities. Staff encouraged the person to look at the picture board and they were then able to determine whether the person was happy with the activity by reading and interpreting the person's reaction through gestures and body language. We saw this person's care plan reflected the need for choice to be promoted for this person in this way. This demonstrates people were supported to make choices.

People were supported to live as independently as possible. Staff we spoke with were able to share examples of how they encouraged and supported people to be as independent as possible and care plans were written in a way that promoted independence for people. We observed a person in the kitchen

independently making their own drink. Staff were nearby to provide guidance and ensure the task was carried out safely. This showed there was a clear ethos within the home that promoted choice and independence.

People's privacy and dignity were respected and we saw that there was a privacy and dignity policy in place. A relative told us, "I know that [person's name] privacy and dignity is respected because I can tell by their demeanour. I would know if not as they would definitely let me know." Staff ensured that people's privacy was upheld. For example, we saw one staff member ask one person if they were happy to give consent for us to observe them in their own home. Staff could tell us about how they supported people to have time alone when they requested this and how they managed this whilst still providing observation as people needed one to one support. This shows people had their privacy and dignity protected and staff were respectful.

Good

Is the service responsive?

Our findings

People's preferences were understood by staff. One relative told us, "[Person's name] has a plan for exercise; I have asked staff to join in when they are exercising." Staff could describe in detail people's preferences and their routines. We saw this was detailed in peoples care plans and staff followed the guidance available to them during the inspection. For example, one person used specific hand gestures to tell staff they didn't want to do things; we saw staff followed this when the person used the gesture. One person's care plan indicated they liked to have music played while they were engaged in an activity and were able to choose which music they wanted. We observed this person with staff engaged in an activity and saw the staff support the person to choose and play the music. When the person chose to end the activity, they turned the music off, which staff understood this meant the person wanted to move on from the activity. Staff told us peoples diverse needs were considered within the assessments and guidance was put in place for staff. The staff said this included any cultural needs or needs related to their sexuality. Staff could describe these needs to us and we confirmed this information was recorded in peoples care plans. Peoples had regular reviews of their care plan. Staff told us any small change was discussed with relevant people and then the care plan was updated. We saw records which supported what we were told. This showed staff understood people's needs and preferences and these were reviewed and responded to when things changed.

People were supported to access activities and the community. One person attended college; other people planned activities for the day depending on how they felt. Staff understood how people liked to spend their time and offered them a choice. One person was supported to go out to a local activity. Another person spent time in the garden with staff. We observed one person doing some exercise in the garden before they went out for the day. Staff were observed asking the person if they were alright, the person responded by bumping their hand onto the hand of the staff member. The staff explained this was how the person communicated they were happy with the activity. We saw another person discussing with staff about the activities they were going to do later in the day when they went out. The staff member encouraged the person to make their own choice about activity. We observed one person engaged in singing with a member of staff, doing hand actions which they had learned. The manager told us people had access to activities which helped with ensuring they were not bored and had helped to reduce behaviours that challenged. Some people needed to spend time resting during the day to avoid being tired and this had to be mixed with opportunities to go out. We saw staff planned this with the person on the day depending on how they were. This showed people were supported to undertake activities in an individualised way.

People and relatives were able to make complaints. One relative told us they had received a copy of the complaints policy for the service and understood the process for making complaints. The relative added, "I would be happy in approaching any of the staff if I had concerns or issues." We saw there was a complaints policy in place and where a complaint had been received this had been responded to by the manager in line with the policy. This showed the provider had a system in place to respond to people's complaints.

At the time of the inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Good

Is the service well-led?

Our findings

The manager understood their responsibilities in relation to their registration with us (CQC). For example, notifications were received as required by law, of incidents that occurred at the service. These may include incidents such as alleged abuse and serious injuries.

The manager had identified a need for additional staff and recruitment was on-going. Arrangements were in place to ensure adequate staff were on duty and regular agency staff were used to cover which gave continuity for people.

Systems were in place to monitor the safety of the service. The deputy manager told us the electronic medicines system allowed reports to be run which showed them how medicines were administered, stock levels and when things needed to be ordered. The system also had alerts to show when medicines were due. This was supplemented with additional manual checks on stock done weekly and then further audits and checks were done monthly. We saw these systems were identifying any concerns so action could be taken.

There were checks in place on other aspects of the service, for example there was a tracker in place to follow the progress of CQC notifications and DoLS applications for example. We also saw staff were carrying out regular checks on health and safety. There was a monthly safety check also which had prioritised actions. The manager had to complete a workbook monthly which detailed checks on health and safety, food hygiene and supervisions undertaken with staff. We saw all safeguarding referrals, complaints and incidents were also entered and this allowed them to be monitored and analysed to look for any patterns. This showed there were systems in place to check the quality of the service people received.

People, relatives and staff were engaged in the service. One relative told us, "The service leadership is good, and the manager and deputy are both forthcoming and approachable." The manager told us they had regular contact with relatives, some daily, which engaged them in the service and allowed them to give their feedback. We saw annual surveys were completed to seek views on the service. We saw compliments had been logged and relatives were asked for feedback during peoples care plan reviews. Staff told us they had regular opportunities for discussion and we saw records which supported this. One staff member said, "The job chats we have are really good, the manager discusses how well we have done or any issues that have happened. The supervisions and team meetings allow us to share ideas and raise things with the manager. The manager is very approachable and I do feel listened to here." The staff member went on to say, "I love my job because all the staff are dedicated here and genuinely care." This showed the registered manager had systems in place for people, relatives and staff to share their feedback.

The manager had systems in place to monitor peoples care plans. There were monthly reviews undertaken of the care plan with the person's keyworker. There was also a tracking system in place for appointments people needed to attend. We saw these were effective in ensuring people had the care they needed.

The manager had systems in place to improve staff morale and drive performance. We saw there was a scheme where staff could nominate their colleagues for an employee of the month award. One staff

member told us, "It really helps morale, when you can nominate someone; it also makes you try harder when you see others awarded, and you want to strive to be awarded too."