# Lifeways Community Care Limited

# The Dell

## Inspection report

Cats Lane
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## Ratings

| Overall rating for this service | Good |
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|---|---|
| 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

The Dell provides accommodation and personal care for up to 48 people who have a learning disability. People who use the service may also have a physical disability. At the time of our inspection 33 people were using the service. The accommodation was in small individual bungalows on the one site.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associate Regulations about how the service is run.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLs and associated Codes of Practice.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were sufficient numbers of care staff on shift with the correct skills and knowledge. There were appropriate arrangements in place for medicines to be stored and administered safely.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times. People and their relatives were involved in making decisions about their care and support.

Care plans were individual and contained information about how people preferred to communicate and their ability to make decisions.

People were encouraged to take part in activities that they enjoyed, and were supported to keep in contact with family members. When needed, they were supported to see health professionals and referrals were put through to ensure they had the appropriate care and treatment.

Relatives and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

The management team had systems in place to monitor the quality and safety of the service provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

Staff understood their responsibilities to safeguard people from the risk of abuse.

There were sufficient numbers of staff with the right skills and knowledge to keep people safe.

There were effective systems in place to manage medication safely and to ensure that people got their prescribed medication on time.

### Is the service effective?

Good

The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

### Is the service caring?

Good

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

People's privacy and dignity was respected and their

independence encouraged.

## Is the service responsive?

Good

The service was responsive.

People had their support and care needs kept under review.

People's choices and preferences were taken into account by staff providing care and support.

Concerns and complaints were investigated and responded to and used to improve the quality of the service.

## Is the service well-led?

Good

The service was well-led.

The service was well-led because there was a positive, open and transparent culture where the needs of people were at the centre of the way the service was run.

The service was run by a competent manager who was a visible presence in the home.

Staff were clear about their roles and responsibilities, and were encouraged and supported by the manager.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

# The Dell

**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 was planned to check 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.

The inspection took place on 21 February 2017 and was unannounced. The inspection was carried out by two inspectors 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.

We reviewed all the information we had available about the service including notifications sent to us by the manager. A notification is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

People had complex needs, which meant they could not always readily tell us about their experiences and communicated with us in different ways, such as facial expressions, gestures and sounds. We observed the way people interacted with staff and how they responded to their environment and staff who were supporting them.

During the inspection we spoke with four people who used the service and spent time observing care in the communal areas of their bungalows. We spoke with the registered manager, deputy manager, acquisitions manager and five care staff including the chef. We also spoke with three visiting relatives and made telephone calls to three more relatives. We received feedback from one visiting health and social care professional.

We reviewed seven people's care records, six medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction, and training schedules and training matrix.

We also looked at the service's arrangements for the management of medications, complaints and

compliments information, safeguarding alerts and quality monitoring and audit information

Good

# Is the service safe?

## Our findings

People we spoke with confirmed they felt safe. One person told us, "I do feel safe here, the staff look after me." A relatives told us, "Yes, they are safe I am pleased the staff monitor them so closely." Other family members also told us staff made sure people were safe and knew how to support people where risks to their safety and wellbeing had been identified.

The providers safeguarding and whistle blowing policies and procedures informed staff of their responsibilities to ensure people were protected from harm or abuse. Staff and the manager demonstrated their understanding of what to do if they had any concerns about the safety and welfare of people. They understood their responsibility to report concerns to the local safeguarding authority for investigation, and to CQC. This was evidenced by the records we held about the organisation. There was safeguarding information available for staff and others to refer to in the communal area of the home, which included the local authority safeguarding information team contact details. Staff were able to tell us about examples of poor or potentially harmful care which demonstrated their understanding of abuse and how it could be prevented.

Risk assessments provided information for staff on how to safely support people whilst promoting independence. For example, when going out into the community, assessments included guidance about how to respond safely and appropriately to incidents where people might present with distressed reactions to situations whilst out.

Accident and incidents were recorded, analysed and management action plans were put in place to keep people safe. The manager kept a log of all incidents and reviewed them. This enabled them to identify and monitor patterns and trends so that action was planned and implemented to reduce the likelihood of any reoccurrence.

We saw there were processes in place to manage risk in connection with the operation of the home. Regular checks were carried out to ensure that in the case of a fire the fire alarms would work efficiently. Health and safety checks were carried out which covered the environment of the home including water temperatures.

We looked at how the service managed their staffing levels to ensure that sufficient numbers of suitable staff were maintained to meet people's needs and keep them safe. Staffing rotas showed the home had sufficient skilled staff to meet people's needs, as did our observations. For example, people received prompt support and staff appeared unhurried. Relatives confirmed that staffing levels were sufficient to support people's individually assessed needs for example, where one to one support was required for them to access the community. The manager told us that they had to use agency staff at the present time but they tried to use consistent agency staff as this provided continuity of care for people. Relatives told us, "There have been a lot of staff changes people leaving and this unsettles [name of relative] as they get to know someone then they leave." We were told by the manager that they home were in the process of trying to recruit staff and were holding a recruitment day using the local job centre. The management were on call in the case of an emergency.

Staff files demonstrated the provider operated a safe and effective recruitment process. The recruitment records included a completed application form which detailed past employment history and qualifications, previous employer references, proof of identity and criminal records checks. People could be assured that their needs were being met by staff that had been assessed as safe and competent, with the necessary skills required for the job role they had been employed to perform.

There were suitable arrangements in place for the safe storage, receipt and administration of people's medicines. Medication profiles provided staff with guidance as to people's medical conditions, medicines that had been prescribed and why. We checked a sample of stock balances and found these corresponded accurately with the records maintained. Staff had received training in medication administration and competency assessments had been carried out on a regular basis. We observed people's medicines being given and this was done in a respectful, dignified way, the staff asked for consent from the person before giving them their medicines. Regular audits took place on a weekly basis by the team leader and then on a monthly basis by the registered manager. We noted from an audit that a medication error had happened, the registered manager had dealt with this appropriately and the person had to undertake their competency assessment again before being able to administer medicines.

When speaking to people they were able to tell us the reasons for them having to take medicines and they were also aware of requiring regular blood tests because of the medicines they were on. This told us people had been kept informed and included in the treatment of their health needs.

Good

# Is the service effective?

## Our findings

People told us that they were happy with the care and support they received. One relative told us, "The staff are very good they know [name of relative] so well and know what to do so they do not get agitated."

Staff told us, when they had started working at the service they had completed a thorough induction programme. This included learning information about each of the people who lived in the home, including any risks that had been identified and clear plans of how to work with the people to alleviate the risks. Staff had completed a range of training that enabled them to carry out their roles and responsibilities efficiently, for example safeguarding and medication and manual handling training. This was confirmed by viewing the training matrix where the staff training was logged. Staff spoken with said they received regular supervision and annual appraisals, where their development needs and training was discussed. Agency staff before working in the service had to complete an induction before working any shifts.

Some of the staff we spoke to told us they had been working at the service for some time, consequently they were able to demonstrate that they knew people they cared for well and were therefore able to support the newer staff. Staff were able to meet their needs effectively, in part due to familiarity, which supported competence in their role. For example, most of the people living in the bungalows experienced significant communication difficulties. However, staff were able to communicate effectively with them due to their level of experience and understanding. We saw that staff were able to read people's body language and facial expressions to correctly interpret their needs. We observed some people had communication aids such as signs or symbols which staff were able to use effectively to support people to express themselves some Makaton sign language was used and staff told us they were waiting for some additional training. Makaton is a sign language used by people who have a learning disability.

Staff had received training and were able to demonstrate their understanding of their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people were deemed to not have the capacity, a best interest decision had been made on their behalf. This decision making process involved people that knew the individual well, such as family members, as well as other health professionals. We observed minutes of staff meetings and saw that staff and management had a good understanding of the legislation and were pro-active in considering the least restrictive options for people to uphold their rights. Written records also demonstrated the service was able to recognise and act upon issues highlighted, to support people's independence and to help people to maintain important life skills. We observed staff asking for people's consent before providing care and support.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager had made (DoLS) applications to the local authority when required.

People had access to enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet. Arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. Where there was a known concern about the weight of a person using the service, staff maintained regular recorded weight checks and involved dietetic services, to support people who had needs around healthy eating. Staff told us that menus were planned four weekly we were shown the menu and it was in picture format which made it easy to understand the choices on offer. When able to people were involved in the meal planning as well as shopping and meal preparation. Some people that lived in them had their hot meals prepared centrally for them by a chef who worked in the main kitchen. The chef told us, "People can choose what they want to eat they sometimes request certain things and I will make sure they have it." One person told us, "The food is lovely I really like the chicken curry." We observed meal times which were calm and unhurried and people were provided with the right level of support they required people were encouraged to maintain their independence by the use of adapted crockery and cutlery. For example, one person used a plate guard.

People had access to a range of health professionals. For example, mental health nursing staff, physiotherapists, chiropodist, dentist and GP's. These appointments and their outcomes along with any actions were clearly documented in people's care files. Relatives told us their family members were supported with appointments were necessary. Staff were able to describe how they would know if someone was feeling unwell and the appropriate steps they would take to support the person to get the help they needed.

Good

# Is the service caring?

## Our findings

People told us the staff were kind and caring and from our observations of the interactions between people and staff this was evident. One relative told us, "[Family member] is well looked after we believe they genuinely care and know them well."

We observed the care people received from staff. All the interactions were polite and respectful. Staff knew the residents well and waited for a response when a question was asked or a choice was given without rushing the person. Where people were unable to verbally communicate, staff looked for a response from the person by body language such as a smile or hand gesture. People were relaxed with the support they were given from staff.

People were observed to have their privacy respected. For example, staff would knock on the door of a bedroom or bathroom then wait for a response before entering. People told us, "They always knock on my bedroom door before coming in."

Staff we spoke to were able to demonstrate that they knew the needs and preferences of the people they cared for. Staff were aware of people's different facial expressions, vocalised sounds, body language and gestures which indicated their mood and wellbeing. Staff were familiar with changes to people's demeanour and what this could represent, for example, how a person appeared if they experienced pain or anxiety. Staff were knowledgeable about people's life experiences and spoke with us about people's different personalities. They demonstrated an understanding of the people they cared for in line with their individual care and support arrangements.

The registered manager told us an advocate visited the service every Tuesday to help people, particularly those with limited communication, to raise any issues, or concerns they may have. An advocate is a person who represents and works with a person or group of people who may need support and encouragement to exercise their rights, in order to ensure that their rights were upheld. We saw minutes from a residents meeting that had taken place with the advocate. Topics discussed included talking about different types of abuse and people's understanding of these, as well as activities people wanted to have access to.

We looked at five care plans and saw that these did have lots of information however; some of it was old information and needed archiving. People's risks and needs had been identified but were not always clear enough without reading the entire care plan. One person's care plan did not use the correct terminology to describe them. We discussed this with the registered manager and they showed us a development plan that had clearly identified people's care plans needed reviewing and were in the process of doing so. People's choice as to how they lived their lives had been assessed and positive risk taking had been identified and documented. Where possible people had been encouraged and supported to sign their care plans to confirm they agreed with the contents.

We saw that people who used the service were supported to maintain relationships with others. People's relatives were able to visit the service when they wished and no restrictions to this were evident. One relative

told us, "[Family member] has lived here a long time I visit whenever I want to its never a problem." One family we spoke with told us, "We have recently had a family bereavement the service have been very good in assisting with funeral arrangements and supporting [name of relative] to deal with the death of their [relative]."

Good

# Is the service responsive?

## Our findings

The service was responsive to people's needs for care, treatment and support. Each person had a care plan which was personalised and reflected, in detail their personal choices and preferences regarding how they wished to live their daily lives. Peoples care plans also had living skills detailed with goals that people were working towards for example, to assist with their laundry or walk short distances with their frame. Care plans were in the process of being reviewed and updated to reflect people's changing needs.

Relatives told us they were involved in their relative's care plan and were invited to attend any reviews. They felt fully involved and were informed of any incidents and outcomes of appointments. However, one commented that they would like to have contact by phone with an update on their relative and what they had spent their time doing during the week as at the present time they were only contacted if they were unwell or if there was a problem. They stated that they had on occasions tried to ring the bungalow where their [relative] lived but the phone had not been answered. We passed these comments on to the registered manager who said they would look into the phone line to ensure it was efficiently answered when the main office was closed for example, evenings and weekends.

During our inspection we observed people being offered choices by staff about their care and support. For example, what food they would like to eat and with planning on what they were going to do for the day. One relative told us, "[Relative] is supported well with choices, the staff know [relative] very well and can interpret his needs and what he wants to do based on what his able to say as well as his facial expressions."

We saw that people were supported to pursue hobbies and interests, education and employment. One person told us, "I have enough to do, I go shopping to Tesco's, I do my knitting and I like drama I used to do pottery but it has changed now." Another person told us, "I go out to the pub sometimes in the evening and to a night club." People's care plans had activities diaries in them but these were very sporadic and not detailed enough. We discussed our findings with the registered manager who told us the activities diary would be amended along with the rest of the care plan when it was updated. We were shown this had already been highlighted as an objective in the action plan for the service.

Some of the people that lived in the service accessed the day services during the day. They told us they enjoyed growing vegetables. This gave people the opportunity to socialise with other people. People were given a choice on the day if they wanted to go and staff told us that sometimes people chose not to go as they preferred to stay at home.

There was an effective complaints procedure in place which was in easy read format and readily accessible to people, and people told us they felt listened to and that the service acted upon any issues raised. A visiting professional told us, "The service is good at communicating and working together to improve the outcome for the people that live here."

Good

# Is the service well-led?

## Our findings

The registered manager was new in post. They promoted an open and well led culture, they were a visible presence in the service and we observed interactions between the people and themselves. These were warm and friendly and it was evident from smiles and laughter that the people felt comfortable in the presence of the manager. Comments from people and relatives included, "[Manager] is like a breath of fresh air" and, "[Manager] definitely puts people first and foremost."

The registered manager told us they had been fully supported by the provider when they first came to the service. They also had the support of the deputy manager who had worked in the service for a long time and therefore they were familiar with the people that lived in the service and the staff team. They said the support was on-going from the provider and they also worked closely with the acquisitions manager for the company and had together developed an improvement plan for the service. This identified the areas for development, who was responsible for the task and the timescale for implementation. We saw that some areas on the development plan had already been achieved according to their timescale such as arranging a recruitment day. The plan also included reviewing all of the care plans and building upon meaningful activities that were on offer for the people that lived in the service.

The service had recently been taken over by a new provider and this had caused some concerns with relatives we spoke with. They had received a letter outlining the changes but told us they would like the opportunity to meet with the new manager and provider. We discussed these comments with the registered manager and acquisitions manager they decided they would hold a meeting inviting relatives to give them the opportunity to ask any questions and therefore hopefully alleviate any fears they may have.

There was effective communication between staff and the manager. Staff told us they were able to contribute to decision making, and were kept informed of people's changing needs through effective communication forums such as staff meetings, daily handover meetings, supervision and appraisal. Staff had opportunities to raise any issues or concerns through regular management support. One staff member told us, "The manager has made a good first impression, they seem to know what they are doing and people's welfare as a priority" and, "Things are better with the new registered manager they are very approachable and listen to everything we have to say."

We reviewed minutes of meetings which demonstrated there was an open culture and that staff were actively involved in developing the service. Where issues of concern were raised, clear action plans were formulated with designated staff responsible for completing the task ensuring accountability. The minutes also showed that the manager was pro-active in reviewing and monitoring the day to day culture of the service including, attitude, values and behaviours and shared information to promote 'best practice'.

There were effective systems in place to monitor and check the quality and safety of the service. The manager conducted a variety of monthly audits including medication and care plan reviewing. This enabled them to maintain oversight of the service and quickly identify any areas where action was needed to drive change or improvements. They signed off all accidents and incident forms and analysed the data each

month and put measures in place to alleviate reoccurrence where necessary. They also carried out regular health and safety checks of the environment including fire safety checks.

People who used the service and their relatives were sent questionnaires and surveys to ask for their views regarding the quality of the service they had received. The results of surveys were compiled into a report and, where areas for improvement had been identified, actions with timescales had been implemented.

People's care records were stored securely in a locked cabinet and computers were password protected, therefore people could be assured that any information about them was stored securely and kept confidential.