Lifeways Community Care Limited

Lifeways Community Care (Swindon)

Inspection report

7-8 Pembroke Centre
Cheney Manor Industrial Estate
Swindon
Wiltshire
SN2 2PQ

Website: www.lifeways.co.uk

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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

We inspected Lifeways Community Care (Swindon) on 3 and 6 June 2016. It was a full comprehensive inspection which was also carried out as a follow-up to our previous visit in November 2015.

We had found four breaches of the regulations at our previous inspection in November 2015. At this inspection we aimed to see what measures had been taken to ensure the quality of the service had improved and check if these measures had been effective. The provider had told us that all the corrective actions specified in their action plans would have been implemented by the end of April 2016. During our inspection on 3 and 6 June 2016 we found that all the recommended actions had been completed.

Lifeways Community Care (Swindon) is part of a national organisation which provides care for people with special needs living in different communities. The Swindon office manages supported living services for people living the area of Swindon. At the time of the inspection the service was supporting 24 people. People supported by Lifeways Swindon have physical and learning disabilities, profound difficulties in communicating and can, at times, display behaviours that may challenge.

There was a registered manager in post. 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.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care being provided.

Medicines administration was in line with recognised good practice, which significantly reduced the risk of people being subject unsafe medicines administration.

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff told us their recruitment had been thorough and professional.

People told us they felt safe when they received care and support from staff employed by the service. Staff were aware of their responsibilities to report any safeguarding concerns they may have.

Staff felt supported by the registered provider. Staff received regular supervision and appraisal to reflect on good practice and areas for improvement.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 and implemented its principles in their practice. They were knowledgeable about protecting the legal rights of people who did not have the mental capacity to make decisions for themselves. The service acted in accordance with legal requirements to support people who may lack capacity to make their own decisions.

People were provided with meals and liquid in sufficient quantities. People were offered choices about the food and drinks they received. Staff supported people to maintain good health and access health care professionals when needed.

Care records showed that people's needs had been assessed before they started using the service and care plans were written in a person-centred way. We saw these care plans were reviewed regularly and with the involvement of people who use the service, relatives and healthcare professionals. We saw professional advice was incorporated into care planning and delivery.

The service had a complaints procedure which was made available to people they supported. People told us they knew how to make a complaint if they had any concerns.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, spot check and care reviews. We found people were satisfied with the service they received.

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 knew how to protect people from abuse or poor practice. There were processes in place to recognise and address people's concerns.

Risk assessments supported people to develop their independence while minimising any potential risks.

Pre-employment checks of staff ensured the service reduced the risk of unsuitable people working with vulnerable adults.

Is the service effective?

Good

The service was effective.

The manager's and staff had a good knowledge of the Mental Capacity Act (2005). Policies and procedures in relation to the MCA 2005 were in place and accessible to staff.

People were supported to eat and drink according to their plans of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Is the service caring?

Good

The service was caring.

People's privacy and dignity were supported. Staff were aware of the importance of promoting people's independence.

People were provided with information about the service they could expect to receive from the registered provider.

Staff knew the people they were supporting, their background, needs, preferences and expectations. People and their relatives felt that they received caring service from the registered provider.

Is the service responsive?

Good

The service was responsive.

Care plans were subject to regular review. People and their relatives were involved in care reviews.

If people's needs changed, staff liaised with external care professionals to ensure people's needs were fully met, incorporating obtained advice into care planning.

The provider had an effective complaints policy and procedure in place. People and their relatives knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

There was an open culture at the service. The management team were approachable and constantly present at the service.

Staff were valued and their efforts appreciated by the management. Staff received the necessary support and guidance to provide person-centred, flexible care to people.

A range of audits were in place to monitor the health, safety and welfare of people. Quality assurance was checked and action was taken to make improvements, where applicable.

Lifeways Community Care (Swindon)

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.

This inspection visit took place on 3 and 6 June 2016 and was announced. The provider was given 48 hours' notice. As the location provides a domiciliary care service to people living in the community, we needed to be sure that we could access the office premises.

The inspection team consisted of an Inspector and a Specialist Advisor (SpA). An SpA is someone who can provide specialist advice to ensure that our judgements are based on up-to-date professional knowledge. The SpA who participated in this inspection was a nurse with expertise in mental health, advocacy, dementia and learning disabilities.

Before this inspection we reviewed the information we held on the service and the service provider. This included notifications we had received from the provider. Notifications contain information about incidents that affect the health, safety and welfare of people supported by the service. We also contacted the commissioners of the service to ask them for their views.

During our inspection we visited three people who use the service. We spoke to four family members, seven staff and the registered manager. We looked at care records for five people, four staff records and records relating to the management of the service.

Good

Is the service safe?

Our findings

At our previous comprehensive inspection in November 2015 we had identified a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not always been deployed in a way that had met people's needs and assured their well-being. The measures taken to ensure sufficient number of regular staff in the event of sickness or absence of a staff member had been ineffective.

At our recent inspection in June 2016 we found the provider had taken actions to implement the required improvements. We saw that there were enough well-trained staff who were able to meet people's needs. People and relatives told us and records confirmed that the staff turnover and the use of temporary staff had been reduced which had a positive impact on people. A relative told us, "They (the service) improved so much. Nowadays they have more stable workforce. Previously temporary staff did not know my (brother)".

People and their relatives felt the service was safe. Comments included, "Yes' I do feel safe", "I do believe he is safe" and "Yes, I feel that [person] is safe with Lifeways". Some people we visited were unable to inform us verbally if they felt safe in the service. However, it was obvious that people felt confident and relaxed when approached by staff. Communication plans noted clearly how people expressed their unhappiness or distress and none of these reactions were triggered by staff.

Staff knew how to protect people from the risk of abuse and told us they received regular training on the subject. They understood the different types of abuse that could occur and how to report any concerns. A member of staff told us, "I would record anything I've seen and report it to the manager. If they did not do anything I would report it to their line manager or an external agency". Records showed staff received training on safeguarding adults every two years and staff confirmed this. Any issues identified by staff had been reported and investigated appropriately. We saw that the provider had taken the necessary steps to protect people against the risk of abuse.

Prior to people receiving support, risk assessments were undertaken at the initial assessment stage. These related to, for example, eating, drinking or mobility risks. A full risk assessment is written up when the person starts to use the service, and is regularly reviewed. When we looked at the risk assessments and associated care plans we saw detailed instructions were in place for staff to follow to provide people with safe care. Each assessment highlighted potential hazards, specifying who might be at risk and the precautions that should be taken to minimise the risk. For example, staff were given guidance about using moving and handling equipment. We also saw these plans were detailed in terms of how much capacity the person receiving care had and how they liked to be involved in the delivery of their care. This meant risk assessments were used to promote people's independence by minimising risks to their safety without restricting their freedom.

One person's care plan stated they may become agitated whilst being provided with personal care. The care plan contained guidance on what staff should do if this person showed agitation. This included two-to-one support for an agreed number of hours whilst providing personal care. Staff we spoke with were clear about the contents of the management plans and were able to outline their responsibilities.

The service followed safe recruitment practices. All applicants had completed an application form which required them to provide details of their previous employment history, training and experience. A range of checks had been carried out prior to a job offer, including references and Disclosure and Barring Service (DBS) checks. DBS checks are carried out to check on staff's background and to check if they have been placed on a list for people who are barred from working with vulnerable adults or children. This assisted the registered provider to make safer decisions about the recruitment of staff.

People received their medicine as prescribed. Relevant policies and procedures were used for safe administration and management of medicines. People were given their medicines safely by appropriately trained care staff. Staff had guidelines for the use of any medicine prescribed to be taken as necessary (PRN). The guidelines for PRN prescribed medicines were very detailed and helped people control and maintain their health.

Good

Is the service effective?

Our findings

At our previous comprehensive inspection in November 2015 we had identified a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not always received supervision to support their development and ensure they had the ability to carry out their role more effectively.

At our recent inspection in June 2016 we found the provider had responded to our recommendations and made the required improvements. Staff told us they received quarterly supervisions and annual appraisals and records confirmed this. Supervision and appraisal documents defined and described staff goals, such as completing nationally recognised qualification. The effectiveness of training was also discussed at the supervision meetings. Staff's opinion on training was taken into account and noted. For example, one supervision record contained the information that '[Name] does feel that he did learn from these courses and that they have had a positive outcome on his job role and performance'. One member of staff confirmed that they had never worked more than four months without supervision. Another staff member stated, "Support has been excellent and [service manager] is always there when we need her".

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. The application procedures for this 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.

At our previous comprehensive inspection in November 2015 we had identified a breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.The provider had not adhered to the legal requirements in terms of supporting people to make their own decisions. We had also found that the DoLS applications that had been made had not been followed up. Practise had not been reviewed to ensure the least restrictive options for a person had been chosen.

At our recent inspection in June 2016 we found the provider had responded to our recommendations and made the required improvements. We saw the evidence that DoLS applications had been followed up by consultation with the local DoLS team. Staff were knowledgeable of the MCA and aware when people in their care were subject to DOLS applications. Staff used this knowledge in delivering care to people.

Best Interests Decisions were made in accordance with the principle of using the least restrictive option in order to manage risks. For example, it had been decided that one person had to have their access to the kitchen restricted. Such a precaution was necessary due to the person's attraction to hot surfaces and their history of sustaining injuries from contact with hot objects. As a result, the person was granted full access to

the kitchen but only under staff supervision when no hot appliances were in use. Otherwise, distraction was used to encourage the person to engage in another activity. We were able to verify this by reading the care notes followed by direct observation in the home.

We found the registered manager had a good understanding of how to support people through an advocate where the person was unable to make certain decisions themselves. We saw people had their Independent Mental Capacity Advocate (IMCA) appointed. We also noted that the registered manager liaised with external social care professionals and family members to ensure people's best interests were considered. This was evident in one particular visit, where the person wanted to move to another place to live more independently. Staff were aware of the local independent advocacy services and had already helped the person to access these services .

At our previous comprehensive inspection in November 2015 we had identified a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The high staff turnover had impacted adversely on staff's skills and experience needed to support people effectively.

At this inspection in June 2016 we found the provider had made the required improvements. The service had not offered any new care packages until the staff turnover and the use of temporary staff had been reduced and remained stable. The same staff members were assigned to each person assuring the continuity and consistency of care. In one home visited, bank staff were used due to a temporary staff shortage. The service ensured these bank staff had some previous experience of caring for and supporting the people with this type of care need. Therefore, all staff knew people and were able to respond to their needs appropriately. Staff were able to describe the signs when people in their care became upset or distressed. For instance, they told us, "He'll tug at his hair" or, "She'll talk faster". One person we visited tended to become very quiet when they felt insecure. This person particularly feared being left alone at night. Their care worker had identified the issue and had raised it at a handover meeting, and they suggested a solution to the problem. To provide this person with support and comfort, the incoming staff put on slippers or pyjama trousers to convince the person they (care worker) were going to stay with them at night. These actions calmed and relaxed the person enabling them to get some undisturbed sleep.

The service had an induction programme that was completed by all new members of staff at the commencement of their employment. New staff members were given enough time to read all care plans and learn about policies and procedures. New staff were shadowing more experienced colleagues for the period of two days to ensure their practice was safe and they followed the care plans and risk assessments. A member of staff told us, "The induction was really helpful. I did shadow for the first few days. I have received a lot of useful information, plenty of explanation of service user's likes and dislikes".

The training matrix and individual records showed what training staff had completed and when they were due for refresher training. Training sessions included moving and handling equipment, first aid, fire safety and safeguarding adults. Staff told us, "There is always a chance to redo the training if you don't feel confident. We are asked about training and if there is any you haven't done but you would like to do".

People's individual care plans demonstrated that their nutritional needs had also been taken into consideration. For example, care plans specified people's eating and drinking routines. In one care plan staff were provided with dysphagia eating and drinking guidance. Dysphagia is the medical term for difficulty in swallowing which varies in extent. Some people have problems swallowing certain foods or liquids, whereas others can't swallow anything at all. The guidance identified the right position of how one person should be seated at the dining table. This improved their posture and aided their digestion. Staff followed these

instructions to ensure the person was sufficiently nourished and hydrated.

Care records confirmed that other health and social care professionals were involved in providing people with care. Healthcare support included GP's, podiatry, dietitian, and learning disability nurse.

Good

Is the service caring?

Our findings

People and their family members were complimentary about the standard of care at Lifeways Community Care (Swindon). They told us, "They treat him with dignity and respect", "The care provided by Lifeways is just great" and "They are very caring".

People were treated with respect and their dignity was preserved at all times. Staff displayed patience and a caring attitude throughout our visit. Staff were knowledgeable about the needs of people and had developed strong relationships with them.

Information which was relevant to people was produced in differing formats and explained to individuals in a variety of ways which gave them the best opportunity to understand it. These included pictures of reference, photographs and symbols. Staff followed people's individual communication plans.

Staff knew how to comfort people who were in distress and unable to communicate their needs verbally. People's care plans detailed the facial expression and body language of people as well as the sounds they made to express their discomfort if they were unable to explain it verbally. Additionally, the actions needed to be taken to comfort people were described clearly in their care plans. Records guided staff on how to react appropriately. For example, by speaking calmly, offering reassurance and identifying the source of a person's distress. Staff were always alert to any signs of distress and advised us before we approached people at the service. During our visits we observed staff read signs of distress and successfully used the distraction technique. The distraction technique redirects person's attention away from negative mood to something entirely different and positive.

Staff told us they supported people to maintain their independence. One member of staff told us, "As long as they can do it, I let them do it. In this way we help them to maintain their independence." The service actively encouraged and supported people to be independent. For example, one person was supported to move from shared house and lead more independent life. This meant staff supported people to be independent and people were encouraged to care for themselves where possible.

People's diversity was respected as part of the strong culture of individualised care. Support plans and behaviour support programmes gave detailed descriptions of people. Each of them was provided with activities, food and a lifestyle that respected and suited their choices and preferences. The care plans included each person's history, noted their religion, what they preferred and enjoyed and how they expressed themselves. For example, one person enjoyed only a certain type of films that they rented every week from the local library. The care plan described that the person was not interested in films unless they contained an element of magic, as in 'Mary Poppins', and staff were aware of this.

People were supported to maintain on-going relationships with their families. If needed, arrangements were made for people to visit their families and people's relatives were encouraged to visit them. One person told us, "I see my mum every week". A member of this person's family told us, "I have a good relationship with my (relative). The manager is pro-active and enables us to visit (person) whenever we want to".

Staff were aware of their responsibilities relating to confidentiality and preserving information securely. They knew they were bound by a legal duty of confidence to protect personal information they may encounter during the course of their work. Staff understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis and with people's consent.

Good

Is the service responsive?

Our findings

At our previous comprehensive inspection in November 2015 we had identified a breach in Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Support plans had not evidenced a person-centred process in practise. People and relatives had not always been informed or involved in the planning and review of the care provided.

At our recent inspection in June 2016 we found the provider had responded to our recommendations and made the required improvements. The amended support plans were more organised and more detailed. We saw evidence of people, their relatives and advocates being involved in regular reviews of their care plans, as well as being consulted when such needs arose. Annual review meetings took place and involved the person, the manager, staff and family members. These meetings aimed to discuss how effectively the care package was delivered, whether any changes were needed and whether the person was satisfied. People we spoke with and their relatives confirmed they were invited to take part in these reviews. A relative told us, "Before, things were not followed properly. That has got better and now I'm involved more than ever before". Another relative said, "I get plenty of phone calls asking for my opinion".

We found assessments had been undertaken to identify people's support needs before they began to use the service. A person-centred care plan had then been developed for each person outlining how these needs were to be met. We saw staff had supported and encouraged people to express their views and wishes. This enabled people, and where appropriate, their relatives to make informed choices and decisions about their care and support.

People had very detailed care plans which meant staff were able to offer individualised care. Staff developed knowledge of everyone's needs and were able to explain to us how they supported individuals. People's care plans were tailored to meet their complex needs. They clearly
described the person, their tastes, their preferences, and how they wanted to be supported. For example, it was important to one person to have their nails and hair done on a regular basis. Another person liked to carry out health and safety checks by themselves.

People's activity plans had been developed to meet the needs, preferences and abilities of the individual. People were supported to participate in activities they liked and activities new to them. For example, people enjoyed shopping, going to a library, swimming pool or pub. Additional staffing, if necessary, was provided to enable people to go on holidays.

When people's needs changed, the service responded appropriately. For example, staff had reported changes in one person's behaviour. As a result, the person had been referred to relevant healthcare professionals who had made necessary changes reducing the number and quantity of the person's medicines.

The service had a complaints procedure which was made available to people and their family members. People knew how to make a complaint and were confident all their concerns would be responded to

immediately and appropriately. One person said, "When I want to complain, I speak to my carers. They ring the office for me and sort things out". A relative stated, "I know how to complaint but lately there is not much to complain about". Contact details for external organisations, including social services and the Care Quality Commission (CQC), had been provided to people should they wish to escalate their concerns to those organisations.

We saw the service had a system for recording complaints in place. This included recording the nature of the complaint and the action taken by the service to address the identified problem. We saw complaints received had been responded to promptly and their outcome had been recorded.

Good

Is the service well-led?

Our findings

The service was led by the registered manager who understood their responsibilities and was supported by the provider to deliver good quality care. Legal obligations, including conditions of registration from the CQC, and those imposed on them by other external organisations were understood and met.

Staff described the registered manager as "very approachable". A member of staff said, "The manager is someone that does what he says. He seems to be very genuine and passionate about what he is doing". Staff said there was an open culture within the home and everyone's ideas and opinions were listened to. One of relatives told us, "I think that now things are run smoothly in the office".

People's relatives told us that the communication with the registered manager and staff had significantly improved and was effective. They also told us that recent changes in staff resulted in a better quality of care provided to their people. A relative told us, "Previously we had concerns about staff being there just for money, not for (person). Now it has changed. Previously the TV was constantly on and we did not know if it was for staff or for (person). Now they go out and do activities". Another relative informed us, "Until recently Lifeways were very poor but they have improved within last six months. They have more stable workforce".

We saw an annual customer satisfaction survey took place, the most recent having just been sent out to people and their family members. This included questions about people's involvement in the running of the service and the quality of management.

The registered manager conducted regular audits of the service. These included reviews of care plans, complaints, training, risk assessments and daily notes. Audits were used to address any shortfalls and plan improvements to the service. The audit results were analysed to look for patterns and trends. As a result of the audits, appointments were made for people with professionals, and staff were offered refresher training. Moreover, the service carried out health and safety audits in people's homes. Issues such as the use of inadequate cleaning materials, or uncovered or out-of-date items of food in people's fridges were identified through these audits and addressed. This meant that the audits carried out by the provider were effective.

The provider held regular quarterly meetings of the service manager and team leaders. These meetings were used to ensure good practise was shared and all the managers and team leaders were clear about their roles. For example, we saw one management meeting was used to discuss the current performance of the service and the quality of supervisions.

Regular staff meetings were held and records confirmed these were well-attended. Staff told us the team meetings took place on a regular basis. They said these were a good forum for information sharing and learning.

Regular service users' meetings were organised and recorded, at which people and their relatives were able to discuss any concerns or ideas to contribute to the continuous improvement of the service.

The provider and the registered manager had produced a business continuity plan which covered many contingencies. For example, bad weather conditions or events of flu epidemic or pandemic. The business continuity plan was very thorough and prepared the service for running smoothly through many possible events that could affect the well-being of people using the service.

The service worked in partnership with health and social care professionals to achieve the best care for people they supported. People's needs were accurately reflected in detailed plans of care and risk assessments. People's records were of good quality and fully completed as appropriate.